

### THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

	Questions to be put to the	Recruit before Enlistment.	
I. What is your name	?	allan & Spence	1
	,	2. 1	
2. What is your full A	ddress?	Fortune.	
3. Are you a British S	ubject?	3	
		4 . Z	
. What is your Trade	or Calling?	5. Gelling	
6. Are you Married?		6	
<ol> <li>Have you ever serve jesty's Forces, naval</li> </ol>	d in any Branch of His Ma ) or military, if so,* which?	7. 90	
3. Are you willing to cinated?	be vaccinated or re-vac-	8 Zes	
Are you willing to be	enlisted for General Service?	g. Jed	
. Did you receive a No its meaning, and who	tice, and do you understand } r	o	 
. Are you willing to se signed by you if you a	rve upon the conditions as embore accepted	died in the roll of service to be 11 Jest	<b>.</b>
ade by me to the above	questions are true, and that I a		answers
I Wean	alland	do solemnly declare that the above willing to fulfil the engagements made.  Signature of Witness CRUIT ON ATTESTATION.	CRUIT.
I Allan ar true allegiance to His	Majesty King George the Fifth, ly defend His Majesty, His Heirs	willing to fulfil the engagements made.  Signature of Reform Signature of Witness	ccruit.
I allant ar true allegiance to His and, honestly and faithful emies, according to the co	Majesty King George the Fifth, ly defend His Majesty, His Heirs inditions of my service.	Rewilling to fulfil the engagements made.  SIGNATURE OF RE SIGNATURE OF RE CRUIT ON ATTESTATION.  do make oath, that I will be faith His Heirs and Successors, and that I will, as and Successors, in Person, Crown and Dignity ag E OR ATTESTING OFFICER.	ecruit.
I. Colland ar true allegiance to His and, honestly and faithful amies, according to the co	Majesty King George the Fifth, ly defend His Majesty, His Heirs inditions of my service.	Recommendation of the superscript of the superscrip	ecruit.
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viz:—(Name).....on the (Date)

#### DESCRIPTIVE REPORT ON ENLISTMENT

entries on the Medical History Sheet. Height Apparent age.... ...years... months. Girth when fully expanded... inches Chest Measurement Range of expansion inches Distinctive marks . INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin Relationship 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) (d) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service not al-lowed to reckon for fixing the rate of pension Service in Re-serve not allow-ed to reckon to-wards G. C. Pay Signature of Officers certi-Corps in Rgt. or Which served Depot Promotion, Reductions, Casualties, &c. Army Rank Dates fying correctness of entries Venrs Days Vents Days Service towards life ted agement reckons from Total Service forfeited as above.....

Reg. No. 556 Attested 1-6-	78 Address Fortune	(tathe)
AllotmentDate of Allotment Embarked for Ov	Returned from Overseas	
3 4/8 Nacc 1.	3 /18 1 2 noc.	
N.A. 16 4.9	- 26 6/18. Heturned from leave 22-7-18	
	. /	
	The state of the s	

# C.R. 5564

Extract from Daily Orders part II, Unit the Royal Nfld.Regt., dated Julyo9th. 1919.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer i/c Records on 5-7-19.

#5564 Pte. Allan Spencer

C.R. 5564

Extract from Daily Orders Part 11 Unit the Royal Effe. Regt. June 11th, 1919.

The discharge of the undernoted on demobilisation has been APPROVED by G.C. Discharge Depot with offect from 21-6-19.

5566 Pte. A.P.Spencer.

Extract from Daily Orders Part il Depot, St. Johns, Date 10-6-19.

5564 Pte. A.P. Spencer

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

# C.R. 5564

Extract from Dilly Orders Exemples by Hajor H.S. Salityan, desmanding Benfoundland Porosbry Companyos 6-12-18.

The undermentioned having reported for duty from the 2nd Bn. Royal Hild. Regt. is avaisable to the Strength, for rations, from this date and posted to "A" Company.

5564 Pte. A. Spencer.

Dec .12th

18

Dear Mr. Spencer:

I regret to inform you that we have just received notice from our Pay and Record Office, London that your son #5564 Ptc. Adam P. Spencer was admitted to Hazeley Down Hospital, Winchester, suffering from Appendication. This is evidently in a mild form as if it had been serious it would have been reported to us by cable. Any further information we get concerning him will be immediatly communicated to you.

