



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6042 Name Thomas Snook Corps CofE

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Thomas Snook
2. What is your full Address? 2. Grand Bank
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years Months
5. What is your Trade or Calling? 5. Seaman
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, Thomas Snook 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.

Thomas Snook SIGNATURE OF RECRUIT.
Pte A P Moulton Signature of Witness.

19-8-15

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Snook 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 and as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at St John's on this 19 day of August 1915.

J. H. Snow Signature of Attesting Officer

† 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 CofE.

If enlisted by special authority, such will be attached to the original attestation.

Date 20-8-15 Place St John's J. H. Snow } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Thomas Snook

Apparent age 20 years months. Height 5 feet 5 inches

Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Snook
Grand Bank | 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. Pny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u> </u>									
Joined at <u> </u> on <u> </u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u> </u> [date of discharge] <u> </u> years <u> </u> days									
" " Pensions " <u> </u> [" "] <u> </u> " <u> </u> "									



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ATTESTATION OF

No. 6042 Name Thomas Snook Corps CofE

Questions to be put to the Recruit before Enlistment.

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

I, Thomas Snook 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.

Thomas Snook SIGNATURE OF RECRUIT.

19-8-18

Pte A. P. Moulton Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at St. John's

on this 19 day of August 1918

J. A. Snow Signature of Attesting Officer

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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 20-8-18

Place St. John's

J. H. ... Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted.

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

DESCRIPTIVE REPORT ON ENLISTMENT

6042

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

Name Thomas Snook

Apparent age 20 years months. Height 5 feet 5 inches

Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Snook
Grand Bank | 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									<div style="font-size: 2em; font-family: cursive;">Discharged Jan 21st 1919</div>
Joined at _____ on _____									

Total Service forfeited as above.....

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

" " Pensions " _____ (" ") " " " "

C.R. 6042

Extract from Preliminary Report at a Medical Board held on
TUESDAY AFTERNOON December 3rd., the following were the
findings.

6042 Pte. T. Snook,

RECOMMENDED DISCHARGE AS PERMANENTLY UNFIT.

BC7

C.R. 6042

Extract of Daily Orders Part II, dated Dec. 27th 1918.

DEMOBILIZATION.

The undernoted man's discharge on Demobilization has been approved by O.C. Discharge Depot from noted dates. He is removed from Depot Strength and transferred to Discharge Depot pending confirmation by Officer i/c Records.

6042 Pte. Thos. Snook

Discharged 24-12-18

C.R. 6042

Extract from Daily Orders part 11, Depot St. John's dated 23/1/19.

The discharge of the undernoted on demobilisation have been
CONFIRMED by Officer I/O Records.

#6042 Pte. Thos. Smook.

21-1-19.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address **St. John's Dept. of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated **Nov. 5th, 1918.**

To **Mr. James Snook.**

Grand Bank.

Beg to inform you that your son #6042 Pte. Snook, is now convalescent.

**J.R. Bennett,
Minister of Militia.**

C.R. 6042
Counter No. _____

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(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated **OCTOBER 26th., 1918.** **DEPT. OF MILITIA.**
 To **JAMES SNOOK, ESQ.,**
GRAND BANK,

BEG TO INFORM YOU THAT + 6042 SNOOKS IS IMPROVING.

J. R. BENNETT
MINISTER OF MILITIA.

FOR TYPEWRITER

C.R. 6042
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Dec. 26, 1918.
To Mr. James Snook,
Grand Bank.

Reg to inform you that your son #6042 Pte. Snook, is now improving at General Hospital St. John's.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

Count No. 6042

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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Oct. 21, 1918.

To Mr. James Snook,
Grand Bank.

Beg to inform you that your son #6042 Pte. Snook is improving.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 6042
Counter No.

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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Oct. 23, 1918.
To Mr. James Snook,
Grand Bank.

Regret to inform you that your son #6042 Pte. Snook, is now dangerously ill.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

CR 6042
Counter No.

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(NOT TRANSMITTED)

Signature of Sender _____ Address **St. John's Dept. of Militia**

Line Number	Rcd	By	Sent	by	Check

Dated **Oct. 15, 1918.**

To **Mr. James Snook,
Grand Bank,
Burin.**

Regret to inform you that #6042 Pte. Snook, was admitted to General Hospital on Saturday, seriously ill of Influenza.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

C.R. 6042

Extract from Daily Or Gera West II Unit the Royal H210.
Regt. Jansohn's, dated August 20th, 1918.

6042, Pte. Thos. Sneeks.

Attested for general service with the Royal H210. Regt.
10-018.

C.R. 6042

**Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.,
St. John's, Oct. 12/18.**

Admitted to Barracks Hospital 11-10-18.

6042 Pte. T. Snook.

C.R. 6042

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated October 12th 1918.

Hospital.

6042 Pte. T. Snook.

Admitted to Barracks Hospital 11/10/18.

