



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5821 Name Augustus Thomas Corps C.P.S.

### Questions to be put to the Recruit before Enlistment.

- |                                                                                                                                    |                                          |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 1. What is your name? .....                                                                                                        | 1. <u>Augustus Thomas</u> .....          |
| 2. What is your full Address? .....                                                                                                | 2. <u>Adelaide St. St. John's</u> .....  |
| 3. Are you a British Subject? .....                                                                                                | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....                                                                                                         | 4. <u>18</u> Years <u>1</u> Months ..... |
| 5. What is your Trade or Calling? .....                                                                                            | 5. <u>Munition Worker</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? ..... | II. <u>Yes</u> .....                     |

I, Augustus Thomas 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.

Augustus Thomas SIGNATURE OF RECRUIT.  
S. M. Conaghan Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Augustus Thomas 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 on this 28 day of May 1915  
W. H. R. O'Connell 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  
 If enlisted by special authority, such will be attached to the original attestation.

Date.....191..... } Approving Officer.  
 Place..... }

† 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 Augustus Thomas  
 Apparent age 19 years 1 months. Height 5 feet 10 inches  
 Chest Measurement { Girth when fully expanded 36 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Elizabeth Thomas  
Townsend Ave. New Glasgow N.S. | Relationship \_\_\_\_\_  
 Particulars as to Marriage

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

### 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="text-align: right; margin-bottom: 10px;"> </div>
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
 " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "

3821



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5821 Name Augustus Thomas Corps C.P.E.

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Augustus Thomas.....
2. What is your full Address? ..... 2. Adelaide St  
St John's.....
3. Are you a British Subject? ..... 3. yes.....
4. What is your age? ..... 4. 18 Years 1 Months.....
5. What is your Trade or Calling? ..... 5. Maritime Worker.....
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 C.P.E......
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, Augustus Thomas 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.

Augustus Thomas SIGNATURE OF RECRUIT.  
A. M. Oughlan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  
I, Augustus Thomas 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 28 day of May 1915  
Signature of Attesting Officer W. J. [Signature]

† CERTIFICATE OF APPROVING OFFICER.  
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
If enlisted by special authority, such will be attached to the original attestation.  
Date ..... 191 .....  
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) ..... 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 Augustus Thomas  
 Apparent age 18 years 1 months. Height 5 feet 10 inches  
 Chest Measurement { Girth when fully expanded 31½ inches  
 Range of expansion 3½ inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Elizabeth Thomas  
Townsend Ave. New Glasgow | 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)	(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>28-5-17</u>									
Joined at <u>St John's</u> on <u>May 28<sup>th</sup> 17</u>									
<u>Discharged August 5<sup>th</sup> 1909</u>									
<u>Embarked St John's</u>									
<u>Embarked for St. J. 25<sup>th</sup> 18</u>									
<u>Joined 12th in the field 31-5-18</u>									
<u>Admitted 55<sup>th</sup> Gen Hospital Boulogne N.T. Laps 17<sup>th</sup> 18</u>									
<u>Manchester 16-4-19</u>									
<u>Leamington 1-7-19</u>									
<u>to demobilization</u>									
<u>St John's 5-8-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 5-8-19 (date of discharge) 2 years 70 days  
 " " Pensions " " " " " " " " " " " "

C.R.

No. 3821 Name *Ple Thomas. A* Sqn., Batty.,  
or Company }



Corps *4 Royal West*

Date of enlistment } *28.5.19*

G.C. Badges }

Service or Proficiency Pay }

Date of last entry in }  
Company Conduct Sheet }

No. and date }  
of last drunk }

Period not reckoning towards }  
freedom from extra fine }

Sheet No.

Signature O.C. }  
Company, etc. }

*[Signature]*

Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

ARMY FORM B. 122

*30* <sup>*12*</sup>/<sub>*18*</sub>

[P.T.O.]

C.R. 3821.

Extract from Medical Board held on July 18th, 1919.

The following were the findings.

#3821 Pte. A. Thomas.

Recommended discharge from the Army.

C.R. 3821

Extract from daily orders part II Royal Newfoundland  
Regiment depot St. John's dated July 26th 1919.