Yours faithfully,

Ligut.

CASUALTY OFFICER.

11/11:

Mr. John Spencer,

Ex ract from Hominal Roll Entrained St. John's for Overseas. Sept. 22, 1918. "M".

5564 Pte. Spencer Allan.

Extract from Daily Orders Part 11 Depot, St . John's dated Sept. 18/1918.

#5564 Pte. A. Spencer.

Returned from Special Duty from R. N. CO'S DRY DOCK, DEPT. 16.th 1918.

Extreot from Daily Orders part 11 Dopot St. John's dated 18/9/10.

#5564 Pte. A. Spencer.

the above mantioned soldier prospected on Special Buty to R. D. Co Dry Dock, 9-9-18.

C.R. 5564

Extract from Daily Orders Part 11 Depot St. John's September 12th 1916.

#5564 Pte. A. Spencer.

COMPANY'S DRY DOCK 9-9-18.

Extract from Daily Orders part 11, from Unit The Royal Nfld Regt.St.John's, dated June 5m1918.

#5564 Pte. A. Spencer.

Attested for General Service with the Royal Nfld. Regt.from 1.6.18

Spencer C.R. 5564 From.

1 16 15M

NEWFOUNDEN

Chief Paymaster & C.i/c desords, Newfoundland Contingat, Pa & Record Office 8, Victoria Street,

30 ph April

1919

5564 Pe A.P. Spencer

With reference to the following teregram from the Minister of Militia (158).

Pay to 5564 A.P. Spencer

£5-0-0

Cheque £ 5-0-0 is enclosed.

for payment to this Soldier.

Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

0

CONTANGERT

To: Officer Commanding.

2nd Batt. Ryl. Nfld. Regiment Winchester

May 2 1919

Moceint hereunder.

LIEUT. COLONE!

COMMANDING 2nd Bn. ROYAL NEWEGUNDLAND REGT

P Received the sum of \$ 0.0.0

tir four din respect of

telegraphic remittance from the Minister of militia.

No. SS64 Reals

19 trasa Luo.

Pary.

No7637/1501  From: NEWFOUNDLAND	PODN TIN GENT 981
Chief Paymaster & O. 1/c Records, Newfoundland Contingent, Pay & Record Office, 58, Victoria Street, London, S.W. 1.	To: Officer Commanding 2nd Bart By Nfid. Regiment Winchester
17th May 1919  5564 Pte. A.P. Spencer  With reference to the following telegram from the Minister of	Receipt hereunder

Militia / /19 (

"Pay to- 5564 A .P. Spencer £6. 0. 0.

Cheque £6. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt heroon.

Chief Paymaster & O. i/c decords.

Muciell &

Received the sum of \$6,000 bounds. in respect of telegraphic remittance from the Minister of Militia.

Witness:

FORM K

Nº 6734





### THE ROYAL NEWFOUNDLAND REGIMENT

**ALLOTMENTS** 

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUNT (each person)
1734	father"	John H Spencer	Jostone 7 B.	_ 6
	•		12.07/12/4	
			RULLET HOLD TO AND A STATE OF THE STATE OF T	
1. S		er Commanding Company and han	Total Allotment, S ling Company, signed by the Volun aded to the Paymaster as authority	

Spencer, allan

5564

Hay roepl.

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

MEDICAL HISTORY

Surname.

Christian Name allan K.

// 0		ENERAL T	ABLE.		•
Birthplace:—Parish For	Cure		County	Menform	Mana
	A AL	L RESERVE		REGULA	R ARMY
Examined	on day	of June	191 <b>8</b> on at	day	of 191
Declared Age	2/ 1	ears —	days	year	s days
Trade or Occupation	6	Perk			
Height	of fee	et 6 42	tuches	feet	inches
Weight		124	L 1bs.		lbs.
Chest Measure-Range of Expansion		34	inches inches	٠.,	inches
Physical Development					
Vaccination Marks Arm	Right	Left	1	Right	Left
When Vaccinated	6				
Vision	1. EV = 6/8		R.E.— 1R.—		
(a) Marks indicating congenital peculi-	(a)		(a)		
(a) Marks indicating congenital peculi- arities or previous disease					
	-£6)				
(b) Slight defects but not sufficient to cause rejection	(4)		(6)		
Chuse rejection		1	-1-		
Approved by Signature	Lamme	Excrac			
Alata III	1/4 2	Medical Of	flicer.	10,76	Medical Officer.
Bulisted	TO SERVICE SER	60	at		medical Officer.
Sanisted A. J.	#		191 <b>8</b> on	day of	191
Joined on Enlistmen		Regtl. No.		Corps .	Regtl. No.
Joined on Enlistment	Mes.	00.09			
Transferred to	ment.	0			
		- 1			
Became non-effective				Maria S	
(Signature)	on day	of 1	91 on	day of	, 191
(Rank)					

