



4 / FIRST NEWFOUNDLAND REGIMENT / 1

No. 4438 Name Smith Robert Corps R.C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Robert Smith
- 2. What is your full Address? 2. 116 Signal Pt.
- 3. Are you a British Subject? 3. Yes.
- 4. What is your age? 4. 26 Years 10 Months
- 5. What is your Trade or Calling? 5. Baker.
- 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, Robert 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.

Robert Smith SIGNATURE OF RECRUIT.

J. J. [unclear] Signature of Witness.

Robert 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 on this 15 day of April 1918.

Signature of Attesting Officer L. S. James

†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 April 15 1918
Place St. John's
Signature of Approving Officer L. S. James

† 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)

Report 22-4-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Robert Smith
 Apparent age 26 years 10 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 2 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Michael Smith
46 Signal Hill Rd 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.	
(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>15-11-18</u>									
Joined at <u>St. John's</u> on <u>April 15, 1918</u>									
<u>Discharged June 19, 1918</u>									
<u>to report for duty 22-4-1918.</u>									
<u>Embarked at St. John's train to Halifax NS 11-6-1918</u>									
<u>Embarked for S.C. 26-10-18</u>									
<u>Arrived in UK from S.C. 23-4-1919</u>									
<u>to be employed for demobilization 22-5-1919</u>									
<u>Arrived to Newfoundland 15-6-1919</u>									
<u>Demobilization at St. John's 29-6-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-6-19 (date of discharge) 1 years 76 days
 Pensions " " " " " " " " " " " "

Reg. No. 4438 Rank Pre. Name Smith, Robt.

Attested 15. 11. 18 Address 38 Sequal Hill Rd

Allotment 70 Allotee Mrs Michael Smith (Mother)

Date of Allotment _____ Returned from Overseas _____

Embarked for Overseas JUN 11 1918 Cause _____

Wacc 23⁴/₈, 1st Lane 3 5/8² to Dec 10-5-18 R.E. to 003 6/18

Reported 16-6-18 Reported 32-4-18

C.R. 4438

Extract from Daily Orders Part 11 Unit The Royal WFLd. Regt.,
By Lt. Col., T.G. Mathias, D.S.O. Commanding 1st Batta. 3-11-18.

The following joined the 4th Batta. 3-11-18.

4438 Pte. R. Smith.

C Coy.

C.R. 4438

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED
~~APPROVED~~ by Officer i/c from 29-6-19.

4438 Pte. Robert Smith.

C.R. 4438

Extract from Daily Orders Part II Unit The Royal
WFLd. Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has
been APPROVED by C.G. Discharge Depot with effect from
19-6-19.

4438 Pte. Robert Smith.

C.R. 4438

Extract from Daily Orders Part XI Depot, Sp. Johns,

Date

June 18th 1919..

4438

~~4538~~, Pte. R. Smith.

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

C.R. 4438

Extract From Nominal Roll 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 23/4/19; and reached
Hazeley Down Camp 25/4/19.

#4438 Pte. R. Smith.

C.R. 4438

Extract from Nominal Roll Re-inforcement Draft No.55, Embarked Folkeston,
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleay Down, Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment B.E.F.

4438 Pte. Smith, R.

MP.

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 14, 1918

#4438 Pte. R. Smith.

Embarked for Overseas with draft 11-6-18

C.R. 4438

Extract from Daily Orders part 11, from Unit The Royal Wfd.
Regt. St. John's, dated May 1st. 1918.

#4438 Pte. Robert Smith.

No report 16/6/18 reported 22/4/18.

C.R. 4438

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 16, 1918.

#4438 - to R. Smith.

Attested for General Service with the Royal Newfoundland
Regiment, from 15/4/18. to report 16/6/18.

R. Smith

C.R.

4438

~~PAID~~

Medical Report on an Invalid.

Station Hazelton D. Camp

Date 30-4-19

1. Unit Royal Newfoundland
 2. Regimental No. 443⁸
 3. Rank Pte
 4. Name Smith Robert
 5. Age last birthday 27
 6. Enlisted { on Apr 15/18
 at St Johns

7. Former Trade }
 or Occupation } Baker

7A. If with previous service in Army, state—

- (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

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. nil
 10. Place of origin of disability. nil
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (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.

na

13. What is his present condition? He

complains of his disability

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

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?

h a

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

h 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?

h 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.

h a

Repatriation

20. Do you recommend—

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

Sgt W.F. Prosser Capt R.A.M.C.
Officer in medical charge of case.

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

Station *Beagle D. Camp*

Date *30-4-19*

Officer in charge of Hospital.

*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.

18338/561

Royal Nfld. Regt.
B.E.F.

