Recruiting Form B, 1915.

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4942 Name Joseph Smith Corps C. of E.

Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Joseph Smith
2. What is your full Address? ..... 2. Apreade eagle Trinity Bay
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 23 Years 2 Months
5. What is your Trade or Calling? ..... 5. Fisherman
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. Joseph 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.

Joseph his x mark Smith ..... SIGNATURE OF RECRUIT.

James Ashlee ..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I. Joseph 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 7th day of May 1918

Signature of Attesting Officer ..... A. J. Ames Capt

†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) .....

4992

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Joseph Smith

Apparent age 22 years 2 months. Height 5 feet 4 inches

Chest Measurement { Girth when fully expanded 36 inches
Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Isaac Smith Spreadeagle Trinity Bay | 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 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 7-5-18									
Joined at St John's				May 7-1918.					
Discharged July 2/19									
Embarked St John's train to Halifax N.S. 11-6-1918									
Transferred to Military Conv. Hosp. Bedford Bds. Discharged as									
Military Hosp. Halifax down Unclassified 7-10-1918.									
Reported to Unclassified 1-11-1918.									
To Newfoundland for demobilization 22-5-19. Arrived Lemarchant 1-6-19									
Demobilization St John's 2-7-1919									
Total Service forfeited as above									

Total Service towards Engagement to 2-7-1919 [date of discharge] 1 years 57 days

" " Pensions " [" "] " "

C.R. 4942

Extract from Daily Orders part II, Unit the Royal Fld. Regiment dated July 6th. 1919.

The discharge of the undernoted on demobilization has been ~~REFERRED~~ CONFIRMED by Officer i/c Records on noted date.

#4942 Pte. Jos. Smith.

2-7-19.

G.R. 4942

Extractfrom Daily Orders Part 11 Unit The Royal Nfld. Regiment, Depot, St.John's, June 9th 1919.

The discharge [redacted] demobilization of the undernoted has been APPROVED by O.C. Discharge Depot, with effect from 18-6-19.

4942 Pte. J. Smith.

C.R. 4942

Extract from Daily Orders Part II Depot, St. John's,

Date June 7th 1919

4942 Pte. J. Smith.

Reported at Headquarters 1-6-19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4942

Extracts of Casualities from Pay & Record Office London dated Nov. 4/11/18.

4942 PTE. DJ. Smith.

Was discharged from Military Hospital, Crownhill, Plymouth, on 1/11/18 and ordered to report to O.C. 2nd Bn., Winchester.

A.F. W.3119 from Hospital, Plymouth.

C.R. 4942

Extract from Casualties from Pay and Record Office, London,

dated 14th. October, 1918.

4942 Pte. J. Smith

was transferred from Military Hospital, Hazeley Down Camp, Winchester to Military Con. Hos. Crownhill Barracks, S. Devon, on 7/10/18.

Authority: A.F. W.3119 from Hospital, Devonport.

C.R.4942

Extract from Daily Orders part II, 2nd Unit The Royal Nfld.Regt.St.John's,dated June 14,1918.

#4942 Pte.J.Smith.

Embarked for overseas with draft 11-6-18

Extract from Daily Orders part 11, from Unit The Royal Newfoundland Regiment, St. John's, dated May 11, 1918.

#4942 Pte. J. Smith.

Attested for General Service with the Royal Nfld. Regiment from 7.5.18.

J. Smith C.R. 4942

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. Royal Newfoundland
2. Regtl. No. 4942 3. Rank Pte
4. Name Smith (Surname) Joseph (Christian Names)
5. Age last birthday 23
6. Posted for duty on ..... at .....
   in category (or grade) .....
7. Former Trade or Occupation } Fisherman
7a. If the soldier claims previous service in Army, he should state—
   (a) Former Regts. or Corps; with Regtl. Nos.
   (b) Date of Discharge;
   (c) Cause of Discharge.
   (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
   (a) in action (b) on field service
   (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
   (a) When
   (b) Where
   (c) Opinion of Court

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

Statement of Case.

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

10. **If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.** (*Other disabilities should be reported upon in answer to question No.* 19). If no disability enter "nil."

11. Date of origin of disability. Nil
12. Place of origin of disability. Nil
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. Nil

6000/P3009. 250,000. 1/19. D. & S.

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

14 (a). If not due to any of these causes, to what specific condition do you attribute it? He Complains of no Disability

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

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature?

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend— Repatriation

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

W. E. Procunier Capt Ramc

Medical Officer in charge of case.

Station Hazeley Down

Date 8/11/19

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

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4942	Pte	Smith J	$250	J Smith

I have the honour to be, Sir,
Your obedient Servant.