	Admitted to Discharged from Hospital Hospital			harged f Hospital	rom	Disease	Number	Remarks bearing on th syphilis, admissions an	
Name of Hospital		Month			Month		Disease	Days in Hospital	of treatmen
Hazeley Down	23	11	18	29	//	18.	Strain-r rectus musile	6	Disd
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		ž	1100	1					

tal or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers. etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Discharged & duty.

65 Privia Capt RAMO

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	terrant to well of the s	Brief Details, and Signatures
3 6 183	Vacc. 10	
6.18	T.A.B. A	
-9.18.	do. B	
		This has by on bifled that this soldier
		has been before a Travelling Mediani.
		Board and bee here
		Board and has been chasined as
		- Continuent on imposition
		tion. Medical enteriory
		-6.6.19 0 HIII Wit
	19年前11日上海	-6.6.19 - for the said the sai
		The American
BL. C. P. S		

#### Table IV. - SERVICE TABLE.

	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
			1 1			
					H. H	
	*					
	4					
					11(119)	
ins		STORY STORY	Inc.			
			1			
		The second				312

Jaly 16, 1919

#5564 Pte. allan P. Spencar.

Fortung E. B.

Dear Sir :-

Referring to your application I enclose chaque for Seventy dollars (\$70.00%, being amount of first payment due you on account of the War Service Cratuity.

Yours truly

Captain & Paymaster

#### DEPARTMENT OF MILITIA.

#### WAR SERVICE GRATUITY.

St. John's Newfoundland.

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

A complete reply must be given to every question in this Declaration where must be no blocks and no dakhes. 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, CT. JOHN 3.
8. Renk. Rhe
6.Address in full to which future paperts of gratuity are to be
forwarded. Forture Forture Bon
Quag 1'1918
6.Date of enlistment in the Regiment. June 1:1918
7. Name of dependent, if any, to whom Separation Allowance is being
issued, or was boing issued, immediately prior to your discharge
not appucable
8. Relationship of such dependents
9. Address in full of such dependents
10. Is said dependent, now, or was said dependent at any time in receipt
of Separation Allowance on account of mother soldier?
11. Were you on active service only in Hfld, II so, give dates and
particulars of such service. One seus
12. Give total length of time which you served on active service,
whether in Hild or Oversees. Intelne mouths and
To days

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers. hor applicable 14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have clrendy received and by whom paid.... 15. Have you been issued with a War Service Badge?..... 16. Have you, during the present war, served in the Imperial Dorces... 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 mount received, or to which you are entitled ... 16, Did you revert Overseas to a rank lower than the substantive renk hold by you on your arrival in England?.... If so, was such reversion in consequence of Misconductor 19. Are you now serving in the Rost.?..... If not give 1 2.21.(1..(b) Reason for discharge...... 20.Dil you at any time serve at the front in an actual theatre of Wer? It so give particulars of places, and dates of such service.... 21.(c) Are you receiving treatment from the Wivil Re-Establishment det.(b) If so are you in receipt of full pay and allowences fromthat Committee..... And I : the this solem declaration conscientiously believing it to te true and knowing that it is of the same force and effect as if nado under oeth.

4
Signature of Applicant: Allan Policant  Place of Residence: Fortune. Fortune Bor,  Declared before me at: To John Myed.
Place of Residence: Fortune. tortun /Son
Declared before me at: n John Mer.
This of day of June 19.15
Signature of Barrister of the Supreme Court, Stipendiary Magistrate; Notary Public, Mustice of the Peace, or Commissioner of affidevits.
나는 그들은 그는 그는 그는 그는 그를 가는 그는 그들은 그들은 그를 보는 그를 보는 것이 없는 것이 없는 것이 없는 것이 없다고 있다. 그를 살아 먹는 것이 없는 것이 없는 것이 없다고 있다. 사람들이 없는 것이 없는 것이다.

