



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5219 Name Patrick J Styles Corps R C

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Patrick J Styles</u> |
| 2. What is your full Address? | 2. <u>Lancelotti</u>
<u>Belle Isld C B</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>21</u> Years |
| 5. What is your Trade or Calling? | 5. <u>clerk</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> |

Patrick J Styles 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.

Patrick J Styles SIGNATURE OF RECRUIT.

B. Semmatt Signature of Witness.

20-5-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Patrick J Styles 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 on this may day of 20 1918.

Signature of Attesting Officer Edwards

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

Place

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)

DESCRIPTIVE REPORT ON ENLISTMENT

5219

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

Name Patrick J. Stoyles
 Apparent age 21 years — months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Michael Stoyles
Lance Cove Belle Id. 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>20-5-18</u>										
Joined at <u>St. John's</u> on <u>Nov 20-1918</u>										
<u>Discharged July 30 1919</u>										
<u>Embarked St. John's N.S. to Halifax N.S. 22-7-18.</u>										
<u>to Newfoundland for demobilization 24-6-1919.</u>										
<u>Arrived to Newfoundland 1-9-19.</u>										
<u>Demobilization St. John's</u>										
									<u>30-7-1919</u>	
Total Service forfeited as above.....										
Total Service towards Engagement to <u>30-7-1919</u> (date of discharge)										1 years 72 days
" " Pensions " " " " " "										

C.R. 5219.

abstract from daily orders part A report of soldier's date
6th 1919. unit Royal Newfoundland Regiment.

The discharge of the undernoted on demobilisation has been
confirmed by officer i/c records from noted date 20-7-19.

5219, Pte. F. Stoyles.

C.R. 5219

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt
St. John's, July 19th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Dept from 16-7-19

5219 Pte. Stoyles, P.

C.R. 5219

Extract from Daily Orders Part II Unit The Royal Rifle Regt.
St. John's, July 23rd 1919.

5219 Pte. P. Styles.

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

C.R.

5219

Extract from Daily Orders part 11, from Unit The Royal
Hils. Regt. St. John's, ~~attached to the~~, dated July 25, 1918
The following man embarked for overseas on H.M.S.
"Columbella " July 22, 1918

#5219 Pte. Patrick Stoyles.

C.R. 5277

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 21, 1918

#5219 Pte. P. Stoyles

Attested for General Service with the Royal Nfld. Regt.
from 20.5.18 to report 24.5.18

E. J. Styles

C.R.

5219

E. J. Styles

No. 731/135/P.&A

N.F.P. /79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd. Bn. R. Newfoundland Regt.
Hazeley Down Camp,
Winchester.
Hants.

14th. January, 1919

Subject: 5219. Pte. P.J. Stoyles.

With reference to the following telegram (364) from the Hon. Minister of Militia, received

Pay to 5219 Stoyles - £8:0:0

Draft £8:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

A. D. Guinness Maj.
Chief Paymaster & O. i/c Records.

Lawrence Kelly 1919
Lieut. Colonel
Commanding 2nd Bn. Royal Newfoundland Regt.

P. J. Stoyles
Officer Commanding, 2nd Batt'n
Royal Newfoundland Regiment

Received the sum of Eight Pounds

_____ on account of
cable remittance from Newfoundland.

No. 5219 Rank Pte.

M. Rockett

No. 18953/2105

N.F.P./79.

065497
RC

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn Royal Wld. Regt.
Winchester.

29 NOV 1918

21st November 1918

Nov. 27th 1918

Subject: 5219, Pte. P.J. Stoyles,

With reference to the following telegram (9984) from the Hon. Minister of Militia, received

Pay to 5219 Stoyles £ 5:0:0

Draft £ 5: 0: 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

[Signature]
Chief Paymaster & O. 1/c Records.

Receipt hereunder
[Signature] .LIEUT. COLONEL,
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Batt'n,
Royal Newfoundland Regiment.

Received the sum of Five
Pounds on account of

cable remittance from Newfoundland.

Pte P. Stoyles

No. 5219 Rank Pte

Witness [Signature]

Stoyles, S

5219

Hay capt.

July 30th 1919.

#5219. Pte. P. Stoyles.
Lance Cove, St. John's. S.

Dear Sir:

Enclosed please find Discharge Certificate
3288

Yours truly,

Capt. & Paymaster.

