



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5048 Name John Smith Corps C.P.

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

1. What is your name? ..... 1. John Smith
2. What is your full Address? ..... 2. St. Johns
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 25 Years ..... Months
5. What is your Trade or Calling? ..... 5. Labourer
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name ..... Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, John 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.

John Smith SIGNATURE OF RECRUIT

John Smith Signature of Witness.

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

I, John 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. Johns on this 15 day of May 1913.

Geo. Hartman Signature of Attesting Officer

### † 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 ..... 191 .....  
 Place ..... } 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

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

Name John Smith

Apparent age 25 years 0 months Height 5 feet 4 inches

Chest Measurement { Girth when fully expanded 36 inches  
Range of expansion 2 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Smith  
St. Louis Mo | Relationship Father

### 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 L'epot	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 _____									<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Joined at _____ on _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div>
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days

" " Pensions " \_\_\_\_\_ [ " " ] " " "



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5048 Name John S Smith

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

- 1. What is your name? ..... 1. John S Smith
- 2. What is your full Address? ..... 2. Bellevue St. N. 2 B.
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 25 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. Tradesman
- 6. Are you Married? ..... 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
- 9. Are you willing to be enlisted for General Service? ..... 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name ..... Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, John S 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.

John S Smith SIGNATURE OF RECRUIT.

John S. P. Mann Signature of Witness.

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

I, John S 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 extended as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Bellevue on this 15 day of May 1918.

Geo. Learty Major Signature of Attesting Officer

### †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 ..... 191 .....  
 Place ..... } 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

5048

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

Name John Smith  
 Apparent age 25 years 0 months. Height 5 feet 4 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 2 inches  
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Smith  
Wells St. | Relationship Father

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 L'epot	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>15-5-18</u>									
Joined at <u>St. Helier</u> on <u>May 15 1918</u>									
<u>Exchanged for Jimmy Billip</u>									
<u>Embarked St. Helier S.S. Colombia to Halifax N.S. 22/7/18.</u>									
<u>Boarded at Hazelton storm camp 6/11/18</u>									
<u>To be repatriated for discharge 12.1.1918.</u>									
<u>Arrived to Newfoundland 29.11.1918</u>									
<u>Discharged medically Dept 31/19</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>31-1-1919</u> (date of discharge)									
Pensions									

J. S. Smith

C.R.

5048

~~1110~~





**Notification to the Officer i/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.**

NOTE.—On receipt of this notification the Officer i/c Records to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of loss of the originals.

Army Form W. 3961c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children, or particulars of dependants, for whom separation or dependants' allowance is being paid, on receipt of which it is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3961c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961c has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

A.F. W. 3761a has been sent to O.C. Discharge Centre, The Officer i/c Records, The Regimental Paymaster,

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as\*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted \_\_\_\_\_
- (ii) Date of arrival in United Kingdom \_\_\_\_\_
- (iii) Port of arrival \_\_\_\_\_
- (iv) Ship on which arrived \_\_\_\_\_
- (v) Name of Shipping Line or Agent \_\_\_\_\_

(vi) Names and addresses of two references who can verify the above particulars

No. \_\_\_\_\_ Rank \_\_\_\_\_

Name \_\_\_\_\_ (Surname) \_\_\_\_\_ (Christian names in full)

Unit and Corps \_\_\_\_\_

Authority \_\_\_\_\_

Station \_\_\_\_\_

Date \_\_\_\_\_ 191\_\_\_\_\_ O.C. \_\_\_\_\_

\* Insert cause other than under (a) or (b) above.

NOTE.—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Forms.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

**Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.**

**NOTE.**—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Discharge Centre, may be in possession of particulars of the soldier's children or dependants in respect of whom separation or dependants' allowance is being paid.

The particulars of the children are required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for it to be despatched to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment before the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there shall be no delay in completing and forwarding this Army Form to the Officer i/c Records.

**PART I.**

A.F. W. 3961A has been sent to O.C. Discharge Centre, A.F. W. 3961n has been sent to The Officer i/c Records, The Regimental Paymaster.

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as\*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to \_\_\_\_\_

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted \_\_\_\_\_ (Country) \_\_\_\_\_ (Place) \_\_\_\_\_
- (ii) Date of arrival in United Kingdom \_\_\_\_\_
- (iii) Port of arrival \_\_\_\_\_
- (iv) Ship on which arrived \_\_\_\_\_
- (v) Name of Shipping Line or Agent \_\_\_\_\_

(vi) Names and addresses of two references who can verify the above particulars

No. 5048 Rank \_\_\_\_\_

Name \_\_\_\_\_ (Surname) \_\_\_\_\_ (Christian names in full)

Unit and Corps \_\_\_\_\_

Authority \_\_\_\_\_

Army Form O. 1809E for the soldier is forwarded herewith.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary T.F. Association, and forwarded without delay to the Officer i/c Records: Station \_\_\_\_\_

Date 5/11/18 1918 O.C. \_\_\_\_\_

\* Insert cause other than under (a) or (b) above.