The discharge of the undernoted on demobilisation has  
been APPROVED by U.C. discharge depot from noted date  
22-7-19.

3821, Pte. A. Thomas.

C.R. 3821

Extract from Daily Orders Payroll Unit The Royal Nfld.  
Regt. St. John's July 5th, 1919.

3821 Pte. A. Thomas.

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



BY VIDEO FROM  
C.R. 3821

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilization has  
been CONFIRMED by officer i/c Records from noted date  
5-8-19.

3821, Pte. A. Thomas.

C.R. 3821

MAY 2nd 19.

Mrs. Isabel Thomas,  
Townsend Avenue,  
New Glasgow, N.S.

Dear Madam:

I am directed to acknowledge receipt of your letter of the 22nd ~~inst~~, in which you enquire as to the whereabouts of your son, #3821 Pte. Augustus Thomas.

Our latest record shows that he was at University College Hospital, London, and we have had no information of his leaving that Institution. But in view of the fact that you have had a letter returned from there, it is very probable that he has returned to the Depot at Winchester. However, we have telegraphed the authorities on the other side asking for his whereabouts and condition, and upon receipt of a reply we shall again communicate with you.

Yours faithfully,

*C.C.B.*

Captain,  
Military Secretary.

New Glasgow, N. S., April 22, 1919.

J. R. Bennett, Esq.,  
Minister of Militia,  
St. Johns, Nfld.

Dear Sir:

My son, #3821 Pte. Augustus Thomas, enlisted in the Royal Newfoundland Regiment in the summer of 1917. He crossed to England and eventually arrived in France where he took part in the fighting until the Armistice was signed. On January 11th I received a telegram from you informing me he had arrived at the University College Hospital, London, suffering from Inflammation in the Connective Tissues of the Legs, soon after I received a letter from him and had been hearing from him regularly until about a month ago when his letters ceased.

This morning I received my own letter, which I had sent him dated March 23d. This letter had been first re-addressed to Chelsea V. A. D. Hospital, 13 Grosvenor Crescent, S. W., this address had been marked out, and the new address was New Glasgow, Nova Scotia.

Of course, it may be that my son is on his way home, but if he had left before the letter he should have surely arrived before the letter.

I may say that I have already a son lying in England who can never come back, and feel sure you can appreciate my anxiety over this, my youngest boy.

Thanking you in advance for a letter, giving full information, by return mail, I am,

Yours very truly,

*Mrs. Isabel Thomas*

C.R. 3821

Extract from Casualties received from  
Pay and Record Office, London dated 19 Apl. 1919.

3821 Pte. A? THOMAS was discharged from Queen  
ALEXANDRA HOSPITAL MILLBANK S.W. on 9/4/19  
and granted furlough to 18/4/19. i, Duty.

C.R. 3821

Extract from Daily Orders part <sup>41</sup>, Depot  
Winchester dated 15-4-19. by Lieut. Colonel  
B.J. Barton, D.S.O. Officer Commanding 2nd. Batt X

The following having reported back from the 1st.  
Battalion is taken on the strength and posted to  
"H" Company as from

#3821 Pte. A. Thomas.

18-~~4~~ 19.

15-4-19

C.R. 3821

Extract of DAILY ORDERS, PART 11, ROYAL NEWFOUNDLAND  
REGIMENT, ~~5th~~ Jan. 16th 1919.

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Embarkation to U.K.

3821 Pte. A. Thomas.

30/12/18. Sick.

C.R. 3821

# Anglo-American Telegraph Company

LIMITED.  
ESTABLISHED 1866.

EIGHT TRANS-ATLANTIC CABLES

AUTOMATIC DUPLEX SYSTEM.

CLASS OF SERVICE DESIRED	
Fast Day Message	
Day Letter	
Night Letter	
Patrons should mark an X opposite the class of service desired; OTHERWISE THE TELEGRAM WILL BE TRANSMITTED AS A FAST DAY MESSAGE.	

Important Messages should be repeated—		Attention is called to the Importance of legible writing.	
CHECK	TELEPHONE 378 FOR MESSENGER.	Received	TIME Sent

SEND the following telegram subject to the terms }  
on back hereof which are hereby agreed to.