13th November 8

4438, Pte. R. Smith

9654

Pay to 4438 Smith £2:0:0

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
1438	Lt	Smith R.	\$2.50	R Smith

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

R Smith

Date

July 1/18

Smith, R.

4438

Aug sept

June 29, 1919

#4438 Pte. Robert Smith,
Signal Hill Road,
City

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2499.

Yours truly

Captain,
Paymaster & C. i/c Records.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4438 Rank Mr. Name Smith, Robt.
 Date of Enlistment 15.11.18 Address Signal Hill Rd. District St. John's
 Occupation Baker Classification for Discharge F7 Medical Category H1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 12-6-19 O. C. Discharge Depot. W. J. Smith

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Robt. Smith

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. #60.00
 (b) Clothing Supplied

O i/c. Re-clothing. W. J. Smith

Date 13-6-19

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
 at Signal Hill Rd and Release Certificate No. 2715 issued

Date 13-6-19
 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

Date 13-6-19
 Depot Paymaster.

Discharge approved for

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	2 Form B
F 178	W 3494	B 122	Board 1st	" 2	
F 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 13-6-19
 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 15 1919
 R.H. Sait Capt.
 O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization: —

67

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

12.6.19

Regimental No

4438

Name

Smith, Robt.

Rank

Pte.

Address

46 Signal Hill Road

Present Medical Category

Ai

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R. H. Lamb Capt

O.C. Discharge Depot.

Plateman

Senior Medical Officer

D. W. Burden

M. O. Depot

July. 8th 1919

Dear Sir

Please Deliver
m Bearer my Mother
my War Service Gratuity.
as I am unable to
call for it myself

Please oblige
ex Private

R. Smith

4438

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4438 Rank Pte Name Smith Rott
 Intended place of residence Signal Hill Rd
 2. Occupation Baker
 Classification of soldier E Medical Category A1

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 13 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 and date JUN. 13. 1919
ST. JOHN'S
 Signature of soldier Robt. Smith
 Signature of witness W. J. Beaton

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
JUN. 13. 1919
 Signature of soldier Robt. Smith
 Signature of witness W. J. Beaton

STATEMENT OF SERVICE

7. Enlisted for service 15-4-18 No of days on Military
 Discharged from service 15-6-19. Plus 8 days Service 441

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
JUN 15 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 Nfld
June 29/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

AFB 2029/2499

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

J. A. Snowball

Signature of the Vocational Officer or his Representative.

Signature of Man.

Robt. Smith

Reg. No. *4438*

Place

St. Johns

Date

13-6-19

191

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

MEDICAL HISTORY

Surname Smith OF Christian Name Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	on <u>5th</u> day of <u>April</u> 191 <u>8</u>	at <u>St Johns</u>	on	day of 191
Declared Age	<u>26</u> years	<u>—</u> days	years	days
Trade or Occupation	<u>Boiler</u>			
Height	<u>5</u> feet	<u>6</u> inches	feet	inches
Weight	<u>130</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded...	<u>35 1/2</u> inches		inches
	Range of Expansion..	<u>4 1/2</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>1 Scar</u>			
When Vaccinated				
Vision	R.E.—V= <u>6/12</u>	L.E.—V= <u>6/15</u>	R.E.—V=	L.E.—V=
	(a)	(a)	(a)	(a)
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Lamont Babson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St Johns</u>	at		
	on <u>15th</u> day of <u>April</u> 191 <u>8</u>	on	day of 191	
Joined on Enlistment	Corps <u>The Royal Nfld Regt.</u>	Regtl. No. <u>1st 38</u>	Corps.	Regtl. No.
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

HAMMERMILL
BOND

The Royal Rifles Regiment

DEMOBILIZATION

No. 4438 Rank

Name Smith J

Warned for demobilization on

JUN 13 1919

Medical Report on an Invalid.

Station Hazelton

Date 30/4/19

- | | | |
|----------------------|---------------------------|--|
| 1. Unit | <u>Royal Newfoundland</u> | 7. Former Trade } <u>Baker</u> |
| 2. Regimental No. | <u>4438</u> | or Occupation } |
| 3. Rank | <u>plc</u> | 7A. If with previous service in Army, state— |
| 4. Name | <u>Smith Robert</u> | (a) Former Unit; |
| 5. Age last birthday | <u>27</u> | (b) Regimental No.; |
| 6. Enlisted | | (c) Date of Discharge; |
| { on | <u>apl 15/18</u> | (d) Cause of Discharge. |
| { at | <u>St John</u> | |

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

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. | <u>nil</u> |
| 10. Place of origin of disability. | <u>nil</u> |
| 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. | <u>nil</u>
<u>nil</u> |

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (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.

nd.

13. What is his present condition?

He complains of no disability-

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

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?

na.

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

na.