	POST	DISCHARG	E PAY.		
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ST. JOHN'S, JUN 1 6 191

### Royal Newfoundland Regiment.

Billeting Account, To for Jan Lo	ugh	r am
Billeting Soldiers as undermentioned from 13/19 to 14/19		
55 64 gt a spenn	<u>.</u>	36
OH NO 23 155 C	r .	
Certified correct-for \$ 3: 30		1
Mul busten Billeting Officer.		

ST. JOHN'S, Jme 13 19

### Royal Newfoundland Regiment

Billeting Ac	ccount,	mo	- J.	Tayl	0
Billeting Soldie					
from June	100/1	9 to fin	re 13 K	/19	4
55 64	- 14	. A.	Spens	200	3 80
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- · · · ·	PAY LEBOOR	INITIA D.		1	3
Certified correct	Jan S	1 th	wel.		
. 0	I am	arnes o	leting Officer		

Army Form B. 121. Squadron, Troop, Battery and Company Conduct Sheet. Number of Sheet Que Good Conduct Badges, Service pay or proficiency pay Enlistment Regimental Number and Name Age on 21. years Place and Date Date\_ Date with Colours 135 years. Place of Birth Date tortune Date. Date of award or of order dispensing with trial Name of OFFENCE Punishment awarded By whom awarded REMARKS Witnesses Demobilized Stoppins 5 79.

To be carried over.

B 121. 39.

Ioined

Joined.

Joined

Joined.

Place

Date of

Offence

Demobilization Form

## The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No. 556 H. Rank 17 Name pencet 16
Date of Enlistment 1. 6. 18 Address Fortung District Fortung
Occupation Medical Category T
Recommendation S.M.B
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 179
B 179a D 400C Form K do 4th " 5 "
B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
Date
Y
I. Civil Re-Establishment.
I amin a position to resume civilian occupation.
Olian Skinar
Particulars passed to Vocational Officer for information and action.
Date.
2. Clothing.
Certified that Clothing Regulations have been complied with
(a) Clothing Allowance payable
(b) Ctothing Supplied .
7 6 12
Date. 7-6-19 O ilc. Re-clothing.

3. Transportation and Release Certificate.	B.15-82
The above named has been provided with Trave	lling Warrant No to his hor
at for drawl and Release Cer	tificate No issued.
1-1-19	201 1 11
Date	Demobilization Officer
	Demogration Gracer
4. Pay and Allowances.	K Was H
The herein named soldier's accounts have been	
therewith settled. He has received pay and allowa	nces to
Date	Depot Paymaster.
Discharge approved for.	6 - 19
Forwarded with following documents to O.C Disc	harre Danet
N.F. P 36	
5 178 W 3494 B 122 Boar	
B 178a D 400A B 1915 do	
B 179 D 400B Form L do	
B 179a D 400C Form K do	4th
B 179c B 120 M 93	I aman & //
Di Ach thrum	In from Goff
Date	Demobilization Officer.
// / //	
APPROVED.	
Documents as above forwarded to:—	
Officer i c Records.  Board of Pension Commissioners.	
with following additional documents.	r War Service Gratuity
ctiaihic (0)	Mar Zeinice
LIBIDIO	
JUN 21, 1019	PHATTI
Date	17:01:444 44
	O. C. Discharge Depot,
Received the above noted documents from O. C. Discharge I	Depot.
•	Amelyatt 9/KL
hene 161 in	() as P
Date June 16/19	for perfectos

Reg. No. 5564 Rank Pt. Name Speaces Q. J. Attested Address Xortune,	þ
Allotment	
Date of Allotment Returned from Overseas 21-5- Returned on S.S. Corsican Cause bischerge	-19
6-6-9 PASSED TO TO THE TOTAL OF	 
21-6-19 DECHARGE APPROVED ON DISCOBILISATION.	

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 bove, 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. (1), 1.,	i i (1), or the reserve.
1. Unit and Corps. My Mufaun land 2. Regtl. No. S. 64 3. Rank ple 4. Name Spencer allen f (Surname) (Christian Names) 5. Age last birthday. 2. 2.	7. Former Trade or Occupation } Clesson  7a. If the soldier claims, previous service in Army, he should state—  (a) Former Regts. or Corps; with Regtl. Nos.
6. Posted for duty on at	
8. If the disability is an injury was it caused  (a) in action (b) on field service	

9. If a Court of Inquiry was held on an injury state :-

(d) off duty?