**NOTE.**—† In cases where a soldier claims to be repatriated and is prepared to embark at the first available opportunity the O.C. unit has been instructed to complete these particulars as far as possible before despatching the Army Forms.

In such a case the Officer i/c Records has been instructed to verify the claim and notify the O.C. Discharge Centre whether it has been substantiated or not.



**PART II.**

Notification to the Regimental Paymaster that a Soldier is sent to Officer i/c Records for Discharge Centre with a view to Discharge, or Transfer to the Discharge Centre, or whether in Substitution or otherwise.

The soldier named in Part I. of this Army Form is:—

\* (a) { Married or a Widower } *Single*

The following are the particulars, in order of date of birth, of children in respect of whom separation allowance is being paid, at the date of this notification.

NOTE.—If the surname of any of the children is not the same as that of the soldier the surname is to be inserted after the Christian name.

Christian Names (in full)	Sex	Dates of Birth

\* (b) Unmarried or a widower } with the following dependants for whom an allowance is being paid:—

This information and that of the children is to be extracted to A.F. W3500 in cases where the soldier has been enrolled as an A.R.M.W.

\* (c) Unmarried and without dependants

\* (d) The address of his family or dependants is

*Leitch J. 03 NZ 220*

Station \_\_\_\_\_  
 Date \_\_\_\_\_ 191\_\_\_\_  
 \* Strike out whichever inapplicable.

**PART III.**

(For use when applicable.)

The Secretary,  
 T.F. Association.

You are requested to complete the particulars in Part II. above and forward the Army Form immediately to the Officer i/c Records.

Station \_\_\_\_\_  
 Date \_\_\_\_\_ 191\_\_\_\_

## Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

**INSTRUCTIONS.**—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

**PART A.** Soldier's Name Smith John  
(Surname) (Christian names in full)

Unit from which discharged Royal N.F.S.B.

Regimental Number 101 Rank on discharge Private Age on discharge 25

Married, widower with children, or single Single

Occupation before enlistment Fisherman

Special qualifications (if any) for }  
 employment in civil life }

Nature and locality of employment desired \_\_\_\_\_

Full postal address to which }  
 proceeding on discharge }

Name of Approved Society (if any) \_\_\_\_\_

**PART B.** Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
<u>Royal N.F.S.B.</u>	<u>—</u>	<u>180</u>	<u>India</u>		
			<u>South Africa</u>		<u>120</u>
			<u>England</u>		

Disallowed ... ..

Service towards pension ... ..

**PART C.** Number of G.C. badges \_\_\_\_\_ medals \_\_\_\_\_

Wounds and actions in which received \_\_\_\_\_

**PART D.** Where born (parish, town and county), and date Seitch N.F.S.B. 29 Sept 1893

Colour of hair on discharge Black Colour of eyes Blue Complexion Fair

Christian name of father William

Christian name of mother Mahallah

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

Wife's maiden name in full \_\_\_\_\_  
 Date and place of marriage \_\_\_\_\_

Christian names of children and dates of birth \_\_\_\_\_

Date and place of 1st enlistment St Johns N F L B 15 May 1918

Figure on discharge \_\_\_\_\_

Descriptive and other distinguishing marks \_\_\_\_\_

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) Smith John X

Rank Pte

Station Hazley Square

Date 5-11-18

I certify that the above-named soldier signed the foregoing declaration in my presence.

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,  
 BURTON COURT,  
 KING'S ROAD,  
 LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. \_\_\_\_\_ King's Regulations

or

Transferred to Class \* \_\_\_\_\_ of the Reserve.

Strike out whichever inapplicable.

Military character \_\_\_\_\_

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records.

Station \_\_\_\_\_

Date 191

\* Insert P., or P.(D).



C.R. 5048

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's dated July 25, 1918.

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

#5048 Pte. John Smith

C.R. 5048

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt. April 4th, 1919.

5048 Pte. J. Smith

Having been found medically Unfit is discharged  
from 31-1-19.

C.R. 5048

Extract from Casualties received from P.S.R. Office Supt. 3, 1918.

Admitted Hospital From Draft No. 21, from Newfoundland.

5048 Pte. J.S. Smith.

Discharged Fort Pitt Hospital, Chatham, 8/9/18. Sent direct to Depot, Hazley Down Camp. Winchester.



C.R. 5048

Extract from Telegram from Synoptical, London  
dated November 13th., 1918.

#5048 Smith.

The abovementioned having embarked by the Government  
transport for St. John's N. B. November 12th.,  
Documents with Garty. Being sent Home for Discharge.

BC.

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

#5048 Pte. J. Smith.

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

C.R. 5048

Extract from Nominal Roll Embarked London, f or Overseas  
Nov. 18th, 1918 Major Garty, Conducting, Officer.

