

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

No. 8250 Rank Cpl Name Taylor A  
 Date of Enlistment 19 6 17 Address St John's District St John's  
 Occupation Labourer Classification for Discharge E1 Medical Category B1  
 Recommendation S.M.B. .... Disability Rating .....

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.....	1 B 1915.....		do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....		do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....		<u>7C.6.1</u>	" 6.....	
B 179c.....	B 120.....	M 93.....				

Date..... 26.2.19.....

W. Key Capt.  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am Not in a position to resume civilian occupation.

A Taylor

Particulars passed to Vocational Officer for information and action.

Date 27-2-19.....

Joseph A. Knowlton

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00.....

(b) Clothing Supplied Joseph A. Knowlton.....

Date 27-2-19.....

MSM  
O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ....

at ..... and Release Certificate No. 1273 iss

Date 27-2-19 .....

*R.D. Dicks*  
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 27-3-19

Date 27-3-19 .....

*W. J. Capl.*  
Depot Paymaster.

Discharge approved for 27 2 19 .....

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>Green</i>
F 178	W 3494	B 122		Board 1st	" 2		
B 178a	D 400A	B 1915	1	do 2nd	" 3	2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K		do 4th	" 5		
B 179b	B 103	ME 2		<u>5.6.1</u>	" 6		
B 179c	B 120	M 93					

Date 27 2 19 .....

*R.D. Dicks*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to :-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Date FEB 27 1919 .....

*R.H. Sait*  
O. C. Discharge Depot.

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

Date March 3/1919 .....

*R. J. Capl.*  
Depot Paymaster.





## 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 *Taylor. Hayward*

Regiment from which discharged *Royal Newfoundland*

Regimental number *8250.*

Intended address *St. John's.*

Height on discharge *5* Feet *10"*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue.*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Tall.*

Christian name of Father *John.*

Christian name of Mother *Rosanna.*

Wife's maiden name in full *Queen.*

Date and place of marriage *St. John's. June 24, 1917.*

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *St. John's. 24-9-1898.*

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)

*Hayward Taylor*

Station

*St. John's.*

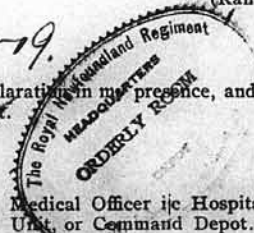
Date

*18-2-19.*

(Rank)

*Pls*

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



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

Station

Date



I hereby appoint Dominion/Provincial Command as my representative. They may inspect my Department of Veterans Affairs file and service records.

Service No # 8250 Rank \_\_\_\_\_ Date 31/7/86

Veteran's Name in Full (Surname First) TAYLOR, Hayward Frederick

Signature of Applicant E thel may Taylor -