Date Jan 4<sup>th</sup>, 1910 191

To Elizabeth Thomas, ... Avenue, New Glasgow, N.S.

Regret to inform you Record Office, Royal New Regiment, London reports to-day No. 3821, Private Augustus Thomas at University College Hospital, London suffering from inflammation connective tissue legs. Upon receipt of further information same will be forwarded to you. Trust next report will be of his convalescence,

J.R. Bennett  
Minister of Militia

Chge Dept of Militia.

C.R. 3821

Extract from telegram from synoptical London, Jan. 4th, 1919.

University College Hospital, London I.C.T. legs

3821 Thomas.



**C. 2.—Casualties.**

**COLONIAL CONTINGENTS ONLY**



HOSPITAL, at University College Gower St. W.O.  
 Affiliated to Q.A.M. Hospital, Millbank, S.W.  
 NOMINAL ROLL of Sick and Wounded from the \* French Expeditionary Force  
 admitted on 30/12/18 from Hospital Ship Cambria, disembarked at  
 \* Here insert which Expeditionary Force.

NOTE.—Two copies of these Rolls to be forwarded, not later than the day after admission :

- (i) One copy direct to the War Office, **FINSBURY COURT, FINSBURY PAVEMENT, E.C.2.**
- (ii) The other direct to the Q. I/c of Records of the Colonial Contingent concerned.

\* The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases :

- (a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.
  - (b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.
- If a limb has been amputated the fact should be recorded.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty * (See note in large type above).
821	Pte	A. Thomas	Newfoundland Infy.	I.C.T. Legs (Slt)

Millbank, S.W.  
 1st January 1918.

C.R. 3821

Extract from War Office List, No. H. A. 53255

EDM. 55 GEN. H. BOULOGNE 17 DECEMBER 1918.

#3821 Pte. A. Thomas

ICT. Legs.

3821

**Extract from Nominal Roll of Nfld. Regt. Draft No.46  
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Folkestone  
25-5-18.**

3821 Pte. A. Thomas.

NEWFOUNDLAND CONTINGENT.

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C.R. 3821

Extracts of Nominal Roll of Draft No. 46, - <sup>Other</sup> 120/Ranks <sup>2nd.</sup> from/Bn., Depot,  
Winchester, to 1st. Battn., The Royal Newfoundland Regiment, B.E.F., Embarked  
Folkestone 25/5/18.

3821 Pte. A. Thomas.

~~22x~~  
A.Fs. B. 103 (one  
for each soldier)  
sent to 3rd. Ech-  
elon, B.E.F.

C.R.

Extract from Nominal Roll Embarked St. John's for Overseas,  
per S.S. "Florizel" Aug. 4, 1917.

3821 Pte. A. Thomas.

C.R. 3821

Extract from Daily Orders Part II Unit The Royal Mfld.  
Regt. B.C., John's, May. 18th, 1917.

3821 Pte. A. Thomas.

Attested this day, posted to F. Company and assigned to  
number as shown.

Sept 25<sup>th</sup> Sept

C.R. 3821

Dear Sir

Just a note as I have been advised to write to you. as I have been keeping Company with pte Augustus Thomas the time he was in Russell St School in Ayr. till he went to Winchester and he wrote to me when he went there. as I have gave Birth of a girl. 7 weeks ago. he was with me when he got his draft leave for France he came to Ayr it is not like if he knew nothing about it but he knew all. So I wrote to him about 5 weeks ago telling him no the child was born but I was always waiting on a letter but has never heard from him since he went out. as I want to get maintenance for it. as I have to work my self to help my Mother as she is a Widow. as I am not able to work and pay for it.

Jessie Doherty  
& Weaver Vennell.  
Maybole

Re Gus Thomas.

3821. D. Coy 2/1 A' J & D Regt  
Be E. F. France

Answered 9/11/18

A. Thomas

CR. 3821

P. + R. O.





No. \_\_\_\_\_

*O.K. f. 5-0-0 M.R. 27/3/19*  
*Receipt No 5 1836,*

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Chief Paymaster & Officer i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. (1). *ST*

Please remit to

*Pte A. Thomas.*

the sum of 5 pounds \_\_\_\_\_ shillings, on  
account of any balance that may be due to me.