BEING SENT HOME FOR DISCHARGE.

5048 Pte. J.S. SMITH.

ML



5048  
C.R.

Extract from Nominal Roll of Repatriation Draft No. 77 which  
embarked at Tilbury Docks, London 12/11/18.

Major G. T. Warty, Conducting Officer.

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#5048 Pte. J. S. Smith.

C.R. 5048

Extract from Medical Board held Saturday Nov. 30th 1918.

5048 Pte. J. Smith.

Did not present himself.

M.M?

CR. 5048

Extract from Medical Board held Monday Dec. 2, 1918.

5048 Pte. Smith J.S.

Recommended Discharged as Permanently Unfit.

M.H.

5048

C.R.

Extract from Nominal Roll of repatriation draft No. 79 from the  
Newfoundland Forestry Corps, embarked at Tilbury Dock, 18/12/18.

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#5048 Pte. J. S. Smith.



C.R. 5048

Extract from Daily Orders part 11 Depot. St. John's  
dated November 30th., 1918.

The undermentioned <sup>returned</sup> ~~proceeded~~ from Overseas and reported  
at Headquarters 29-11-18

<sup>48</sup>  
#5063 Pte. J. S. Smith

COPY.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178<sup>a</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Smith Christian Name John S

TABLE I—GENERAL TABLE.

Birthplace ... Parish Widdow's T. B. County Widdow

Examined ... (on 15<sup>th</sup> day of May 1918 at St. John's)

Declared Age ... 25 years ... days.

Trade or Occupation ... Fisherman

Height ... 5 feet, 4 inches.

Weight ... 128 lbs.

Chest Measurement { Girth when fully Expanded. 36 inches. Range of Expansion 21 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left Number / /

When Vaccinated ...

Vision ... R.E.-V=6/6 L.E.-V=6/6

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) Jamont Patterson (Rank) Major Medical Officer.

Enlisted ... at St. John's on 15<sup>th</sup> day of May 1918

Table with 2 columns: Corps, Regtl. No. Row 1: The Royal W. F. L. A., 5048. Row 2: Regt, 5048

Became non-effective by

on ... day of ... 1918

(Signature) (Rank)

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Fort Pitt Chatham</i>	<i>9</i>	<i>8</i>	<i>18</i>				<i>Parotitis</i>		<i>Has recovered Transferred to camp</i>	<i>Branches Capt. R. A. Mc.</i>
<i>Stagley Howard</i>	<i>11</i>	<i>9</i>	<i>18</i>	<i>11</i>	<i>10</i>	<i>18</i>	<i>Parotitis</i>	<i>23</i>	<i>Discharged to duty</i>	<i>C. S. Adams Capt. R. A. Mc.</i>





### Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvI.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

**PART A.** Soldier's Name Smith John (Surname) (Christian names in full)

Unit from which discharged Regal A.F.S.

Regimental Number \_\_\_\_\_ Rank on discharge \_\_\_\_\_ Age on discharge 25

Married, widower with children, or single Single

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life \_\_\_\_\_

Nature and locality of employment desired \_\_\_\_\_

Full postal address to which proceeding on discharge } Wick T.B. A.F.S.

Name of Approved Society (if any) \_\_\_\_\_

**PART B.** Nature of medical unfitness V. D. H.

Service with Colours \_\_\_\_\_ years 150 days, of which \_\_\_\_\_ years

120 days were served abroad during the present war.

Military character good

Anything against the soldier to render his recommendation undesirable no

Date of discharge 5-11-18 1918

Station Harley Town

Date 5-11-18 Officer i/c Records \_\_\_\_\_

NOTE 1.—Part B. of this Army Form and Army Form W. 3463B can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi) or (xvI.a), King's Regulations.

**COPY**

**Report to the Employment Department, Ministry of Labour, on a Soldier's Discharge from a Central Hospital as physically unfit for further War Service under para. 392 (xvi.), King's Regulations.**

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Director of the Employment Department, Ministry of Labour, 1, Queen Anne's Chambers, Westminster, London, S.W.1.

**PART** Soldier's Name Smalley, Arthur  
(Surname) (Christian names in full)

**A.** Unit from which discharged Medical to F.L.A.

Regimental Number 7117 Rank on discharge PLC Age on discharge 25

Married, widower with children, or single Single

Occupation before enlistment Warrant Officer

Special qualifications (if any) for }  
 employment in civil life }

Nature and locality of employment desired \_\_\_\_\_

Full postal address to which }  
 proceeding on discharge } Wilde 513 To F.L.A.

Name of Approved Society (if any) \_\_\_\_\_

**PART** Nature of medical unfitness \_\_\_\_\_

**B.** \_\_\_\_\_

Service with Colours \_\_\_\_\_ years \_\_\_\_\_ days, of which \_\_\_\_\_ years  
 \_\_\_\_\_ days were served abroad during the present war.

