



**FIRST NEWFOUNDLAND REGIMENT**

**ATTESTATION OF**

No. 3978 Name Matthew Smith Corps 6 of R

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Matthew Smith</u>            |
| 2. What is your full Address? .....  | 2. <u>St. John's Point</u>         |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>20</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>fisherman</u>                |
| 6. Are you Married? .....  | 6. <u>No</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. { Name .....<br>Corps .....    |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                     |

I, Matthew Smith do solemnly declare that the above answers 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.

H. 16-10-17 Matthew Smith SIGNATURE OF RECRUIT.  
R. Edward Signature of Witness.

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

I, Matthew Smith do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

**CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.**

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 16 day of October 1917.

Signature of Attesting Officer W. J. [Signature]

†**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 ..... 1917 } Approving Officer.  
Place .....

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Matthew Smith  
 Apparent age 20 years 3 months. Height 5 feet 9 inches  
 Chest Measurement { Girth when fully expanded 38 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Reuben Smith  
Louis Point | Relationship Father  
Bonne Bay Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>16-10-17</u>					<div style="font-size: 2em; font-weight: bold;">Lance Corp. - 16/19</div>				
Joined at <u>M.A.'s</u> on <u>October 16-17</u>									
Embarked July 18/19									
Embarked M.A.'s Pt. Messianable 11-12-17									
Embarked for S.E. 25-5-18 Disembarked France 27-5-18									
James Battalion 31-5-18 Admitted 44 Co. 1st Buffs. Home 23-10-18									
Admitted 3rd Bn. The Buffs. 25-10-18 Discharged to 5th Bn. 5-11-18									
Camp Martin 5-11-18 Joined Base Depot 7-11-18 Reopened Unit 13/19									
Transferred from Base 22/19 Arrived Winchester 23/19 To be held for demobilization 22/19 Arrived Camp 1-6-1919									
Total Service forfeited as above.....					Demobilized 18/7-19				
Total Service towards Engagement to <u>18-7-19</u> (date of discharge)					1 year 276 days				
" " Pensions " " " " " "					" " " " " "				



C.R. 3978

Extract from Daily Orders Part 11 Unit The Royal WFLA.  
Regt. St. John's, July 25/19.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from 15-7-19.

3978 L/Cpl. Matthew Smith.

C.R.

3478

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.  
St. John's, July 5th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot, with effect from 4-7-19.

3978 L/Cpl. M. Smith.

C.R.I. 3978

Extract from Pally Orders Part 11 Depot, St. John's,

Date June 18th 1919.

3978, E/E. M. Smith.

Reported at Headquarters 1/6/19.

EX "Corsican"

which sailed Liverpool May 22/1919.

C.R. 3978

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT  
IN FRANCE DATED 31/1/19.

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PROMOTED L/Cpl.

#3978 Pte. M. Smith.

16/1/19.

C.R.

3978

Extract from Medical Report from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 25/4/19 and reached  
Hazeley Down Camp 23/4/19.

#3978 L/Cpl. M. Smith.



C.R. 3978

SICK AND WOUNDED N.C.O.'s and MEN OF THE EXPEDITIONARY FORCE - FRANCE



INFANTRY RECORD OFFICE WARWICK

LIST NO. H. A. 31437

ADMITTED 12 CON. DEP. AUBENGUE 5 NOVEMBER 1918.

38398 Pte Hughes C.....	2/5 Gloucesters.....	SW Thumb R. Sit.
201555 Sig Berwick F.H.	2/7 R. Warwicks	Bruised Hip L. GSW Sit.

DISCHARGED TO 5 REST CAMP ST. MARTINS EX 12 CON. DEP. 5 NOVEMBER 1918.

311368 Pte Baker R.K.....	2/6 R. Warwicks.....	Debility after VDS. Sit.
12601 Pte Willetts J.	4 Worcesters	SW Knee & Thigh L. Sit.
36098 Pte Manton W.H.	10 R. Warwicks	ICT Knee R. Sit.
36170 Pte Sider N.	2 R. Berks.	Spr. Ankle R. Sev.
45772 Pte Evans J.F.....	5 R. Berks.....	Gassed shell Must. Sit.
201636 Pte Guest S.J.	1 Worcesters	GSW Buttock Rt. Sit.
14871 Pte Howe J.	2/6 R. Warwicks	Gassed "W" Sit.
220491 Pte Adaway H.	2 R. Berks	Ulcerative Gingivitis Sit.
206793 Pte Smith A.G.	11 Garr. O. & B.	Gas Psng. VU. Sit.
48624 Pte Whitehouse K.....	5 R. Berks.....	Gassed Must. Wd. Sit.
42773 Pte Chilton G.J.	10 R. Warwicks	SW Thigh L. Sit.