(£ 5 ).

Regtl No. 3821 Rank Pte

Name

*A. Thomas*

Approved

*H. Venn*

Officer i/c.,

*Chelsea V.A.D. Hospital.*



Dated at

*Chelsea V.A.D.*

March 27 1919

No. 13656/1

NEWFOUNDLAND CONTINGENT

N.F.P./79

From:

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

To:

Officer Commanding,  
2/1st Newfoundland Regt  
Ayr.

11th December 1917

Subject: 3821, Pte. A. Thomas

With reference to the following telegram (7511) from the Hon. Minister of Militia, received 7/12/17

Pay to 3821, Thomas, £1:0:0  
Xmas gift from Dominion Fire Brigade

Draft £1:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*B. B. Minors*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*J. E. M. J. Captain*  
Officer Comdg. ~~1st~~ <sup>10th</sup> Batta  
1st Newfoundland Regiment  
LEUT. COLONEL  
COMMANDING 2nd BN. NEWFOUNDLAND REGT.

Received the sum of One  
Pound. on account of  
cable remittance from Newfoundland.

*A. Thomas*  
No. 3821 Rank Pte.

The Paymaster,

Newfoundland contingent

Sir,

Kindly remit ~~to~~ Mr. A. Thomas, 3821.

the sum of five pounds.

(Signed)

~~J. Vanning~~  
COMMANDANT.

OK. £5.0.0  
29/3/19

Receipt - 1858

J. G. A.

1100/1/P&A

Univeristy C.  
Lower St.W.C.

18th January 8

3821

Private

A.Thomas

3 : 0 : 0

*Cheque no* 115H0  
*Date* 20-1-19

Major,

RECORDS & RECORDS OFFICE  
NO. 507  
1919

*O.K. f 3-0-0 W.R. 16/1/19*

NEWFOUNDLAND CONTINGENT

N.F.P./45.

To: Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
*1100/1/Pra* 58, Victoria Street, London, S.W. 1.

*P/48*

Please remit to

~~W. A. Thomas~~ *A. Thomas*

UNIVERSITY COLLEGE  
HOSPITAL

the sum of 3 pounds \_\_\_\_\_ shillings (£ )

on account of any balance that may be due to me.

*G. Blacker*

CAPT. R. A. M. G.  
M. O. 110

Regtl No. 3821 Rank Pte

Name A. Thomas

Approved \_\_\_\_\_ Officer i/c.,

Dated at Hospital  
Jan 14 1919

University College Hospital.

To the paymaster

Dear Sir ✓ 216

AMBULANCE TRUST  
MRS W. S. NEIL  
HON. SEC.  
25 LINDEN ROAD  
GILLINGHAM  
KENT  
COMFORT FUND

Would you please send me a couple of £ of money I arrived from France a few days ago and I cannot even post a letter home please.

answer.  
my address on the other side

NEWFOUNDLAND COMPANY  
PAY & RECORD OFFICE  
NET. NOS. 34  
Dec 10 JAN 1919  
Comd  
P & A  
R. & C.  
B. & E  
P.S.

No. 1100/1/P&A

NEWFOUNDLAND CONTINGENT

N.F.P./48.

Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1,

To: Officer in Charge,  
Univeristy C. Hospital,  
Lower St.W.C.

18th January 1918

With reference to request of (No.) 3821 (Rank) Private  
(Name) A. Thomas Cheque No. 11540 for  
£ 3 : 0 : 0 is enclosed for payment to this Soldier as may  
be deemed fit.

Kindly complete Receipt Form on back of cheque before  
presenting at a Bank.

UNIVERSITY COLLEGE  
HOSPITAL.

Received

*Pte A. Thomas*  
*G. B. Blacker*

*H. Marshall*  
Chief Paymaster & Officer i/c Records.