Military character \_\_\_\_\_

Anything against the soldier to render his recommendation undesirable \_\_\_\_\_

Date of discharge \_\_\_\_\_ 191\_\_\_\_.

Station \_\_\_\_\_

Date \_\_\_\_\_ Officer i/c Records \_\_\_\_\_

**NOTE 1.**—As there is a representative of the Employment Department, Ministry of Labour, attached to each Discharge Centre, this Army Form is not to be sent to the Ministry of Labour, except in cases of discharge from Central Hospitals.

To be completed by the Officer i/c Records.

## Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

**INSTRUCTIONS.**—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T) of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burtin Court, King's Road, London, S.W.3.

**PART A.** Soldier's Name Smith John  
(Surname) (Christian names in full)

Unit from which discharged Royal W. F. L. A.

Regimental Number 5048 Rank on discharge Sgt Age on discharge 25

Married, widower with children, or single Single

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life }

Nature and locality of employment desired }

Full postal address to which proceeding on discharge } Hilda F. L. W. F. L. A.

Name of Approved Society (if any) }

**PART B.** Period of service, and in what Corps ... ..

	Regiment	Years	Days	All service abroad, with Stations	Years	Days
Disallowed ... ..	<u>Royal W. F. L. A.</u>		<u>180</u>	India		
Service towards pension ... ..				South Africa		
				England	-	120

**PART C.** Number of G.C. badges medals

Wounds and actions in which received

**PART D.** Where born. (parish, town and county), and date Hilda W. F. L. A. Sept 29<sup>th</sup> 1893

Colour of hair on discharge Black Colour of eyes Blue Complexion Fair

Christian name of father William

Christian name of mother Mahabati

NOTE.—Army Forms D. 400 and W. 3463A and A are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and A are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

Wife's maiden name in full

Date and place of marriage

Christian names  
of children and  
dates of birth

Date and place of 1st enlistment

Figure on discharge

Describe and other distinguishing marks

I certify that I am the soldier referred to and that all the particulars contained in Parts A and D above are, to the best of my knowledge, correct.

(Signature in full) *Smith John +*

Rank

*PLS*

Station

*Stapley Road*

Date

*5-11-18*

I certify that the above-named soldier signed the foregoing declaration in my presence

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. \_\_\_\_\_ King's Regulations

or

Transferred to Class \* \_\_\_\_\_ of the Reserve.

Strike out  
whichever  
inapplicable.

Military character

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records.

Station

Date

191

Insert P, or P(T).



Only for use with Men returned from an Expeditionary Force  
or from Garrisons Abroad.

Army Form W. 3016.  
(In Books of 100.)

No. \_\_\_\_\_ Date 3 . 9 1918

\* (1) To the Officer i/c Records }  
\* (2) The Officer Commanding }  
\* (3) The Paymaster } \_\_\_\_\_ Station.

\* Strike out that which is inapplicable.

Regimental No. 5048

Rank and Name Plt J. S. Smith

Regiment or Corps 13 New Zealand Regt

has been granted } 3. 9. 18 to 2 Coy  
a furlough from } Depot

His address while } 58 Vic St London  
on leave will be }

I consider he  
is fit for

\* Strike out that  
which is  
inapplicable.

I. DUTY.

II. COMMAND DEPOT.

III. EMPLOYMENT.

Officer in charge W. S. Smith Hospital.

Station.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.

**MEDICAL REPORT ON AN INVALID.**

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name: *Smith John* ..... Regl. No. *5058* .. Rank *Ptk.* .. Unit and Corps *Royal Artillery*  
(Surname) (Christian Name)

1. State the nature of the disability or disabilities from which this man is suffering.. . . .

*V. D. H.*

2. What is the present condition of such disability or disabilities? .. . . .

3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a:—

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Army or Air Force during the present war. Provided that if the remaining disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.

- (a) Sanatorium or other institution for tuberculosis .. . . .  
 (b) Hospital, and if so, what class? .. . . .  
 (c) Convalescent Home .. . . .  
 (d) Asylum, or .. . . .  
 (e) Other institution .. . . .  
 (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?

4. With reference to Army Council Instructions, is any surgical appliance recommended? .. . . .

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable .. . . .

Signature ..... President.

Station *Hazleydown* .. . . .

Date *5/2/18* .. . . .

} Members.

Approved.

Station .. . . .

Date .. . . .

Officer in charge, Central Hospital.

Notification to the O.C. Discharge Centre, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—Army Forms W. 3961A, B and C are issued in sets of three and so arranged that they can be completed at the same time by the use of carbon paper for despatch by the O.C. unit to the Officers severally indicated.

The O.C. unit is to fill in the address of each Officer, to whom the Army Forms are sent, in the spaces provided below.