HS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5219 Rank Pte Name Stoyles P
 Intended place of residence Lance Cove St Johns E
2. Occupation black
 Classification of soldier E Medical Category A 1
3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place, ST. JOHN'S
 Date 6161 91 700 JUL 16 1919
- H. Moush*
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
- Place, ST. JOHN'S
 Date JUL 16 1919
- P. Stoyles*
 Signature of soldier
M. B. Loush
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place, ST. JOHN'S
 Date JUL 16 1919
- P. Stoyles*
 Signature of soldier
James Newman
 Signature of witness S.P.

STATEMENT OF SERVICE

7. Enlisted for service 20-5-18 No. of days on Military
 Discharged from service JUL 16 1919 Plus 14 days Service 437

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place, ST. JOHN'S
 Date JUL 16 1919
- H. R. Cooper Capt*
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
- Place, ST. JOHN'S
 Date July 30/1919
- M. Bowley Capt*
 Officer in Charge
 The Royal Newfoundland Regiment

20 B 2079/3288

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

July 15/19

Regimental No.

5219

Name

Stoyles Pat

Address

Lance Cove Bell Island

Present Medical Category

A-1

Recommended for:—

(a) Immediate discharge

(b) Standing Medical Board

Members of Board

N. R. Cooper Capt.

O. C. Discharge Depot.

J. Robinson

Senior Medical Officer

J. E. Burdett

M. O. Depot

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 219 Rank Pt Name Stogley P
 Date of Enlistment 20.5.18 Address Concepcion District St. John's
 Occupation clerk Classification for Discharge E1 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... 15.7.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

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

P. Stogley

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. £6

(b) Clothing Supplied

Date... 16-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 3917 to his home at Lance base and Release Certificate No. 3628 issued.

Date 16-7-19 *[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 30-7-19

Date 14-7-19 *[Signature]*
Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	/	N.F. Med.	D.F. 1	
B 178	W 3494	B 122		Board 1st.	" 2	
B 178a	/ D 400A	/ B 1915	/	do 2nd.	" 3	<i>2 Form B</i>
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 17-7-19 *[Signature]*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 16 1919

Date *[Signature]*
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.

P. Stajls

Signature of Man.

W. C. ...

Reg. No. 3219

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **16-7-19**

191.

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

MEDICAL HISTORY

Surname

Stoyles

OF

Christian Name

Patrick J.

Table I.—GENERAL TABLE.

Birthplace:—Parish

Juneau Cove Road Is

County

Nepes

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	20	May	27	May
at	St John			
Declared Age	21	years		
Trade or Occupation	Clerk			
Height	5	feet 9		
Weight		129 lbs.		
Chest Measurement	Girth when fully expanded		Girth when fully expanded	
	35 inches		inches	
Range of Expansion	4 inches		inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	1500			
When Vaccinated	3 moe 20			
Vision	R.E.—V= 6/6		R.E.—V=	
	L.E.—V= 6/6		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)	L. J. Peterson			
(Rank)	Major		Medical Officer.	
Enlisted	at	St John	at	
	on	30 day of May	on	day of 191
	Corps.		Corps	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	Thames 12 19			
	Nepes			
Transferred to				
Became non-effective by				
(Signature)	on	day of 191	on	day of 191
(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 *Stoyles, Patrick*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5219*

Intended address *Law Cove Bell Island.*

Height on discharge *5 Feet 9.*

Color of hair on discharge *Light brown.*

Complexion *Fair*

Color of eyes *Blue.*

Descriptive Marks

Figure on discharge *tall.*

Christian name of Father *Michael*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Law Cove Bell Island 26-10-1897*

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) *Patrick J Stoyles*

Ho
(Rank)

Station *ST. JOHN'S.*

Date *14-7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



Medical Officer i/c Hospital. Unit, or Command Depot.

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 Newfoundlands* Former Trade or Occupation } *Black*
2. Regt. No. *5219* 3. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Wright* (Surname) *John* (Christian Name) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday *21*
6. Posted for duty on at in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (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*

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, 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.)

No complaint 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?

Refutative

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.

W. E. Proemier, Capt-RAMC
 Medical Officer in charge of case.

Station *Hazley Barr*

Date *24/1/19*.....

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

August 1st 1919.

Mr. F. Stoyles,
Bell Isld. 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 war Service
Gratuity.