*Capl Marshall*  
Major

CAPT. R. A. M. O.  
M. O. 110



# 4<sup>th</sup> ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Augustus Thomas, Regl. No. 3821

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

Allotment begins August 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3131	Mother	Mrs Babel (Leah) Thomas	69 Freshwater Rd. St. John	60
Total Allotment, \$				

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

(Sig.) [Signature]  
 Officer Commanding  
 Company  
[Signature]  
 Aug 2 1917

(Sig.) Augustus Thomas.  
 (Rank) Plt



Thomas, A

3821

Sept.

Mr. Gus Thomas. #38.21

New Glasgow

Pictou County, Younden Ave

Nova Scotia

Canada.

August 5th 1919.

#3821, Pte. A. Thomas,  
New Glasgow, N.S.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3510.

Yours truly,

Wapt. &  
Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3821 Rank PT Name Thomas A  
 Intended place of residence New Glasgow ~~St John's~~  
 2. Occupation Munition worker  
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of

**Eligible for DEMOBILIZATION  
 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

L.R. Cooper Capt  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

Date July 22<sup>nd</sup> 1919

### 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

A. Thomas  
 Signature of soldier  
W. McLaughlin  
 Signature of witness

Date 22-7-19

### 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

A. Thomas  
 Signature of soldier  
James O'Sullivan  
 Signature of witness

Date 22-7-19

### STATEMENT OF SERVICE

7. Enlisted for service 28-5-17 No. of days on Military  
 Discharged from service 22-7-19 Plus 14 days Service 800

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

L.R. Cooper Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

Date JUL 22 1919

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

A. Bowley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

Date August 5/1919

2773 2079/3510

20  
31  
5  
40

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3421 Rank ..... Name Thomas R. Thomas  
 Date of Enlistment 28.5.17 Address St John's District St John's  
 Occupation Mechanic (work) Classification for Discharge B Medical Category F  
 Recommendation S.M.B. By manerly unfit Disability Rating Less than 5%  
 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 July 20th.....
 O. C. Discharge Depot. Mews H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

A Thomas

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 Melrose H......

Date 22-7-19.....

O i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2576..... to his home at New Glasgow Sydney and Release Certificate No. 3763..... issued.

Date 22-7-19..... Albion  
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 5.8.19

Date 22.7.19..... L R Cooper Capt  
Depot Paymaster.

Discharge approved for..... 22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	<u>1</u>
E 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	<u>1</u>
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	<u>2</u> <u>Kam B</u>
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 22-7-19..... Albion  
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 22 1919..... L. R. COOPER, CAPT.  
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.

*A. Thomas*

Signature of Man.

*M. C. Tomlinson*

Signature of the Vocational Officer or his Representative.

Reg. No. *3821*

Place

*St. Johns*

Date

*22-7-19*

191

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

# MEDICAL HISTORY

OF

Surname Thomas

Christian Name Augustus

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Johns County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>28</u> day of <u>May</u> 1917		on _____ day of _____ 191	
	at <u>Headquarters</u>		at _____	
Declared Age	<u>18</u> years <u>1</u> days		years _____ days	
Trade or Occupation	<u>Munition Worker</u>		_____	
Height	<u>5</u> feet <u>10</u> inches		feet _____ inches	
Weight	<u>133</u> lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded... <u>36 1/2</u> inches		inches _____	
	Range of Expansion... <u>3 1/2</u> inches		inches _____	
Physical Development				
Vaccination Marks	Arm	_____	Right	Left
	Number	_____		
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V= _____	
	L.E.—V= <u>6/6</u>		L.E.—V= _____	
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to cause rejection	(b) _____		(b) _____	
Approved by (Signature)	<u>Laurel Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. Johns</u>		at _____	
	on <u>28</u> day of <u>May</u> 1917		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>4<sup>1st</sup> Bn. R.F.D. 3821</u>			
	ROYAL NEWFOUNDLAND REGIMENT, R.F.D.			
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

I Depot



Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.


Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital 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
	Day	Month	Year	Day	Month	Year				
Hursley Camp	21	1	18	31	1	18	Scabies.	11		J. T. Shuckles Capt. R. A. M. C.
UNIVERSITY COLLEGE HOSPITAL	30	XII	18	26	3	19	2 cut legs.	87	multiple syphilitic ulcers of legs. following Danpaleys his specific Kochmann negative. Went unformed K.C.H.	J. T. Shuckles CAPT. R. A. M. C. M. C. 10
	26	3	19	8	4	19	"	14	the ulcers are healed, but the skin is very thin & breaks down easily	P. M. Anderson

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	Brief Details, and Signature
2-7-17	<i>Vacc</i> <i>SP</i>
5-6-17	<i>T.A.B.</i> <i>SP</i>
11-6-17	<del>5</del> <i>SP</i>
18-6-17	<i>SP</i>

*It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as B for discharge on Demobilisation. Medical category*

18-7-19  
Date of S.M.B.

*[Signature]*  
Captain  
Discharge Agent

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



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.....**July 17/19.**.....

- |                   |                           |                               |                         |
|-------------------|---------------------------|-------------------------------|-------------------------|
| 1. Unit           | <i>Royal Newfoundland</i> | 5. Age last birthday          | <b>20.</b>              |
| 2. Regimental No. | <b>3821.</b>              | 6. Enlisted on                | <b>May 1917.</b>        |
| 3. Rank           | <b>Pte.</b>               | at                            | <b>St. John's.</b>      |
| 4. Name           | <b>Thomas A.</b>          | 7. Former trade or occupation | <b>Munition worker.</b> |

8. Disability

**Effects Gas Burn on L. Leg.**

**Was gassed Nov. 1st. 1918. Was not sent down Lines, but was unable to go in trenches. Was sent to Hp. Nov. 30th. in Hp. 5 Months.**

9. History

10. What is his present condition ?

Fairly well nourished no adventitious sounds in chest. & no complaints re chest. On R. Leg below knee 4 large scars result of gas burn. Now healed & healthy looking. On L. Leg 6 large scars below knee healed & healthy looking. L. Leg much atrophied & patient complain of pain enwalking followed by a numb feeling

11. Was sanatorium advised and refused ? **No.**  
operation

12. Do you recommend discharge as permanently unfit ? **Yes.**

Signature **(SGD) S.G. KEAM**

Rank or Qualification **CAPT.**

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 is 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. Weakness more marked in L. Leg.**

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 5%.**
- (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 ? **Less than 5%.**
- (State in percentage.)

Remarks if any :-

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

Remarks if any :-

19. If fit subject for Hospital do you recommend admittance to General Hospital  
Naval and Military Convalescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army  
retention in

Remarks if any :-

**(SGD) L. PATTERSON, MAJOR** President

Signatures **J.S. TAIT**

**J.B. O'RIELLY, CAPT.**

Place **ST. JOHN'S**

Date **18/7/19**

APPROVED

Station

Date



**(SGD) CLUNY MACPHERSON, MAJOR**  
Administrative Medical Officer.



## 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 *Thomas Augustus*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4th Bn. 3881*

Intended address *St John's*

Height on discharge *5* Feet *6"*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *Wounded left leg*

Figure on discharge *Medium*

Christian name of Father *Elizabeth*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St John's, N.S. 1899.*

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

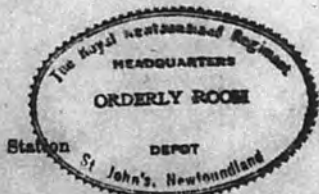
(Soldier's signature in full) *Augustus Thomas*

(Rank) *Pvt.*

Station *ST. JOHN'S*

Date *16.7.09.*

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



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

Station *St John's, Newfoundland* Date

# 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

Date 21.7.19

Regimental No. 3821

Name Thomas Augustus

Address St Johns

Present Medical Category F

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

Members of Board {

O.C. Discharge Depot.

*Robinson*  
Senior Medical Officer

*See Burden*  
M.O. Depot

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W, W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. .... *Royal Newfoundland* } Former Trade or Occupation } *Munition Worker*
2. Regtl. No. *3824* 3. Rank. .... *P.C.* 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ; with Regtl. Nos.
4. Name ..... *Thomas A.* .....  
 (Surname) (Christian Names)
5. Age last birthday. .... *20*
6. Posted for duty on. *May 25/12* at. .... *St Johns* .....  
 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 ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When  
 (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 a (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.
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 the war .. .. .        | .....               | .....             |
| (v.) Serious negligence or misconduct on the<br>man's part. } | .....               | .....             |
- 14 (a). If not due to any of these causes, to what  
specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs 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*

Station *T. S. S. Cassandra*

Date *30/6/19*

*Capt Rome*  
Medical Officer in charge of case.