O.C. Discharge Centre, A.F. W. 3961b has been sent to The Officer i/c Records, A.F. W. 3961c has been sent to The Regimental Paymaster,

*Royal N 72 Lb*  
*37 Victoria Street*  
*London*      *50 Victoria Street*  
*London*

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:— *repatriation*

- (a) Discharge as no longer physically fit for war service  
(b) Discharge as surplus to military requirements  
(c) Discharge as ~~...~~  
(d) Transfer to the Reserve  
(e)† Claims repatriation to *N 72 Lb*

strike out whichever inapplicable.  
In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted *St. Johns May 15 7 18* (Country) (Place)  
(ii) Date of arrival in United Kingdom  
(iii) Port of arrival  
(iv) Ship on which arrived  
(v) Name of Shipping Line or Agent

(vi) Names and addresses of two references who can verify the above particulars

No. *50148* Rank *Pvt*

Name *Smith John*  
(Surname) (Christian names in full)

Unit and Corps *Royal N 72 Lb*

Authority *B 179*

Army Forms B. 179A and B, B. 103, B. 178, D. 400 together with W. 3463A, B. 120, B. 122 and W. 3068, or temporary documents, for the above-mentioned soldier are forwarded herewith.

Station *Hazeby Leam*

Date *5-11-18* 191 *18* O.C.

Insert cause other than under (a) or (b) above.

NOTE 1.—If the soldier claims to be repatriated abroad, and is prepared to embark at the first available opportunity, the O.C. unit is to complete such of the particulars as the soldier can furnish before transmitting the Army Forms.

In such a case the Officer i/c Records is instructed on Army Form W. 3961b to investigate the claim and notify the O.C. Discharge Centre by wire whether the claim has or has not been substantiated. In the event of the above notification not having been received from the Officer i/c Records the O.C. Discharge Centre is to refer to that Officer before approving the soldier's discharge.

COPY

Depot  
5048

April 3rd, 1919

Capt. C. G. Dulcy.  
Discharge Depot

Referring to your letter of tomorrow (too dry),  
I beg to state that the following is the information  
requested by you:-

3403 Pte. A. Locke

Died Nov. 2, 1918, before  
completion of discharge

5048 Pte. J. Smith

Discharged Jan. 31, 1919,  
Medically unfit

4613 Pte. M. Murphy

Discharged Nov. 30, 1919,  
Medically unfit.

(sgnd) L. ST A. FIELD, Lieut  
for Captain and Paymaster



Dec. 3rd, 1918

From Asst. Adjutant,  
Depot

To Baymaster and Officer i/c Records,  
Militia Department

5485 Pte. D. Dawe  
5048 " J.S. Smith

---

The marginally noted men have been recommended for discharge as permanently unfit by Medical Board held Monday, December 2nd.

I am sending them herewith for your attention and necessary action, please.

AWC

Reg. No. *1048* Rank *Pte* Name *Smith, J. S.*

Attested ..... Address *Bilds T. D.*

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

Date of Allotment ..... Returned from Overseas *28 11 18*

Embarked for Overseas ..... Cause *Discharge*

*2-12-18* *See discharge. Permanently unfit*

*31.1.19.* **DISCHARGED—MEDICALLY UNFIT** *21st 12, 1919.*

# COPY STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No., 5048.....

Rank, Pvt......

Name, Smith John.....  
(Surname) (Christian Names)

Unit and Corps } 1st Regt Royal

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.  
 (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

England

(b) In what capacity?

Infantry

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

The complaint from which I suffer at present always came against me before joining the army.

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

Chatano mumps 30 days  
Hayley House 30 "

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

yes

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

no

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

Fisherman

- (b) What was your trade before joining the Army?

do

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station Hayley House.....

Signed (Soldier) Smith John T

Date 5-11-18.....

Signed J. J. Woods.....

Witness.

# STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. *2048*Rank *Pvt*Name *Smith John*

(Surname)

(Christian Names)

Unit and  
Corps*1st Royal*

Note.—Before answering the questions below, the soldier is to note that

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

*England*

(b) In what capacity?

*Infantry*

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

*The complaint from which I suffer at present always came against me before joining the army.*



3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

Chatham mumps 30 days  
Hazeldeans 30 "

4. Did you suffer from the disease or injury mentioned in above answer to Question 2 or anything like it, before joining the Army? If so, give details and dates.

yes

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

no

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

Fitterman

(b) What was your trade before joining the Army?

Do

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station Hazeldeans

Signed (Soldier)

Smith John

Date 5-11-18

Signed

R. G. Woods

COPY.

# MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W.3.

Name Smith, John (Surname) (Christian Name) Regl. No. 5418 Rank Pte Unit and Corps Regt. 1st

1. State the nature of the disability or disabilities from which this man is suffering. . . . .

V. D. H

2. What is the present condition of such disability or disabilities? . . . . .

3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a:—

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the (qualifying) disability has been held to be due to an appointment by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.

- (a) Sanatorium or other institution for tuberculosis . . . . .
- (b) Hospital, and if so, what class? . . . . .
- (c) Convalescent Home . . . . .
- (d) Asylum, or . . . . .
- (e) Other institution . . . . .
- (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?