J Smith X

Date July 1/18

NEWFOUNDLAND CONTINGENT
166, VICTORIA ST.
LONDON, S.W.
10 JUL 1918
BRAN & IRELAND

FORM K

No. 4241 a

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph Smith, Regl. No. 4942

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4008	mother	Mrs Isaac (Hannah) Smith	Spreadeagle T B	
			Total Allotment, $	

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.) C S James Lieut

Officer Commanding a Company

St John's

May 23rd 1918

(Sig.) his Joseph x Smith mark

(Rank) Pte

Witness:- James Arkley a/Sergt

[1526] W628/P45 2000m 10/17s 75 G & S 78

Form C.348 41

Army Form C. 348 (Large).

No. _____.

MEMORANDUM.

From O. C. "C" Co.
2/Bn Royal Newfoundland Regt.

To Chief Paymaster & O.i/c Rods.

Hazeley Down Camp,

23rd July 1918

4942, Pte. Smith, J.

The above named soldier states that he made an allotment in favour of Mrs. Annie Smith, Near, Old Shop, Spitacre, Trinity Bay. 50¢ per day.

We are not in possession of Form K. but will debit the amount against his account.

Please let us know if 50¢ per day is correct.

(sd) Geo. M. Emerson, Capt.
O. C. "C" Co.
2/1st Rotal Newfoundland Regt

✓ 6702
24/7/18

From

To Officer Commanding,
2/Bn Royal Newfoundland Regt.
Winchester.

ANSWER. 11983

Pay & Record Office,

25th July 1918

Pte. Smith has an allotment of 50¢ per day in favour of:

Mrs. Hannah Smith,
Spreadeagle,
Trinity Bay.

effective from 1/6/18.

Major,
Chief Paymaster & O. i/c Records,

FM/B

No. 1380/237/P.&.A

N.F.P./79.

From. NEWFOUNDLAND CONTINGENT

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

P.D. 06/09 3/2/19

To: Officer Commanding.
2/Bn.R.Nfld.Regt.
Winchester.

3rd February 1919.

4942 Pte. Smith J.

With reference to the following telegram from the Minister of Militia 29/1/19 (937)

"Pay to- 4942 Pte. J.Smith.

£2:1:0

Cheque £2:1:0 is enclosed. for payment to this Soldier.
Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

6-2-19 1919

Receipt hereunder.

Capt

Officer Commanding Depot.

LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of two pounds 1/- in respect of telegraphic remittance from the Minister of Militia.

4942 J. Smith.

No. Rank Pte

Witness Sgt Geo Perry

Smith J

4942

Pay Dept.

July 2,1919

#4942 Pte. Joseph Smith,

Spreadeagle,, T.B.

Dear Sir:-

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

Yours truly

Captain
Paymaster & Officer i/c Records.

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DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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. Joseph ..... 2. Surname. Smith .....

3. Rank. Pte ..... 4. Regtl. No. 4.9.4.2 .....

5. Address in full to which future payments of gratuity are to be forwarded. Pte. Joseph Smith Spliteagle near Old Shop Trinity Bay ~~[illegible]~~ .....

6. Date of enlistment in the Regiment. 1/5/15 .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Mrs Isiah Smith Spliteagle near Old Shop

8. Relationship of such dependents. Mother .....

9. Address in full of such dependents. Mrs. Isiah Smith Spliteagle near Old Shop Trinity Bay

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

11. Were you on active service only in Nfld. If so, give dates and particulars of such service. ~~[illegible]~~ No served overseas .....

.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. 13 months .....

.....1.¾.....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
No only one

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? Not Applicable

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

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service No

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. No

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

Signature of Applicant: Pte Joseph Smith

Place of Residence: Spiteagle. Trinity Bay

Declared before me at: St. John's Nfld.

This 5th day of May 1917

John McCarthy J.P.

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

POST DISCHARGE PAY.

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

Certified correct. Paymaster

July 2, 1919

34942 Pte. Joseph Smith,

Spreadeagle, T.B.

Dear Sir:-

Please find enclosed "Discharge Certificate No. 2315."

Yours truly

Captain,
Paymaster & Officer i/c Records.

C. R. C. Form B.
25-10-18-5000

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
(Fisherman)

Signature of Man.

Reg. No. 5420

Signature of the Vocational Officer or his Representative.

Place St Johns.

Date 4-6. 1919

Demobilization Form 2.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4242 Rank Pte Name Smith J.

Intended place of residence Dunfield - Trinity

2. Occupation Fisherman

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 JUN 4 1919

H. Musk
for Comanding 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 and date ST. JOHN'S

JUN 4 1919

his X mark
Signature of soldier

Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S

4-6-19

his X mark
Signature of soldier

James Drummond
Signature of witness Spr -

STATEMENT OF SERVICE

7. Enlisted for service 7-5-18

Discharged from service 18-6-19 Less 14 Days

No of days on Military Service 427

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S.