(a) When

(c) on duty

- (b) Where
- (c) Opinion of Court

(b) Date of Discharge;

(c) Cause of Discharge.

(d) Particulars of Pension or Gratuity (if any)

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.

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.
- 12. Place of origin of disability.
- 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.

	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 t	he war		
		(v.) Serious negligence or misconduc man's part.			
	14	(a). If not due to any of these caus specific condition do you attribute.		},	
In all cases such	15	What is his present condition?		Ne Cample	ains And
as facial injur- ies, eve, ear, nose and throat, disabilities, &c., a specialist's re- port is to be attached with radiographs where possible; and in cases of amputation the evact position should be stated.		(A note should be made as to Weigh when it is likely to afford evidence gress of the disability.)		Desa	ains If no sility
	16.	Was an operation performed? If so, who was its nature?	en and what		
	17.	If not, was an operation advised and de-	clined?		
	18.	*In the case of loss or decay of teeth,—I teeth the result of wounds, injury directly attributable to active service service under such conditions that diment was unobtainable?	or disease or through		
	19.	Give particulars of any other disabilities of not in themselves sufficient to cause State whether or not they are attributave been aggravated by service during war, and if so, to what or by what speconditions?	invaliding, itable to-or the present		
			0		
	20.	Do you recommend—	lefa	Malion	
		(a) Discharge as permanently unfit			
		(b) Change to United Kingdom?			
		Note—(b) is only applicable to soldiers Foreign Stations,	invalided at	Procumie	· Capac
	Sta	ition Lazely Drun		Medical Officer in	charge of case.
	Da				
	it i	· Loss of teeth on or immediately after actis due to some other cause	ve service, sho	uld be attributed thereto, u	nless there is evidence that

### The Royal Newfoundland Regiment

#### PROCEEDINGS ON DISCHARGE

_	
1.	No. 5 564 Rank Pte Name Spencer a. P. Intended place of residence.
_	
2.	Occupation Cale K  Classification of soldier Medical Category AI
3.	The above named man is discharged in consequence of DEMOBILIZATION.
	Eligible, for War Service Granky Y
4.	His accounts are correctly balanced and I have impartially inquired into all matter brought before me, in accordance with Regulations.
	Date 3T. JOHN'SJUN 7 1919 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 JOHN'S Cllan Spence. Signature of soldier Signature of soldier
	JUN 7-1919 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
-	STATEMENT OF SERVICE
	Enlisted for service 1-6-(8. No of days on Military
/.	Discharged from service. JUN 21 1919 Plus 14 days Service 400
	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
	Date
	CONFIRMATION OF DISCHARGE
9	Place Place of above mentioned soldier is hereby confirmed now ley least to Place Place of the Records
I	Date
0.00	a. F. B2079/2612

Report of Demobilization

## The Royal Newfoundland Regiment

Class for Demobil- ization:	Travelling Board, held on soldier for discharge.	
76:/		
Discharge Depot: Headquarters The Roy	Date	
Regimental No 5.5.6.4.		
Regimental NoQ.Q.Q.Q.	000	
Name	allan	•••
Address		
······································		• •
Present Medical Category		
	(a) Immediate discharge	
Recommen	$ ded for:=  \begin{cases} (a) & \text{Immediate discharge} \\ (b) & \text{Standing Medical Board}. \end{cases} $	
	R. X Last Carl	V
	O.C. Discharge Depot.	
	Leader	
Membe	rs of Board Senior Medical Officer	
	See Burden	
	M. O. Depot	

### The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No. 55 6 H. Rank 1 1 Name Manage Marce 1 1
Date of Enlistment
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 179 J. D 400B Form L do 3rd " 4 " 4
B 179a D 400C Form K do 4th " 5
B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
PARTICULARS FOR DEMOBILIZATION
I. Civil Re-Establishment.
I amin a position to resume civilian occupation.
Chan Sparrent
Particulars passed to Vocational Officer for information and action.
Date
2. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable.
(b) Clothing Supplied
Pote 7-6-10 :