4. With reference to Army Council Instructions, is any surgical appliance recommended? . . . . .

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable . . . . .

Signature . . . . . President.

Station Hampley House . . . . .

Date 5-11-18 . . . . .

Members.

Approved.

Station . . . . .

Date . . . . .

Officer in charge, Central Hospital.

Medical Report on an Invalid.Station HAZELEY DOWN CAMPDate 5-11-18

- |   |   |
|---|---|
| <p>1. Unit <b>ROYAL NEWFOUNDLAND REGIMENT</b></p> <p>2. Regimental No. <b>5048</b></p> <p>3. Rank <b>PRIVATE</b></p> <p>4. Name <b>SMITH, JOHN S.</b></p> <p>5. Age last birthday <b>25 years</b></p> <p>6. Enlisted { on <b>15/5/18</b><br/>at <b>St. John's</b></p> | <p>7. Former Trade }<br/>or Occupation } <b>Fisherman</b></p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|---|---|

**8. Disability in respect of which invaliding is Proposed.***(Other disabilities should be reported upon in answer to question No. 19).***V.D.H.**Statement of Case.

*Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.*

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

**During the voyage across, he contracted mumps and was admitted Fort Pitt Military Hospital, Chatham, and on joining Depot was under observation for 12 days, then sent to Hazeley Down Military Hospital, where he was for 23 days. Since his discharge from there, he has been on light duty, and is now considered unfit for any military duty.**

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

**Attributable to, and aggravated by Service during the present war.**

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

**He is pale, thin, and debilitated, flat-chested, bronchial breathing, with moist creps at root of scapular spine. Diminished breath sounds at both bases, bruit at mitral with slight arrhythmia. Has been on deep breathing exercises for a month with some improvement.**

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

**N.A.**

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

**N.A.**

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

**N.A.**

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

**N.A.**

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

**Discharge as Permanently Unfit for any Military Service.**

**(Sgd) J. St. P. KNIGHT, Capt. M.O. R.N.R.**

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station HAZELLY DOWN, WINCHESTER

Officer in charge of Hospital.

Date \_\_\_\_\_

\*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war; (B) due to causes not connected with present war; viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war; **No**
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

**Constitutional**

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

*Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

**Nil**

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

**Yes**

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

(Sgd) **N. S. FRASER**

President.

Station **St. John's, Nfld.,**

**J. SINCLAIR TAIT**

Date **Dec. 2nd., 1918**

**L. PATERSON, Major**

Members.

Station **DEC 2 1918**

(Sgd) **CLUNY MACPHERSON, M.D. M. S. NEWFOUNDLAND.**  
Administrative Medical Officer.

Date **No.**





## 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:

I am going home & hope to be able to resume fishing by Sept. If I cannot, I will write to the V. O.

John J. Smith

Signature of Man.

G. W. Blackhall.

Signature of the Vocational Officer or his Representative.

Reg. No. 5048

Place

St. John's

Date

Dec. 3

191

8

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.

Number of Sheet 52

Regiment of Royal Newfoundland

Signature of O. C. Company J. Dicks Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Smith John	Age on	25 years / months	Soleman	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	185.18	C/A	
Joined		Date	Period of } with Colours <sup>6</sup> / <sub>12</sub> years.	Place of Birth	
Joined		Date			with Reserve <sup>6</sup> / <sub>12</sub> years.
				S. Dicks T. B.	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Medically unfit	S. Dicks	31/19			

COPIES SENT		
To	No.	DATE
M. of M.	18247/186	11/19 1854
O.C. 1st. Bn.		
" 2nd. Bn.		

Army Form B. 121.

To be carried over

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..... *2nd Regt.*
2. Regt. No. *10248* & Rank..... *Plt.*
4. Name..... *SMITH John*  
(Surname) (Christian Names)
5. Age last birthday..... *25 1/2*
6. Posted for duty on *1 May 1916* at *St. John's*  
in category (or grade).....
7. Former Trade or Occupation } *Soldier*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regt. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—  
(a) When (b) Where (c) Date of Discharge;  
(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.

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.

*During the voyage across he contracted mumps and was admitted 17th Oct. 1914 to military Hosp. Clatham, and on joining depot was under observation for 72 days and then sent to the depot Don Hosp. where he was for 23 days; since his discharge from there he has been on light duty and is now considered unfit for any military duty.*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | <i>Yes</i>          | <i>Yes</i>        |
| (ii.) Previous active service .. .. .                              | <i>Yes</i>          |                   |
| (iii.) Climate in pre-war service .. .. .                          | <i>no</i>           |                   |
| (iv.) Ordinary military service before the war .. .. .             | <i>no</i>           |                   |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | <i>no</i>           |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *no*

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

15. What is his present condition? *He is quite thin & debilitated. Bronchial*  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)* *Fluorid. Breathing with moist crep. at root of*  
*ocipital spine. Dim. heart and at both bases. Dist. of initial 2 slight asthma. Has been w/ deep breathing exercise in a month with some improvement.*

16. Was an operation performed? If so, when and what was its nature? *no.*
17. If not, was an operation advised and declined? *no.*
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? *no.*
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? *no.*

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.

