

4018



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4018 Name William Smith Corps C of C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William Smith
2. What is your full Address? } 2. Marshall's Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years 1 Months
5. What is your Trade or Calling? 5. Farmer
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, William 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.

9/30-10-17

William Smith SIGNATURE OF RECRUIT.
Robert Bell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William 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 30 day of Oct 1917

Signature of Attesting Officer Wm 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 Oct 23 1917 } Approving Officer.
Place St. John's

† 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 William Smith
 Apparent age 19 years 1 months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William H. Smith
Mounds C Bay. | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>23-10-17</u>									
Joined at <u>St. John's</u> on <u>October 23-17</u>									
<u>& detached July 9, 1919</u>									
<u>Embarked St. John's N. Brunswick 11</u>					<u>12</u>		<u>Embarked for B.C. 25 5/8</u>		
<u>Disembarked France 27.5-18 James Battle</u>					<u>31</u>	<u>5-18</u>	<u>Transferred from</u>		
<u>Queen 22nd Arrives Winchester 23rd 19</u>							<u>To Bfld for demobility 22 5/9</u>		
<u>Arrives Newfoundland 1-6-1919</u>									
<u>Demobilization</u>							<u>St. John's 9-7-19</u>		
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-7-19</u> (date of discharge) <u>1</u> years <u>260</u> days									
" " Pensions " [" "] " " " " "									

Reg. No. 4018 Rank Pvt Name Smith W.
 Attested 23-10-17 Address Mamala C. Bay.
 Allotment 600 Allotee Wm Henry Smith Father
 Date of Allotment 1-11-17 Returned from Overseas _____
 Embarked for Overseas 11-12-17 Cause _____

Since 1st 29-10-17	2nd 3-11-17	3rd 8-11-17	Vac 10-11-17
1st 13-11-17	- 17-11-17	Retn 17-11-17	
4. 1-12-17	to 3-12-17	Retn 3-12-17	

C.R. 4018

Extract from Daily Orders Part II Royal Newfoundland Regiment,
in France, dated 28-2-19.

LEAVE.

Leave to U.K. from 25-2-19 to 12-³4-19.

4018, Pte. W. Smith³

C.R. 4018

**Extract from Daily Orders Part II Royal Newfoundland
Regiment, Depot St. John's, dated 12-7-19.**

The discharge of the undernoted on demobilization has
been CONFIRMED by Officer i/c Records from noted date
9-7-19.

4018, Pte. W. Smith.

C.R. 4018

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, June 27th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 2506-19.

4018 Pte. Wm. Smith.

C.R. 4018

Extract from Daily Orders Part II Depot, St. Johns,

Date June 18th 1919.

4018, Pte. W. Smith.

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

C.R. 4018

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 23/4/19.

#4018 Pte. W. Smith.

C.R. 4018

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

4018 Pte. W. Smith.

25-5-18.

C.R. 7018

NEWFOUNDLAND CONTINGENT.

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

4018 Pte. W. Smith.

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

C.R. 4018

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

#4018 Pte. W. Smith

C.R. 4018

Extract from Daily Orders Part 11 Unit ~~the~~ Royal Nfld.
Regt., St. John's, Oct. 23rd, 1917.

4018 Pte. W. Smith.

Attested for General Service with the Nfld. Regt., with
effect from Oct. 23rd, 1917.

Smith, W.

C.R. 4018

P.A.O.

No 3739



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *J. J. Smith*, Regl. No. *1018*

hereby agree, until further notification by me, and in similar official form to make an Allotment of *Five* Dollars and *59* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins *1-11-1917*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>3057</i>	<i>Sister</i>	<i>Wm. J. Smith</i>	<i>Handed C.B.</i>	<i>60</i>
			Total Allotment, \$	<i>60</i>

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.) *[Signature]*

Officer Commanding
Company

[Signature]

1-11-1917

(Sig.) *[Signature]*

(Rank) *[Signature]*

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 Artillery* 7. Former Trade or Occupation } *Farmer*
2. Regtl. No. *4018* 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Smith* *W.*
(Surname) (Christian Names)
5. Age last birthday... *20*
6. Posted for duty on *12/14/17* 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 (if any)
(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."
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 when 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?

na
na
na
na

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
SD W. E. Proctor
1st
Capt. Rame

Station *Hazeley Down*

Date *29/4/19*

Medical Officer in charge of case.

* 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

No. ⁹¹457/189

From: NEWFOUNDLAND

CONTINGENT

CHIEF PAYMASTER & OFFICER I/C RECORDS.
NEWFOUNDLAND CONTINGENT
53, VICTORIA STREET,
N.F.P./80

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

To: Officer Commanding,
1/Bn. Royal Newfoundland Regt.,
B.E.F.