3. Transportation and Release Certificate.  The above named has been provided with Travelling Warrant No. 15-82 to his home at 469 issued.
Date 7-6-19 Monwball  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 correctly balanced and all matters in connection therewith settled. He has received pay and allowances to correctly balanced and all matters in connection therewith settled. He has received pay and allowances to correctly balanced and all matters in connection therewith settled. He has received pay and allowances to correctly balanced and all matters in connection therewith settled. He has received pay and allowances to correctly balanced and all matters in connection therewith settled. He has received pay and allowances to correctly balanced and all matters in connection therewith settled. He has received pay and allowances to correctly balanced and all matters in connection therewith settled. He has received pay and allowances to correctly balanced and all matters in connection therewith settled. He has received pay and allowances to correctly balanced and all matters in connection there is no correctly balanced.
Discharge approved for.
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36
with following additional documents.
JUN 21 1919 Eligible for War Service Gratuity  Date  O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.

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# 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:

Jo resume Jormer Occupation

5364 A Spencer
Signature of Man.

Reg. No.

Place A- Johns

Date JUN 7 1915 191



### 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  $\mid$ c Records together with the remainder of the man's documents.

Changes occuring in the description subsequent to the date of admission to pension should be noted in red ink a Clan I pencer Regiment from which discharged Royal Demfoundland 556H Regimental number Fortune Intended address Height on discharge of Feet 9
Color of hair on discharge OakBrown Jack Complexion U Brown Color of eyes Descriptive Marks Figure on discharge medium Christian name of Father John Garoline Christian name of Mother Wife's maiden name in full

yortune, ang. 21 = 1896 Place and date of soldier's birth

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)

Date and place of marriage Christian names of children

allan Spomer

Station ST. JOHN'S.

5-16-19

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.



Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xxi. or xxia.), King's Regulations, and in cases of discharge under para. 392 (xi.), 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.

	Rayman Musikana M	
1. Unit and CorpsV.	cogar renjacione	7. Former Trade \ cents
2. Regtl. No. 5564	3. Rank	7a. If the soldier claims previous service in Army, he should state—
4. Name Spence (Surname)	Christian Name	(a) Former Regts, or Corps ; with Regtl. Nos.
5. Age last birthday		
6. Posted for duty on .	at	
in category (or gr	ade)	
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 Inquir	y was held on an injury state :-	
(a) When		(d) Particulars of Pension or Gratuity
(b) Where		(if any)
(c) Opinion of Co	urt	
Note.—The foregoing is seen by the Officer in ch	g particulars are to be filled in and A.F. arge of the case.	B. 179 b (statement by the soldier) completed before the soldier
	Statement	of Case.
them he will take care to co	none himself exclusively to the medica	d in by the Medical Officer in charge of the case. In answering aspect of the case and to such information as may be recorded ally distinguish and clearly state when cases are due to venereal
10. If brought t		respect of which invaliding is proposed to be stated here. For to question No. 19). If no disability enter "nil."
		5.0
11. Date of origin of dis	ability,	
12. Place of origin of di	sability.	ne
the disability in so f	essential facts of the history of ar as it is recorded in the Medical ring on the case and in other numents.	in in

P. Levi	14.	Stare whether the disabilities are	(a) attributable to	(o) aggravated by
	ne.	(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?	8	. 1
throat, s, &c., st's re- to be with raphs essible; ases of	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.)	Disa	ino Ano
n the sosition stated.				
	16.	. Was an operation performed? If so, when and what was its nature?		
	17.	If not, was an operation advised and declined?		
	18.	*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treat- ment 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?		
		Re	Patriation	
	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.	Procum	er. Copy
	Sta	ation . Mazelly Davi	Medical Officer in	charge of case.
	Da	ate		

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.

July 5, 1919

#5564 Pto. allen Spencer,

Fortune, F.B.

Dear Sir:-

Please find enclosed Discharge

Certficate Bo. 2612.

Yours truly

Captain, Paymaster & O.1/C Records

November 14th.1925

Messrs Jordan Marsh Co., 450 Washington Street, Boston, Mass.,

Gentlemen: -

With reference to your enjury re Allen P. Spencer.

I beg to advise that the records of the R yel Nfld. Regiment show that he enlisted on June 1st.1918, and was honourably discharged on Demobilization on July 5th.1919.

His character as a soldier was A.l. Yours truly,

Archivist.