*Handwritten scribble*

NEWFOUNDLAND EXPEDITIONARY FORCE

LIST NO. H. A. 31437

*3978*

2928 Pte Smith M.	1-Newfoundlands	Gastritis Sit.	Dis. to 5 Rest Camp St. Martins Ex 12 Con. Dep.
			5 November/18.

C.R. 3978

Ex tract from War Office list No. H. A. 51235.

ADMITTED 12 CON. DEPT AUBANGUE Slat., October 1918.

#3978 Pte. M. Smith

GASTRITIS SLIGHT?

C.R. 5978

Extract from War Office List No. H. A. 51057.

ADM. 7 CON. DEP. BOULOGNE 28th. October 1918.

#3978v Pte. M<sup>1</sup>/<sub>2</sub> Smith

GASTRITIS.

C.R. 3978

Extract from War Office List No. H.A. 50844.

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ADMITTED 5 CAN. GEN. HOS. BOULOGNE 26 OCTOBER 1915.

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#3978 Pte. M. Smith.

~~GASTRITIS SIGHT?~~

C.R. 3978

Extract from Nominal Roll of Nfld. Regt. Draft No.46  
from 2nd Bn. Depot, to 1st Bn. B.E.F. ~~embarked~~ Embarked  
Folkestone 25-5-18.

3978 Pte. M. Smith.

C.R. 3978

Extract ed Nominal Roll Draft.(All Ranks) to 1st  
Bn. B.E.F. Embarked Folkestone.

3978 Pte. M. Smith.

25-5-18.

C.R. 3978

NEWFOUNDLAND CONTINGENT.

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Extract of Nominal Roll of Draft No. 46,-- 120 Other Ranks from 2nd. Bn.,  
Depot, Winchester to 1st. Battn., The Royal Newfoundland Regiment, B.E.F.  
Embarked Folkestone 25/5/18.

3978 Pte. M. Smith.

A.Fs. B. 103 (one for each  
soldier) sent to 3rd. Ech  
-elon B.E.F.

C.R. 3978

Extract of Cablegram to P.&R.O., London Dated May 11th. 1918.

Pay to as follows:

3978 Smith

6 pounds, 3/3.



C.R. 3978

Extract from Nominal Roll, embarked St. John's for Overseas per  
S.S.FLORIZEL, Dec. 11th 1917.

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43978 Pte. R. Smith

C.R. 3978

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Oct.17th, 1917.

3978 Pte. N. Smith.

Attested from General Service with the Nfld Regt., posted  
to "GE Company with effect from Oct. 16th, 1917.

M. Smith

C.R. 3978

P. R. O.

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

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

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

1. Unit and Corps. *Royal Newfoundland* Former Trade or Occupation *Fisherman.*
2. Regt. No. *3978* 3. Rank. *Cpl.* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regt. Nos.
4. Name *Smith M.* (Surname) (Christian Names)
5. Age last birthday. *22.*
6. Posted for duty on *16/10/17* at *St John's* in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i) Service during the present war
- (ii) Previous active service
- (iii) Climate in pre-war service
- (iv) Ordinary military service before the war
- (v) Serious negligence or misconduct on the man's part.

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

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.)

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.

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Station *Down*

Date *30.7.19*

\* 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

*Repatriation*  
*make 1/10/19*  
*Capt. Palmer*  
Medical Officer in charge of case.

B  
2/19/20  
No. 2019/76.

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
1st Battalion. Ryl Nfld Regt.  
B.E.F.

5th February 1919

12-2-1919

3978. Pte Smith. M.

With reference to the following telegram from the Minister of Militia, / / ( 4 )

"Pay to- 3978. Smith.

£10.0.0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

*[Signature]*  
Chief Paymaster & O. i/c Records.