R.S.M. custody

21st March 1919

~~654~~ - 1919

⁴⁰¹⁸
4081 Pte. Smith W.

4018 Pte Smith W

With reference to the following telegram from the Minister of Militia, / / (86)

"Pay to- 4081 Smith,
£5. 0. 0.

*This man wishes
this amount retained
to credit of his account -
2/11*

- 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

To

W. H. Smith

Manuels.

Conception Bay
Newfoundland

Cable five pounds.
through Mileta

4018, Pl. W. Smith.
via Synoptical

T. No. 125
Dep. 17³/₁₉
~~May.~~

No. 4018

Name *Pte Smith W.* Sqn., Batty.,
or Company } *P*

Corps *Royal Newfold*

Date of enlistment } *23.11.17*

G.C. Badges }

Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No.

Signature O.C. Company, etc

H. M. Guinness Capt.

Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Field</i>	<i>8.4.19</i>	<i>Pte</i>		<i>Deficiencies 2/7/19</i>	<i>S. M. S. New</i>	<i>Pay for same</i>	<i>8.4.19</i>	<i>Major Bernard</i>	

ARMY FORM B. 122

Smith, D^r

4018

Pay Sept.

July 9, 1919

#4018 Pte. William Smith,

Manuel's C.B.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2868.

Yours truly

Captain
Paymaster & U.I.C. Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 44018 Rank Pte Name Smith W
 Intended place of residence Manuels W Main
 Occupation Farmer
 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 JUN 24 1919 ST. JOHN'S
 Date ST. JOHN'S h W. M. Smith
 Comanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
JUN 24 1919
W. M. Smith
 Signature of soldier
W. M. Smith
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S
JUN 24 1919
W. M. Smith
 Signature of soldier
James Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 23-10-17 No of days on Military
 Discharged from service 25-6-19 PLUS 14 DAYS Service 625

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 25 1919
R. H. Lait Major
 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
July 9/1919
W. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

a 4 B2079/2868

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24-6-19

Regimental No 4018

Name Smith, Wm.

Rank Pte

Address Marmels, C.B.

Present Medical Category A1

Recommended for:— { (a) Immediate discharge
(b) ~~Standard Discharge Board~~

Members of Board {

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

(sgnd) L. Paterson

Senior Medical Officer

" F. W. Burden

M. O. Depot

Military Service: 625 days

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

Pension's Board

Please receive documents as indicated below

No. RANK AND NAME
1018. H. Smith, Wm

No.	N. F. P. 98	Non-effective account.	Medical history sheet.	Mfd. medical history sheet	Medical report on an invalid.	Proceedings on discharge.	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards					Attestation paper	Identity certificat	Allotment papers	Headquarters Travelling Board	Proceedings on discharge			
		B. 178	B. 178a	B. 179	B. 268	W. 3494	D. 400A	B. 103	B. 120	F. 121	B. 122	1st. Board	2nd Board	3rd Board	4th Board	Board	B. 1915	Form L	Form K	A. P. W. 3463	D. F. 2	D. F. 1			

Received above noted documents, _____
 Dated _____ 19____

Signature of Officer forwarding documents: _____
 Date *Oct 7* 19*19*

The Royal Newfoundland Regiment

Class for Demobilization:—

E.C.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24. 6. 19

Regimental No 4018

Name Smith J.M. Rank Pte

Address Manuels C.B.

Present Medical Category A-1

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

Members of Board {

R.H. East
O.C. Discharge Depot.

Paterson
Senior Medical Officer

Swinden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4018 Rank Plt Name Smith William
 Date of Enlistment 25-10-17 Address Mannell District H. Main
 Occupation Farmed Classification for Discharge F-1 Medical Category F-1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st.	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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 24-6-19 J. O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am Plt in a position to resume civilian occupation. Wm X Smith
mark
[Signature]

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 [Signature]

Date _____ O.j.c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1924 to his home at Manuels and Release Certificate No. 2987 issued.

Date 24-6-19 *J. H. Crawford*
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 9-7-19

Date 24-6-19 *J. H. Crawford*
Depot Paymaster.

Discharged approved for 25-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 170b	B 103	ME 2		" 6
B170c	B 120	M 93		

2 Form B

Date 24-6-19 *J. H. Crawford*
O. C. Discharge Depot.

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 25 1919 *R. H. Jait* 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.

H. Smith

Signature of Man.

Reg. No. 4018.

