



THE ROYAL NEWFOUNDLAND REGIMENT

No. 5670 Name Walter Smith Corps C of C

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Walter Smith
- 2. What is your full Address? } 2. Silt Cove
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 21 Years Months
- 5. What is your Trade or Calling? 5. Miner
- 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 } Yes.
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, Walter 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.....

Walter Smith.....SIGNATURE OF RECRUIT.

St. John's.....Signature of Witness.

Walter 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 10 day of June.....1918

Signature of Attesting Officer Edwards Rient

†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..... } 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

5670

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

Name Walter Smith
 Apparent age 21 years 0 months Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Charles Smith
Silt Cove | 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 <u>10-6-18</u>									
Joined at <u>M. H. Co</u> on <u>June 10 1918</u>									
<u>Discharged</u>					<u>August 9 1919</u>				
<u>Embarked M. H. Co</u>					<u>M. H. Co to Halifax N.S. 22.7.18.</u>				
<u>Remained at Halifax N.S. on detention for mumps and sailed from</u>					<u>Sydney 29-8-18</u>				
<u>Arriving</u>					<u>Tisbury 9.9.18</u>				
<u>Sailed to Winchester</u>					<u>9.9.18</u>				
<u>Arrived to Newfoundland</u>					<u>1.7.1919</u>				
Total Service forfeited as above					<u>Demobilization</u>				<u>9-8-1919</u>

Total Service towards Engagement to 9-8-1919 [date of discharge] 1 years 6 days
 " " Pensions " [" "] " " "

Reg. No. 5670 Rank Pvt Name Smith Walter Floyd
Attested 10-6-18 Address Till bone, N. D. B.
Allotment 50 Allottee Elias Smith (Father)
Date of Allotment 1-8-18 Returned from Overseas
Embarked for Overseas JUL 22 1918 Cause

1st Lt 5/6/18 - 1st Lt 11-7-18
H.L. 23/18 - 37/18 R.L. 3-7-18

C.R. 5670

extract from daily orders part II Royal Newfoundland
Regiment dated Aug. 30th 1919. Depot St. John's.

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

5670, Pte. Walter Smith.

C.R. 5670

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, July 15th, 1919.)

The discharge of the undernoted on demobilization has been
APPROVED ⁻ by O.C. Discharge Depot, with effect from 26-7-19.
b

5670 Pte. W. Smith.

St. John's, July 5th, 1919.

C.R. 5670

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

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

5670 Pte. W. Smith.

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

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

C.R.

5670

~~Reference~~

Details of Draft under Capt. Murphy, admitted
Quarantine at Aldershot. (no date given).

#5670 Pte. N. Smith.

C.R.

5670

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

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

#5670 Pte. Walter Smith.

C.R. 5670

Extract from Nominal Roll of Casualties from O.C. Embarkation
Casualty Section, No.6 District Depot, Halifax, Canada.

5670 Pte. W. Smith, Reported from Aldershot 15-8-18 Overseas-
27-8-19.

MM.

C.R. 5670

Extract from Orders, Part 11, by Lt. Col., B.J. Barten, D.S.O.,
Commanding 2nd Bn., Royal Newfoundland Regiment, dated 10/9/18.

The undermentioned who arrived from Newfoundland on the 9/8/18 are taken
on the strength from that date:

5670 Pte. W. Smith.

C.R. 5670

Extract from Daily Orders Part II, from Unit, The Royal Highland,
Regiment, St. John's, dated June 11th 1918.

5670, Pte. Walter Smith.

Attested for General Service with The Royal Highland Regt.,
10/6/18.

W Smith

C.R. 5670

~~P. 90~~

✓

Smith, W

5670

Sept

August 14, 1919

#5670 Pte. Walter Smith,
Tilt Cove, H.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3708.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5670 Rank Pte Name Smith W.
 Intended place of residence Silt Cove
 2. Occupation Miner
 Classification of soldier C Medical Category AI

3. The above named man is discharged in consequence of

DEMobilIZATION

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 12 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 12 1919

[Signature]
 Signature of soldier
[Signature]
 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 12 1919

[Signature]
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10.6.18. No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 426

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 26 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 9/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten] 2079/3706



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date 11th July 1919

Regimental No. 5670

Name Smith Walter

Address St. John's

Disease or Disability _____

Finding of last Standing Medical Board, _____

held on _____ 19 _____

Present Condition _____

Recommendation SG

Category A1

Members
of
Board

RH [unclear] Major
O. C. Depot

[unclear]
D. D. M. S.

[unclear]
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6670 Rank Plt Name Smith W
 Date of Enlistment 10-6-18 Address St. Johns District St. John's
 Occupation Merchant Classification for Discharge 1/1 Medical Category A1
 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	5
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 11-7-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

R 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 #600
- (b) Clothing Supplied [Signature]

Date 12-9-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2436 to his home at Jill Case and Release Certificate No. 3514 issued.

Date 12-7-19

J.A. Snowcraft
Demobilization Officer

4. Pay and Allowances.

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

Date 12-7-19

J.A. Snowcraft
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 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		

2 Form B

Date 12-7-19

J.A. Snowcraft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date Jul 25 1919

N.R. Cooper Capt.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

W. Smith

Signature of Man.