3978 Pte M. Smith

This man wishes this amount retained to credit of his account please

No. 7622/617

*B* 638516

58 VICTORIA ST.  
LONDON, S.W. N.F.P./79.  
RECEIVED

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

15th May 1918

10 JUN 1918 191

Subject: 3978, Pte. M. Smith,

Receipt hereunder.

With reference to the following telegram (4280 ) from the Hon. Minister of Militia, received

pay to 3978 Smith £6:3:3

*Cham*  
LIEUT. COLONEL,  
OFFICER COMMANDING 2/BN ROYAL NEWFOUNDLAND REGIMENT

Received the sum of £ 6.3.3

Draft £ 6:3:3 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*Six pounds, three shillings and three pence*  
cable remittance from Newfoundland.

*J.H. Mansell Capt*  
Chief Paymaster & O. i/c Records.

Matthew Smith  
No. 3978 Rank Private

X



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Matthew Smith, Regl. No. 3978

hereby agree, until further notification by me, and in similar official form to make an Allotment of July Dollars and 7 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins November 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3021	father	Jencks Smith	Bonne Bay Lower Pt	60
Total Allotment, \$				60

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

(Sig.) John R. [Signature]  
 Officer Commanding  
 Company  
6-11  
 1917

(Sig.) Matthew Smith  
 (Rank) Pvt





Smith, L

3978

Ray Capt.

July 21, 1919

#3978 :L/C. Matthew Smith,  
Morris Point,  
Bonne Bay.

Dear Sir:-

Please find enclosed Discharge Certificate #3122.

Yours truly

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3978 Rank. Pvt. Name. Smith, Matthew  
 Intended place of residence. Norris Pt. Bonne Bay.
2. Occupation Intermar  
 Classification of soldier. E1 Medical Category. A I
3. The above named man is discharged in consequence of

## DEMobilIZATION

### Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place, ST. JOHN'S .....  
 Date JUL 2 1919 .....  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
- Place, ST. JOHN'S .....  
 Date JUL 2 1919 .....  
 Signature of soldier  
 Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place, ST. JOHN'S .....  
 Date JUL 2 1919 .....  
 Signature of soldier  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service. 16-10-17 ..... No. of days on Military  
 Discharged from service. 4-7-19 ..... Plus 14 days Service. 641

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place, ST. JOHN'S .....  
 Date JUL 4 1919 .....  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place, ST. JOHN'S .....  
 Date July 18/1919 .....  
 Officer in Charge  
 The Royal Newfoundland Regiment

ATB 207 9/13.22

# The Royal Newfoundland Regiment

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- Place, ST. JOHN'S .....  
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- Place, ST. JOHN'S .....  
 Date JUL 4 1919 .....  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

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- Place, ST. JOHN'S .....  
 Date July 18/1919 .....  
 Officer in Charge  
 The Royal Newfoundland Regiment

ATB 207 9/13.22

# The Royal Newfoundland Regiment

Class for Demobilization:—

*A*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *2-7-9*

Regimental No. *3978*

Name *Smith Matthew* Rank *Lt*

Address *Harris St. Bonns Bay*

Present Medical Category *A1*

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

Members of Board

*R. L. Major*  
O.C. Discharge Depot.

*H. H. H. H.*  
Senior Medical Officer

*W. W. W.*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 3978 Rank Plt Name Smith Matthew  
 Date of Enlistment 16.10.17 Address Bennis Bay District St. John's  
 Occupation Fisherman Classification for Discharge F Medical Category 17  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 2-7-19

O. C. Discharge Depot. *M. Smith*

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

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

(b) Clothing Supplied \_\_\_\_\_

Date 2-7-19

O/c. Re-clothing *M. Smith*

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R246 to his home at Apnis pte and Release Certificate No. 3126 issued

Date

2-7-19

*[Signature]*  
Demobilization Officer

**4. Pay and Allowances.**

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

Date

2-7-19

15-7-19  
*[Signature]*  
Depot Paymaster.

Discharged approved for

4-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date

2-7-19

*[Signature]*  
O. C. Discharge Depot.

O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-

Officer in Records,  
Board of Pension Commissioners.

with following additional documents:

**Eligible for War Service Gratuity**

Date

JUL 4 1919

*[Signature]* MAJOR.  
O. C. Discharge Depot.