J. A. Snow Capt.

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date 24-6-18

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

MEDICAL HISTORY

OF

Surname Smith Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Marble C. B. County Wfe.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>23</u> day of <u>Oct.</u> 191 <u>7</u> at <u>St. Johns.</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>19</u> years <u>1</u> Mos		years	days
Trade or Occupation	<u>Larmer</u>			
Height	<u>5</u> feet	<u>5</u> inches	feet	inches
Weight		<u>117</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded... <u>35 1/2</u> inches			inches
	Range of Expansion... <u>3 1/2</u> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E. <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. Johns</u> on <u>23</u> day of <u>Oct.</u> 191 <u>7</u>		at _____ on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	Regtl. No. <u>4018</u>	Corps.	Regtl. No.
Transferred to	<u>1st Wfe. Regt.</u>			
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
[Signature]				
[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 *Wm Smith*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4018*

Intended address *Manuels C.B.*

Height on discharge *5 Feet 6"*

Color of hair on discharge *Black*

Complexion *Ruddy*

Color of eyes *Grey*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Wm*

Christian name of Mother *Gertrude*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Manuels 1899 Sept 30th*

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) *Wm Smith*

Witness
J. Carmichael (Rank) *RtE*

Station *St. John's*

Date *23.6.09*

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



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 } *Farmer*
2. Regtl. No. *4018* 3. Rank. *Pls.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Smith J.* (Surname) *John* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday.... *20*
6. Posted for duty on *12. 11. 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 (if any)
 (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*
nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | } <i>na.</i> | |
| (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? } *na.*

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.)

He complains of no disability.

16. Was an operation performed? If so, when and what was its nature? *na.*
17. If not, was an operation advised and declined? *na.*
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? *na.*
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? *na.*

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. J. Proctor
 Medical Officer in charge of case.

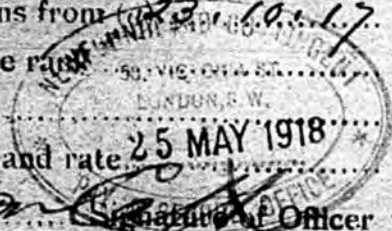
Station *Hopley Camp*.....

Date *29. 11. 19.*.....

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

Casualty Form - Active Service.

Regiment or Corps *2^d Royal Newfoundland*
 Rank *Pte* Surname *Smith* Christian Name *William*
 Religion *C of E* Age on Enlistment *19* years *1* months
 Enlisted (a) *23. 10. 17* Terms of Service (a) *Trustees* Service reckons from *23. 10. 17*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 Occupation *Farmer* *J. M. Curran* *Officer*



Report		Record of promotions, reductions, transfers, casualties, &c., 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	<i>25-5-18</i>		
		Disembarked	<i>27-5-18</i>		
		Joined Battalion	<i>31-5-18</i>		
		<i>Transferred to B.A. 26/2/19 to 14/3/19</i>			<i>B.213</i>
		<i>Arrived in W.D.</i>			<i>13/4/19.</i>

Jan

(a) 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.
 (b) Signaller, Shoeing Smith, &c.
 W 8825 - 312731 20/000 9/17 (33011), C. P. & S. Ltd., Form B.103 E/1897. P.T.O.

July 11, 1919

#4018 Pte. William Smith,

Mammels, C.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 the War Service Gratuity.

Yours truly

Captain,
Paymaster & Officer i/c Records.

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 *William* 2. Surname *Quint*
3. Rank *Private* 4. Reg't. No. *4018*
5. Address in full to which future payments of gratuity are to be forwarded *William Quint - Maunds*
- Conception Bay*
6. Date of enlistment in the Regiment *October 17th 1917*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
- Henry Quint*
8. Relationship of such dependents *Father*
9. Address in full of such dependents *Henry Quint*
- Maunds C 19*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Yes*
11. Were you on active service only in R.F.C. If so give dates and particulars of such service *England Dec' 1917*
- France May 18 - Belgium Sept 18 -*
- Germany - November 18 -*
12. Give total length of time which you served on active service, whether in R.F.C. or overseas *October 17th 1917 - 5*
- 26th June 1919* 1 $\frac{1}{2}$

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

..... *no*
..... *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?..... *not applicable*

19. Are you now serving in the R.S.T.?..... *no* If not give? - (a) date of discharge. *26th June* (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.

..... *Ypres Belgium 28th Sept - 18*
.....