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



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Royal Newfoundland Regt* } Former Trade or Occupation } *Munition Worker*
2. Regtl. No. *382* 3. Rank..... *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Thomas A.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday..... *20*
6. Posted for duty on *May 25/1918* to *St John* 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.
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 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.)*

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*

Station *T 80 Cassaucha*

*Cap. King*  
 Medical Officer in charge of case.

Date *25/6/19*

\* 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.

No. 3618



41st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Augustus Thomas, Regl. No. 3821

hereby agree, until further notification by me, and in similar official form to make an Allotment of Twenty Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins August 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3131	Wife	Wife (Mrs) Thomas	69 Frederick St. St. John's	60
			Total Allotment, \$	

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

(Sig.) [Signature]  
Officer Commanding  
Company  
[Signature]  
1917

(Sig.) Augustus Thomas.  
(Rank) Private

**Casualty Form—Active Service.**

Regiment or Corps *2/5th Royal Newfoundland*

Rank *Pte* Surname *Thomas* Christian Name *Augustus*

Religion *C of E* Age on Enlistment *18* years *1* months

Enlisted (a) *28.5.17* Terms of Service (a) *Duration* Service reckons from (a) *28.5.17*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended (.....) Re-engaged (.....) Qualification (b) .....  
or Corps Trade and rate .....

Occupation *Munition Worker* *10 M. Success*



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked <i>25-5-18</i>		
			Disembarked <i>27-5-18</i>		
			<i>31-5-18</i>		
<i>4.1.19</i>	<i>76 Ccs.</i>	<i>Admt. 26.2 Legp.</i>	<i>d.</i>	<i>12.12.18</i>	<i>SD 738</i>
<i>7.1.19</i>	<i>60</i>	<i>Admt. 55.9.20.</i>	<i>d.</i>	<i>17.12.18</i>	<i>NO. 33755.</i>
<i>15.1.19</i>	<i>Ob. A.S. Gambria</i>	<i>Emb'd for UK.</i>	<i>Bonlogno.</i>	<i>20.12.18</i>	<i>W 3083</i>
			<i>1/3 Co 2, Infantry Section.</i>		
			<i>G. S. 3rd Echelon.</i>		

*SPM*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeing Smith, &c.

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..... *A* ..... 2. Surname..... *Thomas* .....

3. Rank..... *Pte* ..... 4. Regtl. No..... *3821* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *69 Freshwater Road, City* .....

6. Date of enlistment in the Regiment..... *May 28/17* .....

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 Mfld. If so, give dates and particulars of such service..... *Overseas* .....

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *Twenty Five months* .....

1. <sup>a</sup>

JUL 35 '18

JUL 31 '18

JUL 35 '18

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

..... no .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

.....

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.A.F.?

..... no ..... If not give:- (a) Date of discharge.

..... August 6/19 (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.

..... France and Belgium .....

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: *A. Thomas.*  
 Place of Residence: *69 Freshwater Road. City*  
 Declared before me at: *St. John's*  
 This *23* day of *June* 19*19*.....

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

POST DISCHARGE PAY.				Not amount due
Date paid	Paid Soldier.	Paid Dependents.	War Service Disability.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster





ST. JOHN'S, *July 22<sup>nd</sup> /19*

# Royal Newfoundland Regiment.

**Billeting Account,**

To *Pte. A. Thomas*

**Billeting Soldiers as undermentioned**

from *July 1<sup>st</sup> /19* to *July 9 /19*

*3821. Pte. A. Thomas 9 40*

ACCT NO	<i>B. M. E.</i>
CH NO	<i>3607</i>
IND LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN <i>40</i>	INITIALS

Certified correct for \$ *9*

*A. J. A. Thomas*  
A. J. A. Thomas **Billeting Officer.**

New Glasgow

Dec 18/19

Dept of Militia  
St. John's

Dear Sirs:-

Have not received

My discharge badge yet

would be much obliged if you'd  
send it as soon as possible  
as I will probably be leaving  
here ~~some time~~ <sup>some time</sup> next month.

