



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4755 ~~1039~~ Name Andrew Thorne Corps C/R

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Andrew Thorne</u> |
| 2. What is your full Address? | 2. <u>New Harbor N.S.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Interman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Andrew Thorne 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.

A
25.4.18

Andrew Thorne SIGNATURE OF RECRUIT.

James [unclear] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Andrew Thorne 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 New Harbor N.S. on this 25 day of April 1918.

Signature of Attesting Officer James [unclear]

†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: April 25 1918

Place: New Harbor N.S. } 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)

C.R. 4755

Extract from Daily Orders part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 21st 1919.

The discharge of the undernoted on demobilisation has
been CONFIRMED by officer i/c records from noted date
12-8-19.

4755, L/C. Andrew Thorne.

C.R. 4755

Extract from Daily Orders Part 11 Unit The Royal WFLA.

Regt. St. John's, July 16th, 1919.

The discharge of the undemoted on demobilization has been

APPROVED by C.O. Discharge Depot with effect from 28-7-19

4755 I/C. A. Thorne.

C.R. 4755

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, Early 3rd, 1919.

⁴⁷⁵⁵
~~4755~~ L/Cpl. S. Thorne.

Reported at Ecody Junctions 1-7-19 on "Cassandra" which sailed
Glasgow 14th June, 1919.

C.R.

4755

Extract from Nominal Roll of Sick and wounded from the B.E.F.
admitted to Bermondsey Military Hospital Lewisham S.E. on
16/3/19.

4755 Pte. P. Butler.

Sick.

C.F. 4755

Extract from Daily Orders Part 11. from Unit The Royal Mfld.,
Regiment, St. John's, dated June 14th, 1918.

4755 L/C A. Thorne.

Embarked for Overseas with Draft 11-6-18.

C.R. 4755

Extract from Daily Orders Part 11 By. Lt. Col. Barten, D.S.O.
Commanding 2nd Bn. Royal Mfld. Regt. 9-718.

4755 L/C. A. Thorne.

Has been deprived of L/C Stripes.

C.R. 4755

Extract from Orders, Part 11, by Lt. Col., B.J. Barton, D.S.O.,
Commanding 2nd Bn. Royal Newfoundland Regiment, dated 9/9/18.

The following to be Lance Corporal :

4755 Pte. A. Thorne.

C.R. 4755

Extract from 66169 Daily Orders part 11, from Unit The Royal
Wfld. Regt. St. John's, dated June 10, 1918.

#4755 Pte. A. Thorne.

To be Lance Corporal from 10.6.18

Extract from Daily Orders part 11, from Unit The Royal "fid
Regt. St. John's, dated April 29, 1918.

#4755 Pte. A Thorne.

Attested for General Service with the Royal "fid." Regt.
from 27/4/18.

C.R.

4755

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated April 26th, 1918.

#4755 Pte. A. Thorne

Attested for General Service with the Royal Nfld. Regt.
from 25/5/18

C.R. 4755

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 30, 1918.

#4755 has been allotted to Pte. A. Thorne in
place of No. 4639.

Appeared in Daily Orders Part 11 No. 72 of April 29th,
as Attested. This man has already appeared in Daily Orders
Part 11 No. 71 of April 26th.

A Thorne

C.R. 4755

~~1890~~

No. 21655/2532/P&A.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

Officer Commanding,
2/Bn Royal Nfld. Regt.,
Hazeley Down Camp,
Winchester.

31st December, 1918

Subject: 4755, L/Cpl. A. Thorne,

With reference to the following telegram (11186) from the Hon. Minister of Militia, received

"Pay to 4755 Thorne: £4.7.2.

Draft £4.7.2. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

H.A. Munnell Maj.
Chief Paymaster & O. 1/c Records.

Pay 3rd 1919

Receipt hereunder.

J. Seymour
Officer Commanding **LIEUT. COLONEL.**
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.

Received the sum of £4.7.2

Four Pounds Seven Shillings on account of
two Pence
cable remittance from Newfoundland.

A Thorne.
No. 4755 Rank L/Cpl

Witness R.J. Mercer Col

No. 6318/918

N.F.F./79.

From: NEWFOUNDLAND

NEWFOUNDLAND CONTINGENT
LONDON S.W. 1

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regiment,
Hazeley Down Camp,
Winchester.

25th April 1919

April 28th 1919

4755 I/Cpl Thorne A.

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (152)

of payment to MR. V. COLONEL,
COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2. Batt'n.

"Pay to- 4755 Thorne
£6. 1. 3.

Received the sum of £6.1.3

Cheque £ 6. 1. 3. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

in good and true respect of
telegraphic remittance from the
Minister of Militia.

J. H. Marshall
Chief Paymaster & O. i/c Records.

Andrew Shorne
No. 4755 Rank Plt.

Witness Geo Perry

No. 14739/1498 ✓

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,
2/Bn. R. Newfoundland Regt.
Winchester.

13th. September 1918

Subject: 4755, L/C., A. Thorn

With reference to the following telegram (8076) from the Hon. Minister of Militia, received

"Pay to 4755 Thorn £8. 0. 0

Draft £8. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. B. Rudeisau Lieut
Chief Paymaster & O. i/c Records.

Sept. 16 1918

Receipt hereunder.