C.R. 6042

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.,
St. John's, Oct. 14th, 1918.

6042 Pte. T. Snook.

Admitted to General Hospital 12-10-18.

C.R. 6042

Extract from Daily Orders part 11, Depot. Sgt. John's dated
November 11th., 1918.

HOSPITAL.

6042 Pte. J. Sneek.

Transferred from General Hospital to Escasoni 9/11/18.

BC.

C.R. 6042

Extract from Daily Orders, Part 11, UNIT: The Royal
Newfoundland Regiment dated Nov. 23rd. 1918.

Hospital.

6042 Pte. T. Sneek.

Discharged from Hospital 21/11/18.

Hook No.

6042

Ray Sept.

January 21st., 1919

#6042 Pte. Thomas Snook,
Grand Bajah.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 625."

Yours faithfully,

Captain,
Paymaster & O.I/c Records

Emb '1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6042 Rank Pte Name Thos Snook
 Intended place of residence Grand bank
2. Occupation Fisherman
 Classification of soldier B Medical Category E
3. The above named man is discharged in consequence of DEMOBILIZATION
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place DEC 20 1918 Abbey Capt
 Date DEC 20 1918 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 St Johns J Snook
Dec 21st 1918 Signature of soldier
W. B. Dicks Capt
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 Johns J Snook
20-11-18 Signature of soldier
E. Heter
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 19-8-18 No of days on Military
 Discharged from service 24-12-18 plus 28 days Service 156

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S R.H. Lait Capt
DEC 21 1918 Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St Johns Nfld M Bowley Capt
 Date January 21 1919 Officer i/c Records
The Royal Newfoundland Regiment

a 23 2079/625

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6042 Rank Pte. Name Brook, Thos.
 Date of Enlistment 19-8-18 Address Grand Br. District Fortune
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. See report Disability Rating less 20%
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	2 B 1915	2	do 2nd	" 3	3
B 179	2 D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2		<u>113 Form B. 1</u>	" 6	
B 179c	B 120	M 93	1			

Date 19-12-18

W. H. Cap
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Thomas Brook

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 11/6/18

(b) Clothing Supplied Joseph H. Snowling

Date 19-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *83 385* to his home at *Grand Bank* and Release Certificate No. *538* issued.

Date *20-12-18*
C. S. Dicks
 Demobilization Officer *Capt*

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 *21-1-19*

Date *20-12-18*
W. H. W. Capt.
 Depot Paymaster.

Discharge approved for *24.12.18*

Forwarded with following documents to O.C Discharge Depot.

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

Date *23.12.18*
C. S. Dicks
 Demobilization Officer. *Capt*

APPROVED.

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

Date *DEC 24 1918*
R. J. Galt Capt
 O. C. Discharge Depot.

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

Date *Dec 28/1918.*

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

MEDICAL HISTORY

Surname

Snook

OF

Christian Name

Thomas

Table I.—GENERAL TABLE

Birthplace :—Parish

Grand Bank County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	19	Aug		191
	at	<i>St. John's</i>	at	
Declared Age	90	years		
Trade or Occupation	<i>Fisherman</i>			
Height	5	feet	5	inches
Weight	127 lbs.			ll s.
Chest Measurement {	Girth when fully expanded		34	inches
	Range of Expansion		4	inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>4/6</i>	R.E.—V=	
	L.E.—V=	<i>4/6</i>	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)	<i>L. J. Peterson</i>			
(Rank)	<i>Major</i>		Medical Officer	Medical Officer
Enlisted	at	<i>St. John's</i>	at	
	on	19	day of	Aug
				191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Royal Nfld. 6047</i>			<i>52</i>
Transferred to	<i>Regiment</i>			
Became non-effective by	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

Table III - Bureau of Prisons, United States Department of Justice
List in case of Warrant Officers treated in quarters

The cause, nature or treatment of the case likely to be of interest or of future use. In case of readmissions to hospitals will be shown. The subsequent progress, including particulars of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Temp. & Pulse normal for two weeks.

C. H. Ryan



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station **St. John's**

Date **Dec. 3rd 1918**

- | | |
|-----------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 20 years |
| 2. Regimental No. 6042 | 6. Enlisted on Aug. 19th 1918. |
| 3. Rank PTE | at St. John's |
| 4. Name SNOOK, THOMAS | 7. Former trade or occupation Sailor |
| 8. Disability | |

INFLUENZA AND BRONCHITIS

9. History **Entered General Hospital 12/10/18.
Discharged from General Hospital 9/11/18.
Escasoni (Convalescent) 9/11/18.
Discharged 21/11/18.**

General condition good.
No accompaniments chest.
No complaints of any nature.
Pulse 100. Temp. 98.

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

YES

Signature **L. PATERSON, Major.**

Rank or Qualification

Remarks if any by Officer in Charge Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **cannot** be considered as aggravated by:—
due to
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

YES

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? *Less than 20%*
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.)