R H Tait Capt
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date JUN 18 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St Johns, Nfld

July 21/19

W Howley, Capt
Officer i/c Records
~~The Royal Newfoundland Regiment~~

a P B 20.29/23/21

Demobilization Form 8

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1944 Rank Pte Name Smith J

Date of Enlistment 1.5.18 Address Spreadeagle District Trinity

Occupation Fisherman Classification for Discharge Medical Category A1

Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P|36		B 268		B 121	1	N.F. Med		D.F. 1	1		
B 178		W 3494		B 122		Board 1st		" 2			
B 178a	1	D 400A	1	B 1915		do 2nd		" 3	23		
B 179		D 400B		Form L		do 3rd		" 4			
B 179a	1	D 400C		Form K		do 4th		" 5			
B 179b		B 103		ME 2				" 6			
B 179c		B 120		M 93		34-18	1				

Date 4.6.19

H. Mills Capt
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am he in a position to resume civilian occupation.

J Smith
Mr Freeman

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable $60.00

(b) ~~Clothing Supplied~~

Date 4-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1400 to his home at Springdale, Trinity and Release Certificate No. 2262 issued.

Date 4-6-19 J. A. Snow Capt.
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 1-7-19

Date 4-6-19 J. H. Mc H.
Depot Paymaster.

Discharge approved for 18-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 4-6-19 J. A. Snow Capt.
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 JUN 18 1919 R. H. Tait Capt.
O. C. Discharge Depot.

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

Date 8-H

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:— F

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 4-5-19.

Regimental No. 4947

Name Smith Joseph Pte

Address Spread eagle

Present Medical Category A i

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

Members of Board

R H Tait Capt.
O.C. Discharge Depot.

L Paterson
Senior Medical Officer

Geo Burden
~~M. O. Depot~~

D. & C.—1000-4-18

Reprint for Royal Nfld. Regt of Army Form B. 178a.

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

MEDICAL HISTORY

OF

Surname Smith *Christian Name* Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish Greenspile T.B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
Examined	on 7 day of May 1918 at St Johns		on day of 191 at	
Declared Age	22 years — days		years days	
Trade or Occupation	Fisherman			
Height	5 feet 4 inches		feet inches	
Weight	133 lbs.		lbs	
Chest Measurement: Girth when fully expanded	36 inches		inches	
Chest Measurement: Range of Expansion	4 inches		inches	
Physical Development				
Vaccination Marks: Arm	Right	Left	Right	Left
Vaccination Marks: Number				
When Vaccinated				
Vision	R.E.—V= 6/10 L.E.—V= 6/10		R.E.—V= 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)	Lamond Robinson			
(Rank)	Major Medical Officer.		Medical Officer.	
Enlisted	at St Johns on 7 day of May 1918		at on day of 191	
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	The Royal Nfld Regt	4942		
Transferred to				
Became non-effective by	on day of 191		on day of 191	
(Signature)				
(Rank)				

[P.T.O.

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				
Ibazeley Down	19	8	18.	12	9	18	~~Jefferson~~ I.D. Lt. Knee Joint	24	Discharged to duty.	C.S. Rivian CAPT., R.A.M.C.
Ibazeley Down	16	9	18	7	10	18	I.D. Lt. Knee	21	Refused operation. Transferred to Conv. No. Certified.	C.S. Rivian CAPT., R.A.M.C.
Mil: Con: Hosp Old Barracks, Crownhill.	7	10	18	1 -	NOV	1918	do.	26	Has now recovered Fluid has all disappeared To duty.	A.W. Miller Capt. R.A.M.C.

[P.T.O.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signatures
10-5-18	Vacc. LB.
4-6-18	T. A. B. LD
16.6.18	Lo.
15 7 18	TTS

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as E for Discharge on Demobilisation. Medical category

4-5-19
Date of T.M.B.

Discharge Depot, New Zealand

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

N.M.D. Form D400A Sec
[2000-20-5-19]

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

Name in full Joseph Smith

Regiment from which discharged Royal Newfoundland

Regimental number 4942

Intended address Spread Eagle T.B.

Height on discharge 5 Feet 6"

Color of hair on discharge Light

Complexion Fair

Color of eyes Blue

Descriptive Marks ——

Figure on discharge Normal

Christian name of Father Isaac

Christian name of Mother Hannah

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth ~~St~~ Dallows Cove. Newfdl. Jan. 2 - 1895

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) Joseph his x mark Smith (Rank) Pte

Wit: J. J. Walsh Pte

Station St John's Nfd. Date 4 - 6 - 19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer i|c Hospital.
Unit, or Command Depot.

Station Date

Army Form B. 179A

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 H. Southern Cavd.

2. Regtl. No. 4942 3. Rank Pte

4. Name Smith (Surname) Joseph (Christian Names)

5. Age last birthday 23

6. Posted for duty on ..... at .....
in category (or grade) .....

7. Former Trade or Occupation } Fisherman

7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)

8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?