Yours truly,

Capt.* paymaster.

RS/.

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..... *Palmer* 2. Surname..... *Stoyke*
3. Rank..... *Pte* 4. Regt. No. *219*
5. Address in full to which future payments of gratuity are to be forwarded..... *Beebees CB*
6. Date of enlistment in the Regiment..... *May 22/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no*
8. Relationship of such dependents..... *no*
9. Address in full of such dependents..... *no*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *fourteen months*
- 12

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

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.
.....
.....

15. Have you been issued with a War Service Badge?.....

16. Have you, during the present war, served in the Imperial Forces?.....

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.
.....
.....

18. Did you revert overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

19. Are you now serving in the R.F.S.?..... If not give:- (a) date of discharge. *July 21/19* (b) Reason for discharge. *Demob*
.....
.....

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.
England
.....
.....

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

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

Signature of Applicant: *Patrick Styles*
 Place of Residence: *Bea Island, C.B.*
 Declared before me at: *St John's*
 This *77* day of *July* 19*19*...

Signature of Barrister of the *John McCarthy*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

POST DISCHARGE PAY.				Net amount
Date paid	to	for	War Service	due
		Soldier's Dependents	Gratuity.	
.....	:	:	:
.....	:	:	:
.....	:	:	:
Certified correct.				Barrister

FORM K

Nº 4092



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Patrick J. Stoyles, Regl. No. 5219

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Sixty 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 Certificatés by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins July 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4245</u>	<u>Wife</u>	<u>Michael Stoyles</u>	<u>Donegal Ball Island</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

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 _____
 D. Company

(S) P. J. Stoyles
 (Rank) Private

[Signature]
June 27/1917

ST. JOHN'S, JUL 16 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte. P. Styles

Billeting Soldiers as undermentioned

from July 1/19 to July 16/19

5219 Pte P Styles 16. 60.

BTM

ACCOUNT NO.	<u>3136</u>
CH. NO.	<u>100</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Plu

Certified correct for \$16. 60

W. B. Jones

Billeting Officer.

P. Styles

6001

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company Edwards Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5219 Stoyles, Patrick</u>	Age on	<u>21</u> years <u> </u> months	<u>Clerk</u>	
Joined		Date	} Place and Date of Enlistment	Religion	
Joined		Date		<u>St John's</u>	<u>R. C.</u>
Joined		Date	} with Colours	<u>20-1-18</u>	Place of Birth
Joined	Date	} with Reserve	<u>36 1/2</u> years.	<u>Lower Cove, Bell Isld. C.S.</u>	

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
				<u>Demobilized St John's 30/19</u>					

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5219 Rank Private Name Stogole P.
 Date of Enlistment 20.5.18 Address Lance Cops District St. John's
 Occupation Black Classification for Discharge V1 Medical Category F.I.
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 15.7.19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

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

P. Stogole

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$6.00
 (b) Clothing Supplied [Signature]

Date 16-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9917 to his home at Lamer bone and Release Certificate No. 3658 issued.

Date 16-7-19 *[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 16-7-19

Date 16-7-19 *[Signature]*
Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
F 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	" 6
B 179c	B 120	M 93		

Date 17-7-19 *[Signature]*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 16 1919 *[Signature]*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
[Signature]
Date July 28 1919

Reg. No. *5219* Rank *1st Lt.* Name *Shoyles P.*
Attested Address *Laurel Cove, Bell Co. Md.*
Allotment..... Allottee ..
Date of Allotment..... Returned from Overseas *111*.....*1918*.....
Returned on S S *Cassandra* Cause *Discharge*

15 7 19
16 9 19

~~PASSED TO DEMOBILIZATION OFFICE~~
~~DISCHARGE APPROVED ON DEMOBILIZATION~~

5219.
C.R.

Army Form B. 179a.

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 F., 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 Former Trade } Clerk
or Occupation }
2. Regtl. No. 219 3. Rank plc 7a. If the soldier claims previous service in Army, he should state—
4. Name Styler Patt (a) Former Regts. or Corps; with Regtl. Nos.
(Surname) (Christian Name)
5. Age last birthday 21
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (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

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? }

See complaint of no disability

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature?
 17. If not, was an operation advised and declined?
 18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

Repatriation

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

Station *Hazley, L. Co. ...*

Date *2/4/19*

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