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

Date



## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation,

Smith Ab

Signature of Man.

W. M. Brown

Signature of the Vocational Officer or his Representative.

Reg. No. 3978

Place

ST. JOHN'S.

Date

2-7-18

191

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

# MEDICAL HISTORY

Surname Smith OF Christian Name Katthes.

Table I.—GENERAL TABLE.

Birthplace:—Parish Bonne Bay County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	16 day of Oct 1917	Headquarters	day of 191	
Declared Age	20 years 3 days		years	days
Trade or Occupation	fisherman			
Height	5 feet 9 inches		feet	inches
Weight	160 lbs.			lbs.
Chest Measurement	Girth when fully expanded... 38 1/2 inches			inches
	Range of Expansion... 4 1/2 inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
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)	<u>Lammie Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	16 day of Oct 1917	on	day of 191
Joined on Enlistment	Corps.		Corps.	Regtl. No.
	<u>46410. 3978.</u>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				

**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 Signature
7-11-17	Vacc. SP
19.10.17	S.T.A.B. SP
20.10.17	D. SP
3-11-17	y J SP

*This hereby certifies that this soldier has been before a Travelling Medical Board and has been examined and fit for discharge on demerit. Medical category*  
*2-7-19*  
*[Signature]*  
 Doctor of Medicine

**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

July 24, 1919

#3978 L/C. Matthew Smith,  
Morris Point,  
Bonne Bay

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being amount of first payment due you on account of the war service gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Musshew* 2. Surname *Smith*

3. Rank *L. Corporal* 4. Regtl. No. *3978*

5. Address in full to which future payments of gratuity are to be forwarded. *Norris Point, Bonaville, Bonaville*

6. Date of enlistment in the Regiment. *Dec. 16/17*

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

8. Relationship of such dependents. *no*

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

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

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

12. Give total length of time which you served on active service, whether in Mfld. or Overseas. *Twenty one months*

..... 13

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

*no*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

*no*

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

*no*

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

*no*

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

*no*

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

*no*

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

*no*

19. Are you now serving in the Regt.? If not give: (a) Date of discharge. *July 16/19* (b) Reason for discharge.

*no*

*Demobilization*

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.

*France Belgium Germany*

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.

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.

*John* (Under Duplex)

Signature of Applicant:

*Matthew X Smith*

Place of Residence:

*Norris Point Bowen Boro*

Declared before me at:

*In John's office*

This

*2*

day of

*July 1919*

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

*John McGee*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependents.	War Service Disability.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	

Certified correct.

Paymaster

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

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

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

1. Unit and Corps *Royal Newfoundland* 7. Former Trade or Occupation } *Inherman*
2. Regtl. No. *2978* 3. Rank. *Cpl.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Smith, M.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *22*
6. Posted for duty on *10. 10. 17* at *St. John* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
9. If a Court of Inquiry was held on an injury state:— (c) Cause of Discharge.
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 n (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*



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

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

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

1. Unit and Corps *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *2978* 3. Rank. *Cpl.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Smith M.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *22*
6. Posted for duty on *6. 10. 17* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (b) Where (d) Particulars of Pension or Gratuity (if any)  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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."  
*Nil*
11. Date of origin of disability. *Nil*
12. Place of origin of disability. *Nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *Nil*

14. State whether the disabilities are
- |  |       |                     |                   |
|--|-------|---------------------|-------------------|
| (i.) Service during the present war  | ..... | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service  | ..... | } <i>No.</i>        | .....             |
| (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? | ..... |                     | } <i>No.</i>      |

*No complaint of no disability.*

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

*No.*

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

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.

*Repatriation*

*Major DROMS*

*Sgt. J. S. P. Knight*  
 Medical Officer in charge of case.

Station *Uncley D. Camp*

Date *30 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.



ST. JOHN'S, JUL 2 - 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Lt Col M Smith

Billeting Soldiers as undermentioned

from June 1/19 to June 30/19

3978 Lt Col M Smith 31.00

M. Smith

BTM

ACCOUNT	
GR. NO. <u>2090</u>	INITIALS <u>EW</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 31.00

M. Blouster  
Billeting Officer.

Celler

Receipt of the same should be acknowledged hereon.

Received Heated Oct 5<sup>th</sup> 1826

Signature Matthew Smith

Date Oct 6<sup>th</sup>

Address Bonne Bay of P. & L. Co.