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?

na.

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.

na.

Repatriation

20. Do you recommend—

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

O.E. Procuier

Cap. Rank

Officer in medical charge of case.

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

Station *Idzelyboron*

Officer in charge of Hospital.

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.

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



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 *Robert Smith*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4438*

Intended address *Signal Hill Rd. St Johns*

Height on discharge *5 Feet 7*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Michael*

Christian name of Mother *Bridget*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St Johns. 27th April 1892*

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) *R. Smith*

Pte
(Rank)

Station **ST. JOHN'S**

Date *11/6/19*

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.



Station

Date

Casualty Form - Active Service.

Regiment or Corps. ROYAL NEWFOUNDLAND REG.

Rank Pte Surname Smith Christian Name Robert

Religion P.C. Age on Enlistment 26 years 10 months

Enlisted (a) 13/4/18 Terms of Service (a) DURATION Service reckons from 13/4/18 11 4/18

Date of promotion to present rank Date of appointment to lance rank 13/4/18

Extended () Re-engaged () Qualification (b)
or Corps Trade and Rate.....

Occupation Baker Signature of Officer J. W. M. Curran Capt.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, 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.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked	<u>26 OCT 1918</u>		
		Disembarked...			
		Joined Battalion	<u>3 NOV 1918</u>		
		<u>Arrived in UK</u>		<u>13/4/19</u>	

Smith

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shipping-Smith, &c (177981), W. W. 1887, 1124, 1,600,000, 6/18, D. 44, Form B. 103, B. 1256, I.P.T.A. Rest of kin. Father, Michael Smith 46 Signal Hill Rd St. John's.

Oct. 1st

1919

Please deliver bearer my Gratitude
cheque as I am unable to call
for it myself

Please oblige

R Smith

4438

Aug. 30th 1919

Please deliver bearer
(my Mother) My gratuity
money, as I am unable
to call for it myself
please oblige

R Smith
4438

2011

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, *Robert*..... 2. Surname..... *Smith*.....

3. Rank..... *Pte*..... 4. Regt. No..... *4438*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Signal Hill Road City*.....

6. Date of enlistment in the Regiment..... *april 15/18*.....

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

..... *Not applicable*.....

8. Relationship of such dependents..... *Do*.....

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

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

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

12. Give total length of time which you served on active service, whether in field, or Overseas..... *Fourteen*.....

..... *months and Twelve days*.....

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

Not applicable

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.

to J. A. Co. Clothing Etc

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.? *no* If not give? - (a) Date of discharge *June 28/19* (b) Reason for discharge *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.

Signature of Applicant: *Robert Smith*
 Place of Residence: *Scarsdale Road City.*
 Declared before me at: *St John*
 This *14th* day of *June 19..19..*

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

John M. Carthy
Notary Public

POST DISCHARGE PAY.	Date paid	paid Soldier.	Dependent.	War Service Disability.	Not amount due
.....
.....
.....

Certified correct. Paymaster

Name of Applicant
 Place of Residence
 Declared before me at

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

July 31st 1919

Dear Sir

Please deliver bearer
(my Brother) my gratuity check
as I'm ~~not~~ unable to call for it
my self. Please oblaigh

 4438. R. Smith
~~for~~

Receipt for Army Book 64

No. 4438 Name R. Smith

To Certify that I have received the AB 64 of the above
named Soldier.

Name R. Smith

Date July 26

Place St. Johns

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

The Royal Newfoundland Regiment

9
436

DEMOBILIZATION OF

Reg. No. 4438 Rank Plt. Name Smith, Robert
 Date of Enlistment 15-11-18 Address Signal Hill Rd. District St. John's
 Occupation Plt. Classification for Discharge F7 Medical Category 1A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 12-6-19 for Misses Street O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Robert Smith

Particulars passed to Vocational Officer for information and action.

Date 12-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied _____

Date 13-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at Signal Hill Rd and Release Certificate No. 2715 issued.

Date

13-6-19

J.P. Knowlton
 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 29-2-19

Date

13-6-19

J.P. Knowlton
 Depot Paymaster.

Discharge approved for

13-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	2 Form B
F 178	W 3494	B 122	Board 1st	" 2	
F 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

13-6-19

J.P. Knowlton
 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

R.H. [Signature]

JUN 15 1919

Date

O. C. Discharge Depot.

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

Date

June 24/19

J.P. Knowlton
 for Records

Reg. No. *4474* Rank *Pte* Name *Smith Robert*
Attested Address *16 Signal Hill Road*
Allotment..... Allottee
Date of Allotment..... Returned from Overseas *29.1.19.*
Returned on S.S. *Lonsican* Cause *Discharge*

12-6-19
15-6-19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED BY DEMOBILISATION.