Reg. No. *5670*

J. J. Snowcroft

Signature of the Vocational Office or his Representative.

ST. JOHN'S.

Place

Date

12-7-19.

191

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

MEDICAL HISTORY

Surname Smith

OF

Christian Name Walter

Table I.—GENERAL TABLE

Birthplace:—Parish Litt Cove County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	<u>St. John's</u>	at	
Declared Age...	<u>21</u>	years		<u>—</u> days
Trade or Occupation	<u>Miner</u>			
Height	<u>5</u>	feet <u>8</u> inches		
Weight	<u>137</u>	lbs.		
Chest Measurement	Girth when fully expanded... <u>36</u> inches			
	Range of Expansion... <u>3</u> inches			
Physical Development...				
Vaccination Marks	Right	Left	Right	Left
	<u>/</u>	<u>/</u>		
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	day of	on	day of
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment...	<u>Royal Nfld Regiment</u>			
		<u>5670</u>		
Transferred to..				
Became non-effective by				
(Signature)	on	day of	on	day of
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Smith, Walter*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5670*

Intended address *Hill Cove,*

Height on discharge *5 feet*

Color of hair on discharge *Dark brown*

Complexion *Road*

Color of eyes *Brown*

Descriptive Marks
Figure on discharge *Medium*

Christian name of Father *William*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Hill Cove 17-6-1894*

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) *Walter Smith* *SG*
(Rank)

Station *ST. JOHN'S.* 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 _____

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 West Kent* } Former Trade or Occupation } *Miner*
2. Regtl. No. *5670* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Smith, Walter* } (a) Former Regts. or Corps; }
 (Surname) (Christian Names) } with Regtl. Nos.
5. Age last birthday *22*
6. Posted for duty on at
 in category (or grade)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service.. .. . | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the }
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 no 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—
(a) Discharge as permanently unfit?
(b) Change to United Kingdom?

Repatriation

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

W. P. Proemier .. *Capt R. A. M. C.*
Medical Officer in charge of case.

Station *Hazeley Down*
Date *2/4/19*

* 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

August 1919

Mr. Walter Smith,
Tilt Cove, N.D.B.

Dear Sir:-

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

Yours truly

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name... *Walter* 2. Surname... *Smith*

3. Rank... *Pte* 4. Regtl. No... *5670*

5. Address in full to which future payments of gratuity are to be forwarded... *Zilt Cove*

6. Date of enlistment in the Regiment... *June 1/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *No*

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 Nfld. If so, give dates and particulars of such service... *By land only*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *1 year*

..... 1. *1*

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 Reserves? If not give:- (a) date of discharge.

July 17/19 (b) Reason for discharge.

Discharged

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places and dates of such service.

No England only

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

No

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

his

Walter Smith
Mark

Signature of Applicant:

Place of Residence:

Felt Cove

Declared before me at:

St Johns

This

12

day of

July

19.19....

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

John D. Cairney
JDC

POST DISCHARGE PAY.

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

.....
.....
.....

Certified correct.

Registrar

C.R. 5670

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name. *Walter Smith*.....

Date. *Dec 30th*.....

Place. *Baie Verte*.....

1001 7. 1875

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

1001

1001

1001

OCT 20 1921 1921.

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

Walter Smith

in respect of his service as No. 5670 Rank Pte.

Name W. Smith Royal Nfld. Regt.
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received

British War Medal

Signature

Walter Smith

Date

Nov 24th 21

Address

Base Hotel, W. Bay

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Signature of O. C. Company

Number of Sheet *Two*
C. B. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<i>5670 Walter Smith</i>	Age on	<i>21</i> years <i>12</i> months	<i>Printer</i>			
Joined	Date	Place and Date of Enlistment	<i>12/6/18</i>	Religion			
Joined	Date	Period of	with Colours <i>16 1/2</i> years. with Reserve <i>3 1/2</i> years.	Place of Birth			
Joined	Date			<i>Self Love G.A.</i>			

Place	Date of Offence	Rank	Chief of Detachment	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>9-19</i>			

To be carried over.

The Royal Newfoundland Regiment

55670

DEMOBILIZATION OF

Reg. No. 5670 Rank Pr Name Smith W. T.
 Date of Enlistment 10-6-18 Address St. John's District T. G. G.
 Occupation Miner Classification for Discharge Ty Medical Category H.1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 11-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Particulars passed to Vocational Office for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:

- (a) Clothing Allowance payable \$60
- (b) Clothing Supplied [Signature]

Date 12-9-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 92436 to his home at Jilt Cove and Release Certificate No. 3514 issued.

Date 12-7-19

J.A. Lawrence
Demobilization Officer

4. Pay and Allowances.

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

Date 12-7-19

J.A. Lawrence
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 12-7-19

J.A. Lawrence
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 26 1919

K.R. Cooke Capt.
O. C. Discharge Depot.

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

Date Aug 7/19

J.A. Lawrence

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*
- 2. Regtl. No. *5670* 3. Rank. *Pvt.*
- 4. Name *Smith* *Walter*
(Surname) (Christian Names)
- 5. Age last birthday. *22*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Miner*
- 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*

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? }

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 no 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—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

Repatriation

W. E. Proemier, Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hayes Down*
 Date *3/4/19*

* 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