[P.T.O.]

C.R.

3978

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of Victory Medal 1914-1919.

NO. 3978..NAME.. *Supt. M. Smith*  
DATE... *Feb 7*  
PLACE... *Bonne Bay.. Norrist Point*

## Casualty Form - Active Service.

Regiment or Corps Royal Newfoundland  
 Rank Pl Surname Smith Christian Name Matthew  
 Religion C of E Age on Enlistment 1920 years 3 months  
 Enlisted (a) 16.10.17 Terms of Service (a) Duration Service reckons from (a) 16.10.17  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { N.I. } Re-engaged { ..... } Qualification (b) .....  
Fireman or Corps Trade and rate .....  
 Occupation Fireman Lt. Col. and amf. Lieut. Signature of Officer.



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 215, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 215, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...	25.5.18		
		Disembarked	27.5.18		
		Joined Battalion	31.5.18		
	44 CES	As Influenza Struck		23/10/18	Ed 8401
	Headquarters		Paraguay	25/10/18	NA 30844
	7th Coy		"	25/10/18	NA 31057
	S. Coy		Kaui	7/18	Doc
	O/C	Appointed Lt. Col.	India	13/11/18	B. B.
		Arrived in UK		B. 215.	20-1-19
				24/3/19	

(4) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(5) Signaller, Shoeing-Smith, &c.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
 (S.S.) W5017/2124 1000m. 6/16m. 22 56

Forms  
B. 121.  
22.

Regiment of 1<sup>st</sup> Newfoundland

Number of Soldiers one

Signature of O. G. Company [Signature]

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>3978 Smith M.</u>	Age on	<u>20</u> years <u>3</u> months	<u>Boatman</u>		
Joined	Date	Place and Date of Enlistment		Religion		
Joined	Date			<u>St. John's</u> <u>16-10-17</u>		
Joined	Date	Period of		Place of Birth		
Joined	Date			(with Colours) <u>276</u> years. (with Reserve) <u>365</u> years.		<u>St. John's</u>

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order discharging with trial	By whom awarded	REMARKS
				Demobilized St. John's, 18 1/2 19					

To be carried over

Army Form B. 121.





## Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Smith, Matthew*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3975*

Intended address *7.orris Pt. Bonne Bay.*

Height on discharge *5* feet *4*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father *Reuben*

Christian name of Mother *Margaret*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *7.orris Pt. July 27, 1897.*

Nature and locality of civil employment required

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

(Soldier's signature in full)

*Matthew Smith*  
*Wt: 140 lbs. S/C*

(Rank)

*Private*

Station

Date

*1-7-19*

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

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

Station

Date

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. **3978** Rank **S/Pl** Name **Smith, Matthew**  
 Date of Enlistment **16.10.17** Address **Benny Bay** District **St. John's**  
 Occupation **Fisherman** Classification for Discharge **F** Medical Category **1A**  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date **2-7-19** **H. M. S. H.**  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*M. Smith*  
*with J. W. Chancy*

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 \_\_\_\_\_

*Embrows*

Date **2-7-19**

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. *R2146* to his home at *Horns pt* and Release Certificate No. *3126* issued.

Date *2-7-19* Demobilization Officer *Chas. Houston*

**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 *2-7-19*

Date *2-7-19* Depot Paymaster *J. H. Snow*

Discharge approved for *4-7-19*  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*3 Form B*

Date *2-7-19* O. C. Discharge Depot *J. H. Snow*

**APPROVED.**

Documents as above forwarded to:—  
Officer in Records.  
Board of Pension Commissioners.  
with following additional documents.

**Eligible for War Service Gratuity**

Date *JUL 4 1919* O. C. Discharge Depot *R. H. [Signature]*

Received the above noted documents from O. C. Discharge Depot.  
Date *July 8 1919* *Amelias [Signature] for Records*

Reg. No. *3978* Rank *Pfc* Name *Smith, W.*  
Attested ..... Address *Bonne Bay*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *29-5-19*  
Returned on S.S. *Corsican* Cause *Discharge*

*2-7-19*

**PASSED TO DEMOBILIZATION OFFICER**

*4-7-19*

**DISCHARGE APPROVED ON DEMOBILIZATION.**