*Discharge as permanently unfit in any military service.*  
*WPK*  
*Captn R. J. P. [Signature]*

Station *Hazleydown Wundeston*

Medical Officer in charge of case.

Date *5-11-18*

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



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

## MEDICAL HISTORY

OF

Surname

Smith

Christian Name

John S.

Table I.—GENERAL TABLE.

Birthplace:—Parish

St. John's

County

Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	15	May		1918
	at	St. John's	at	
Declared Age	25	years		days
Trade or Occupation	Fisherman			
Height	5	feet	4	inches
Weight	128 lbs.			
Chest Measurement	Girth when fully expanded		36	inches
	Range of Expansion		2	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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)	L. M. Peterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	15	day of	May
				1918
		Corps.		Regtl. No.
Joined on Enlistment	The Royal 50th			
	Nfld Regt			
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				



Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Dart Pitt Chatham	8	8	18				Parotitis		Has recovered. Transferred to Camp.	G. Shaw (Capt. Kemner)
Hazeley Down	11	9	18	<sup>14</sup> 19	<sup>10</sup> 7	18	Debility	23	Discharged to duty.	G. S. M. W. (Capt. R.A.M.C.)

[P.T.O.]







Fold Here

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**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S. Nfld.***

---

Fold Here

Address



OCT 20 1921 1921.

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

John S. Smith

in respect of his service as No. 5048 Rank Pte.

Name J.S. Smith Royal Nfld. Regt.  
~~Reserve Infantry Company~~

Receipt of the same should be acknowledged hereon.

Received Oct-21/1921

Signature ptē John S Smith

Date \_\_\_\_\_

Address John S Smith Dildo 5 B

LAST PAY CERTIFICATE

OFFICE COPY.

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 5048 Rank Private Name Smith J S Unit ROYAL NEWFOUNDLAND REGT who was Transferred  
to Newfoundland on 12/11/18 Authority D.O. Cause Repatriation

DR. STATEMENT OF ACCOUNT CR.

PERIOD: From 26/10/18 To 22/11/18	PARTICULARS					PARTICULARS				
	£	£	£	s	d	£	£	£	s	d
Balance Dr. from 26/10/18 to 11/11/18						Balance Cr. from 26/10/18 to 11/11/18				
Allotment 17 days @ 60¢	1	10	20	12	1	Pay 17 days @ \$1.00	1	17	00	
Cash Payments: 2/11/18					12	Field Allowance 17 days @ \$1.10	1	1	70	
9/11/18					19	Other Allowances days @ \$	1	18	70	
Other Debits: Barrack Damages					6	Other Credits:				1
laundry stoppages										3
Boots "					2					16
Barber "					5					10
Total Debits	1	20	13	16	10	Total Credits	1	18	70	1
Balance due by Paymaster						Balance due to Paymaster				3
					1					16
					10					10

*Copies sent to M/J W  
At John's of 7 Rd. 11/11/18*

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) 26/10/18 to 22/11/18 (Date) 11/11/18 1918  
HAZELEY DOWN CAMP David S. Knight Officer  
O.C. "C" Company.

Made up/Checked in accordance with information received in the Pay & Record Office to  
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,









Smith, John

5048

Sept

## Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>5048</u>		Army Rank <u>Plt</u>
Name <u>Smith John</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>		
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>		
Date of discharge <u>January 31/1919</u>		
Place of discharge <u>St. John's, Nfld.</u>		
1. Description at the time of discharge.		
Age <u>25</u> years <u>4</u> months Height <u>5</u> feet <u>4</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>pale</u> Eyes <u>blue</u> Hair <u>black</u> Trade _____ Intended place of residence <u>Sildo. Nfld.</u> (To be given as fully as practicable)	Descriptive marks.	
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>		
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)		
3. Military character:—		
4. Character awarded in accordance with King's Regulations:—		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.		
		Initials of Commanding Officer.
Army Form B. 2068 has been issued to*		

17  
 30  
 31  
 30  
 31  
 30  
 31  
 31  
 76

To be filled in on the soldier quitting the Colours.

*Handwritten:* 2079/820

BB/EB

7043


October 22, 1919.

To:- Major Howley,  
O. I. C. Pay and Records.

From:- Vocational Officer.

Encl.

I am enclosing a cheque which I received from  
Mr. J. S. Smith of Dildo. This cheque was sent to  
him in error.

  
Major  
For V. O.