Remarks if any:—

NIL

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp } **NO**

20. We recommend discharge from retention in the Army

Permanently Unfit

Remarks if any:—

.....
N. S. FRASER

President

Signatures

.....
J. S. TAIT

.....
L. PATERSON, Major.

Place

St. John's

Date

Dec. 3rd 1918.

APPROVED

Station

Date



.....
(SGD) CLUNY MACPHERSON, Major.
Administrative Medical Officer



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD. HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date 6th Dec 1915

Regimental No. 6042

Name S. M. M. M.

Address Grand Bank

Disease or Disability _____

Finding of last Standing Medical Board, _____

held on _____ 19 _____

Present Condition _____

Recommendation S. M. M.

Category D

Members
of
Board

R. H. L. Capt.

O. C. Depot

Hobson

D. D. M. S.

M. O. Depot



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. & 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 *Snook Thomas*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6042*
 Intended address *Grand Bank, Fortune Bay*
 Height on discharge Feet
 Color of hair on discharge *Dark*
 Complexion *Fair*
 Color of eyes *Brown*
 Descriptive Marks *Tattoo marks on both arms.*
 Figure on discharge *Normal*
 Christian name of Father *James*
 Christian name of Mother *Mary Ann*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Jan. 11th. 1898, Sagona Island, F. Bay.*
 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) - *Thomas Snook* (Rank) *Pte.*

Station _____ Date _____

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.

Henry [Signature]
 Medical Officer i/c Hospital,
 Unit, or Command Depot.

Station _____ Date _____





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 *Snooks Thomas*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6042*
 Intended address *Grand Bank.*
 Height on discharge *5'* Feet *5"*
 Color of hair on discharge *brown*
 Complexion *Fair*
 Color of eye: *brown*
 Descriptive Marks *Tatto Marks both Arms*
 Figure on discharge *Medium*
 Christian name of Father *James*
 Christian name of Mother *Mary Ann*
 Wife's maiden name in full *-*
 Date and place of marriage *-*
 Christian names of children *-*
 Place and date of soldier's birth. *Sagona Isl. 11th Jan 1898*
 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) *J Snook*

Station *St John's* Date *3rd Dec 1918*

(Rank) *pt*

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.

H. P. ...
 Medical Officer Hospital,
 Unit, or Command Depot.

Station *St John's Nfld* Date *3rd Dec 1918*

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 work as Sailor

W. Brock

Signature of Man.

C. S. Dicks Cpl

Reg. No. *6042*

Signature of the Vocational Officer or his Representative.

Place

St Johns N.Y.C.D.

Date

20/12/18

191

6

Fortune

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—
B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

NOV 29 1918

Date

Regimental No. *6.0.4.2...*

Name *Snooth Thomas Pte*

Address *Grand Bank Fortune*

Present Medical Category ~~A~~ *E*

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

Proceedings should be in file

RH Lant Capt
O.C. Discharge Depot.

Members of Board } *LB Pearson*
Senior Medical Officer

SW Burdett
M. O. Depot

Boarded.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6042 Rank Pte Name Brooks Thos.
 Date of Enlistment 19-8-18 Address Grand Bx District Fortune
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. As unfit Disability Rating less 20%
 Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	1. D 400A.....	2. B 1915.....	2	do 2nd.....	" 3.....	3
B 179.....	2. D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....		<u>H2 Haw Bd. 1</u>	" 6.....	
B 179c.....	B 120.....	M 93.....	1			

Date 19-12-48

W. H. King Capt
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

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

Thomas Brooks

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$100.00
- (b) Clothing Supplied Joseph H. Brown

Date 20-12-48 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 538 to his home at Grand Bank and Release Certificate No. 538 issued.

Date 20-12-18

CSDicks
Demobilization Officer Capt.

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 21-1-19

Date 20-12-18

W. Bowley
Depot Paymaster.

Discharge approved for 24.12.18

Forwarded with following documents to O.C Discharge Depot.

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

Date 23.12.18

CSDicks
Demobilization Officer. Capt.

APPROVED. N.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 24 1918

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

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

Date Dec. 28/1918

W. Bowley
Capt.
Dy. C.

Reg. No. 6042 Rank P6 Name Smook Thos

Attested 19-8-18 Address Grand Bank

Allotment..... Allottee

Date of Allotment..... Returned from Overseas.....

Embarked for Overseas Cause.....

Vac 20-8-18 / 19-9-18.

S. Leave 11-9-18 to 21-9-18. Extension 28-9-18.

Returned from leave 3-10-18.

11-10-18. Admitted to Barracks Hosp.

12-10-18 " " General " "

9/11/18 Transferred to Escaroni

21-11-18 Discharged from Escaroni

3-12-18 Recommended discharge Permanently unfit

19-12-18 PASSED TO DEMOBILIZATION OFFICER

DEC 24 1918 DISCHARGE APPROVED ON DEMOBILISATION.