A. Thomas (3821)

New Glasgow

N. S.

AM.

Please reply

R

Officer 1/6 Records  
Dept of Militia  
St. John's.

New Glasgow N.S.  
Canada  
Jan 14/19

Dear Sir: as I have not  
received my discharge badge yet  
would be much obliged if you'd  
send it by return Mail.

Yours truly

No 3821 C. P. A. Thomas

Lieut. Crawford

Townshend  
Sergeant  
J. M. M.

Avesi

New Glasgow

Sept 16/19

"To Paymaster"

War Gratuity Branch. 6565

Dear Sir:- Please send ~~me~~ my  
gratuity money to address below  
as I did not advise you of my  
change of address before I left  
St. John's also please send my  
discharge badge Yours Truly

No 3821 ex-Pte A. Thomas  
Townsend Ave  
New Glasgow  
Nova Scotia  
Canada.

---

1901

Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

**Royal Nfld. Regt.**

**Dept. of Militia,**

**ST. JOHN'S. Nfld.**

Fold Here

Signature

Date

Address

[P.T.O.]

SEP 28 1921.

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

**Augustus Thomas**

in respect of his service as No. **3821** Rank **Pte.**

Name **A. Thomas** **Royal Nfld. Regt.**

Receipt of the same should be acknowledged hereon.

Received Victory Medal and British War Medal

Signature Augustus Thomas

Date October 3rd, 1921.

Address Townsend Avenue, New Glasgow, N. S.

[P.T.O.]

C.R. 3821

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.



I certify that I have received an issue of 2 inches  
of Riband of Victory Medal 1914-1919.

NO. 3821... NAME... A. Thomas...

DATE Jan 14/20

PLACE... New Glasgow... N.S.

A3821

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3821 Rank..... Name Thomas A  
 Date of Enlistment 29.5.17 Address St John's District St John's  
 Occupation Munition worker Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating Less than 5%  
 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 July 20/19 O. C. Discharge Depot Muns H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am                      in a position to resume civilian occupation.

A. Thomas

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £60.00
- (b) Clothing Supplied

Date 22-7-19 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82576 to be home

at New Glasgow Sydney and Release Certificate No. 3763 issued

Date 22-7-19

*[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

Date 22.7.19

11-2-22  
*[Signature]*  
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	1
B 178a	D 400A	B 1915	do 2nd	" 3	2 Form B
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 22-7-19

*[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 22 1919

**E. R. COOPER, CAPT.**  
O. C. Discharge Depot.

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

Date 22.7.19

*[Signature]*

Reg. No. *3821* Rank *PL* Name *Thomas O.*

Attested ..... Address *St. John's*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *JUL 1 1919*

Returned on S.S. *Cossandra* Cause *Discharge*

*19.7.19* Rec Discharge from the Army

~~22~~ *22* *7 19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION.**

DEPARTMENT OF VETERANS AFFAIRS

To **Copy for H.O. File**

Ottawa, Ont.  
Date Sept. 25, 1967

Attention of

NAME **THOMAS, Augustus**  
also known as: **THOMAS, William Augustus**

SERVICE **3821 WW1** C.P.C. **N260572**  
NUMBER **ROY.NFID.REGT.W.V.A. No.**

NAVY  
ARMY **X**  
R.C.A.F.

The DEPARTMENT has received information from

Mrs. Antoinette Thomas, (widow) R.R. 1, Box 51, Meara, Michigan, U.S.A. Sept. 10/67  
(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death September 6, 1967  
Cause of Death.....  
Place of Death not stated

Name and Address of next of kin (if known).....

Copies to: W.S.R.  
V. I.  
~~W.S.R.~~  
D.O.  
H.O.

} Destroy form if advice of death already received.  
F.R.D.

*E.C. Richards*  
for  
Chief, Central Registry