9. If a Court of Inquiry was held on an injury state:—
(a) When
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (*Other disabilities should be reported upon in answer to question No.* 19). If no disability enter "nil."

11. Date of origin of disability. nil

12. Place of origin of disability. nil

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. nil

9588/P2002. 300,000. 1/19. D. & S.

	(a) attributable to	(b) aggravated by
14. State whether the disabilities are		
(i.) Service during the present war	.....	.....
(ii.) Previous active service..	.....	
(iii.) Climate in pre-war service	.....	
(iv.) Ordinary military service before the war ..	.....	
(v.) Serious negligence or misconduct on the man's part.	.....	.....
14 (a). If not due to any of these causes, to what specific condition do you attribute it?		

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

15. What is his present condition?

(*A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.*)

He complains of the disability

16. Was an operation performed? If so, when and what was its nature?

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

Repatriation

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

W. S. Procunier. Capt RAMC

Medical Officer in charge of case.

Station Hazeley Down

Date 8/4/19

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

Army Form W. 3428.

REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.

To be rendered in accordance with instructions on the back of this form.

1. Number, Rank, Name, and Unit of injured man. 4942 Pte Smith J. Nfld

Date of Casualty. Aug 17th 18.

2. Nature, Location, and Severity of injury. (*N.B.* Field Ambulance to be notified at once if wound is believed to be self-inflicted.) Synovitis Knee Lt. Trivial

G. S. O. B. Vivian
Medical Officer.

3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this form.)

4. Commanding officer's opinion as to whether the man was:—
   (*a*) In the performance of military duty.
   (*b*) To blame.
   (*c*) Whether any other person was to blame.

Date_____ Commanding

5. (*a*) Opinion of G.O.C. Brigade.
   (*b*) Disciplinary action taken or proposed, whether against injured man or another.

Date_____ Commanding Brigade.

[Continued Overleaf.

Form K

No. 4241

1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph Smith, Regl. No. 4942

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	Name (in full)	Address	Amount (each person)	
4008	Mother	Mrs Isaac (Hannah) Smith	Spreadeagle T.B		
			Total Allotment, $		50

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.) C.S. James Lieut

Officer Commanding a Company

St Johns

May 23rd 1918

(Sig.) Joseph his x mark Smith

(Rank) Pte

Witness:- James Arkley a/Sergt

Forms
B 121.
39.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet one

Regiment of Royal Newfoundland Regt

Signature of O. C. Company C. J. Ames Capt

Regimental Number and Name	Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No. 4942 Smith Jas	Age on 22 years 2 months	Fisherman	
Joined Date	Place and Date of Enlistment St Johns 7.5.18	Religion C of E	
Joined Date	Period of with Colours 1 yr. with Reserve 4 years.	Place of Birth Springdale T.B.	
Joined Date			
Joined Date			

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
				Demobilized St Johns 2/7/19					

To be carried over

Army Form B. 121.

1494V

Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1494V Rank Pte Name Smith J.

Date of Enlistment 7.5.18 Address Spreadeagle District Trinity

Occupation Fisherman Classification for Discharge A Medical Category A1

Recommendation S.M.B. ..... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P|36		B 268		B 121	1	N.F. Med		D.F. 1	1		
B 178		W 3494		B 122		Board 1st		" 2			
B 178a	1	D 400A	1	B 1915		do 2nd		" 3	3		
B 179		D 400B		Form L		do 3rd		" 4			
B 179a	1	D 400C		Form K		do 4th		" 5			
B 179b		B 103		ME 2				" 6			
B 179c		B 120		M 93		34-48	1				

Date 4.6.19

H. Merritt
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am unable in a position to resume civilian occupation.

J. Smith
Mr Freeman

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~~ Inner Coy

Date 4-6-19

O i/c. Re-clothing.

3. **Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. R 1400 to his home at Springdale, Trinity and Release Certificate No. 2 issued.

Date 4 - 6 - 19

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 1 - 7 - 19

Date 1 - 1 - 19

Depot Paymaster.

Discharge approved for 18 - 6 - 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	2	Form B	
B 179a	/	D 400C		Form K		do 4th		" 5			
B 179b		B 103		ME 2				" 6			
B 179c		B 120		M 93							

Date 4 - 6 - 19

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 JUN 18 1919

O. C. Discharge Depot.

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

Date June 12/19

for O.C. Records

Reg. No. 4942 Rank Pte Name Smith Jas.

Attested Address Springdale

Allotment Allottee

Date of Allotment Returned from Overseas 29.1.19.

Returned on S.S. Lorsdau Cause Discharge

4-6-19	PASSED TO DEMOBILIZATION	
18-6-19	DISCHARGE APPROVED ON DEMOBILISATION	