# The Royal Newfoundland Regiment

## DEMOBILIZATION

### CIVILIAN CLOTHING GUARANTEE

I, No. 5048 Rank PL Name Smith J

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance

to the amount of \$ 600

Date Dec 3rd 19

Smith J  
Signature of Soldier

W Newbury Corp  
Signature of Witness

D. John

file

Dildo

Oct 11/1919.

Procurator General

Dear Sir,

has. I recd. my  
Gratuitous money to day.

I also found in my  
envelope some of money  
belong to the Judge.

So I am sending it with  
delay from it will  
be delivered safe.

Yours Truly,

John S. Smith

Dildo 41

Trinity Bay

ack & thank  
him for return of  
cheque

Oct. 15, 1919

Pts. J.S. Smith,  
Dildo,  
T.B.

Dear Sir:

I enclose cheque for \$210.00  
amount of War Service Gratuity due you.

Yours truly,

Major  
Paymaster.

LM- enc.

*J.C.R.*

Feb 11, 1911

4008

Capt J. M. Howley  
Dear Sir

I am sending  
to you to know  
if there is a Return  
Badge for me  
I havent received  
one has yet  
I thought I would  
rite and know  
if there was  
one for me

No 6048

Yours Truly

Rt J. S. Smith  
Dildorf  
J. B. L.

John Smith



BE/ME

October 15. 1919.

To:- Captain Howley,  
O. I. C. Pay and Records.

From:- V. O.

J. C. R.

John S. Smith - Dildo - Trinity.

We are sending herewith a letter from  
the man named in the margin. We have told  
him that you will reply direct.

Howley

Major,  
For V. O.

Dileto  
Trinity Bay.  
Oct 12/19.

To Vocational. officer

Dear Sir.

As I have been

Discharge. from Army. since  
January. 31/19. And have  
not yet. recd. any War.  
Services gratified. money.  
The only thing I have recd  
is my. Pensions.

I would like to us from  
you. if I am. intitled  
to this gratified.

Yours Faithfully  
John. S. Smith

~~Dileto~~  
Trinity Bay

## Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

**PART** Soldier's Name Smith, John (Surname) (Christian names in full)

**A.** Unit from which discharged Royal W. F. L. A.

Regimental Number 5718 Rank on discharge P. S. G. Age on discharge 25

Married, widower with children, or single \_\_\_\_\_

Occupation before enlistment Fitter

Special qualifications (if any) for }  
employment in civil life }

Nature and locality of employment desired \_\_\_\_\_

Full postal address to which }  
proceeding on discharge } Rudds T. B. W. F. L. A.

Name of Approved Society (if any) \_\_\_\_\_

**PART** (Nature of medical unfitness) \_\_\_\_\_

**B.** \_\_\_\_\_

Service with Colours \_\_\_\_\_ years \_\_\_\_\_ days, of which \_\_\_\_\_ years  
\_\_\_\_\_ days were served abroad during the present war.

Military character \_\_\_\_\_

Anything against the soldier to render his recommendation undesirable \_\_\_\_\_

Date of discharge \_\_\_\_\_ 191\_\_\_\_.

Station \_\_\_\_\_

Date \_\_\_\_\_ Officer i/c Records \_\_\_\_\_

NOTE 1.—Part B. of this Army Form and Army Form W, 3463b can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$210<sup>00</sup>

Oct 16 19 19

Received from the First Newfoundland Regiment  
the sum of Two hundred & ten ——— Dollars.  
~~on account~~ of Pay. W. B. G.  
balance

Ch. No. 14791	Initials <u>W. B. G.</u>
Pay Ledger 245	Initials <u>WR</u>
Gen. Ledger.....	Initials.....

Regtl. No.

Rank

J. C. G.

No. 5048

Rank

Pt.

Name

J. S. Smith

Died

Trinity



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60<sup>00</sup>

Dec 9<sup>th</sup> 19 14

Received from the First Newfoundland Regiment  
the sum of Sixty <sup>00</sup>/<sub>100</sub> Dollars.

in account  
balance of Pay. Clothing J S Smith

Ch. No. 6260 Initials EW

Pay Ledger 414 Initials WM

Gen. Ledger..... Initials.....

Regtl. No. ....

Rank Private

No. 5048.

Rank

Pl

Name

Smith J S

DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

TO:  
À:

Ottawa, Ont.  
DATE Oct. 27, 1970

NAME Service No. CPC No.  
NOM SMITH, John S. Matricule No. 5048 WW1 CCP No. 261131  
ROY, NFLD, REGT.  
WVA No.  
AAC No. 59826

Information Received from:

Information reçue de: S.P.M.R. C.P.C. St. John's Nfld. Oct. 22, 1970

Date of Death

Date du Décès Oct. 19, 1970

Place

Endroit Vets. Pavilion, St. John's Nfld.

Distribution: WSR-DASG

VI - ASS

~~XXXXXX~~

HO - BC

Pour le chef,

For Chief, Central Registry Division.

Dépôt central des dossiers.