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

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

Signature of Applicant: *William E. Smith*
 Place of Residence: *Manuelo C. B.*
 Declared before me at: *St Johns*
 This *26th* day of *June* 19.*19...*

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

Wm James JP

POST DISCHARGE PAY.					
Date paid	Paid	Paid	War Service		Net amount
	Soldier.	Dependents	Gratuity.		due
.....
.....
.....
Certified correct.					Paymaster

No. 3739



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wm. Henry Smith, Regl. No. 4015

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 60 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins 1-11-17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3057	Father	Wm. Henry Smith	Manuel C.B.	60
			Total Allotment, £	60

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

(Sig.) Wm. Henry Smith
 Officer Commanding
 Company St John's
1-11-1917

(Sig.) W. Smith
 (Rank) Pl

Bank Head
Aug 24 1920
Dear Sir

I did not
receive my
discharge papers
yet, or medal
I served in 1st
Regiment my
No. 4078. 1

Andrew Young
Bank Head
Post Office

Letter addressed to "Boston"
but man is not Resident.

September 17th.1921

Mr. Andrew Young,

Bank Head, B. St. G.

Dear Sir:-

Referring to your letter of August 24th., I beg to state that your discharge certificate was mailed to you at Middle Brook, St. George's on July 21st. 1919.

Any medals that may be due to you will be at hand in a short time.

Yours truly,

Major
Paymaster

ST. JOHN'S, JUN 24 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pt A Smith

Billeting Soldiers as undermentioned

from June 1/19 to June 25/19

4018 Pt A Smith
W Smith

25.00

ACCOUNT	<u>BYM</u>
CHK NO	<u>24864</u>
IND. LEADER	INITIALS
PAY LEADER	INITIALS
SEN. LEADER	INITIALS

Certified correct for \$

25.00
W. Blouster
Billeting Officer.

25.00

October 30th. 1917.

Private Wm. Smith,
No. 4018,
Headquarters.

Dear Sir,

I enclose herewith cheque for 60¢,
being a refund of passage money.

Yours faithfully,

Capt. & Paymaster.

.ISPT

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

Address

Date

Signature

SEP 23 1921.

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

William Smith

in respect of his service as No. 4018 Rank Pte.

Name Wm. Smith Royal Nfld. Regt.
MM. Fusilier Corps.

Receipt of the same should be acknowledged hereon.

Received: Medals.

Signature W. Smith

Date Oct. 3rd 1921

Address Manuels C. B.

[P.T.O.]

SEP 23 1921.

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

William Smith

in respect of his service as No. 4018 Rank Pte.

Name Wm. Smith Royal Nfld. Regt.
MM - Forester Corps.

Receipt of the same should be acknowledged hereon.

Received Medals

Signature W. Smith

Date Oct. 3rd 1921

Address Manuels C. B.

[P.T.O.]

Receipt for Army Book 64

No. 4018 Name W. Smith

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

Name W. Smith

Date July 31st
Place Manuel

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

WS

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121
39

Regiment of *1st Newfoundland*

Number of Sheet *848*
Signature of O. C. Company *W. H. [unclear]*

Regimental No. and Name	
No. <i>4018 Smith Dec</i>	
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____

Enlistment	
Age on <i>19</i> years <i>1</i> months	
Place and Date of Enlistment	<i>St. John's 22-10-17</i>
Period of	with Colours <i>260</i> years. with Reserve <i>365</i> years.

Trade <i>farmer</i>
Religion <i>6 of 6</i>
Place of Birth _____

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Demobilized St. John's 9/19</i>									
<i>To be carried over.</i>									

Army Form B. 121

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1018 Rank Cdr Name Smith William
 Date of Enlistment 23-10-17 Address Manuel District H. Mairs
 Occupation General Classification for Discharge F 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
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 24-6-19

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

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Li
Wm X Smith
mark
Int-Inspector

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 _____

Wm X Smith

Date _____

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B-1924 to his home at Hannels and Release Certificate No. 2987 issued.

Date 24-6-19 *J.A. [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 7-7-19

Date 24-6-19 *[Signature]*
Depot Paymaster.

Discharge approved for 25-6-19
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 24-6-19 *J.A. [Signature]*
O. C. Discharge Depot.

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 25 1919 *R.H. [Signature] MAJOR*
O. C. Discharge Depot.

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

Date July 2/19 *[Signature]*

Reg. No. *4018* Rank *Pfc* Name *Smith, Wm*

Attested Address *Manuel*

Allotment Allottee

Date of Allotment Returned from Overseas

Returned on S.S. Cause *Discharge*

24.6.19
25.6.19.

PASSED TO DEMOBILIZATION OFFICE
DISCHARGE APPROVED ON DEMOBILISATION