S. J. Barton LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Comdg. Batt'n
Royal Newfoundland Regiment

Received the sum of Six

Rounds on account of cable remittance from Newfoundland.

Andrew Thorne

No. 4743 Rank Lt Col

Witness
Pl. C. W. Hamer

724

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite me name to my account and pay it to the N.W.C.A. "Presence of War Fund" in quarterly instalments for the period of the year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4755	Lt	Thomas A	£250	A Thomas

Date

July 1/18

I have the honour to be, Sir,
Your obedient servant.

A Thomas

Horne, A

4755

Aug Sept.

August 14, 1919

#4755 L/C. Andrew Thorne,
New Harbor T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3722.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4755 Rank L/Cpl Name T. Horne A
 Intended place of residence Keewee

2. Occupation Fisherman
 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 JUL 14 1919
 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 14 1919
 Signature of soldier T. Horne
 Signature of witness W. Blonstein

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 14 1919
 Signature of soldier T. Horne
 Signature of witness James O. Newman

STATEMENT OF SERVICE

7. Enlisted for service 25-4-18 No. of days on Military
 Discharged from service JUL 28 1919 Plus 14 days Service 474

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, 28 days from date.
 Place, ST. JOHN'S
 Date JUL 28 1919
 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 August 11/1919
 Officer in Charge
 The Royal Newfoundland Regiment

AWB 207 9/3722

6
31
20
31
11
109

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

July 12/19

Regimental No. *4755*

Name

Shorne. A.

Address

New Ho. S. B.

Present Medical Category

A7

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

K. R. Cooper Capt.
O. C. Discharge Depot.

J. Paterson
Senior Medical Officer

S. W. Beerdeu
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 495 Rank Private Name Thorne
 Date of Enlistment 25. 11. 18 Address Thorn St. District St. John's
 Occupation Labourer Classification for Discharge 6 Medical Category 12
 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..... <u>3</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 July 12/19 O. C. Discharge Depot Thorn St.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

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~~.....

Date 14-7-19 O. i/c. Re-clothing.....

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192402 to his home at New H2 and Release Certificate No. 3561 issued.

Date 14-7-19

[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 11-8-19

Date 14-7-19

H. M. News H
Depot Paymaster.

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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.
B 179c	B 120	M 93		

2 Form B

Date 14-7-19

[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 28 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.

et Thorne

Signature of Man.

Alfred [unclear]

Reg. No. 21755

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date 14-7-11 191

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

MEDICAL HISTORY

OF

Surname Thorne Christian Name Andrew

Table I.—GENERAL TABLE.

Birthplace:—Parish New Harbor T.B. County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>25th</u> day of <u>April</u> 191 <u>8</u>		on day of 191	
	at <u>St John's, Nfld.</u>		at	
Declared Age	<u>22</u> years <u>6</u> mths <u> </u> days		years days	
Trade or Occupation	<u>Fisherman</u>			
Height	<u>6</u> feet <u>1</u> inches		feet inches	
Weight	<u>180</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded... <u>39½</u> inches		inches	
	Range of Expansion... <u>5½</u> inches		inches	
Physical Development				
Vaccination Marks	Arm			
	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)	
Approved by (Signature)	<u>L. Munro Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's, Nfld.</u>		at	
	on <u>25th</u> day of <u>April</u> 191 <u>8</u>		on day of 191	
Joined on Enlistment	Corps.	<u>The Royal Nfld Regt.</u>	Corps.	
	Regtl. No.	<u>4637</u> <u>4705</u>	Regtl. No.	
Transferred to				
Became non-effective by	on day of 191		on day of 191	
[Signature]				
[Rank]				

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
25-4-18.	Vacc. <i>do</i>
4-5-18	T.A.B. <i>do</i>
25-5-18	T.A.B. <i>do</i>
16-6-18	do. <i>do</i>

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as E for Discharge on Demobilisation. Medical category 11/5

July 12/19
Date of T.M.B.

[Signature]
Discharge Agent—Northampton

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

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 Newfound Land* Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4755* 3. Rank: *Lt Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Thorne Andrew* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday: *24*
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.
12. Place of origin of disability. *ant*
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. *ant*

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? }

No complaint of no disability

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

W. Procunier. Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Anglo-Chinese Bazaar*

Date *8/4/19*

* 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



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 *Andrew Shorne*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4753*

Intended address *New Hr. 9 B*

Height on discharge *6* Feet *1 1/2*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Half*

Christian name of Father *William*

Christian name of Mother *Phamea*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *New Hr. 17th Nov, 1895*

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) *Andrew Shorne*

R. C. M.

(Rank)

Station *St John's*

Date *8-7-19*

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.



Station

Date

August 18, 1919

Mr. Andrew Thorne,
New Harbor, T.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

Captain & Paymaster

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..... *Quarren* 2. Surname..... *Thorne*

3. Rank..... *Pvt* 4. Regtl. No..... *H 755*

5. Address in full to which future payments of gratuity are to be forwarded..... *New Harbor J.B.*

6. Date of enlistment in the Regiment..... *april 24/18*

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.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

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..... *Eighteen mos.*

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. *July 28/19* (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.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

 Number of Sheet 011

 Regiment of Royal Newfoundland

 Signature of O. C. Company [Signature]

 Forms
B. 121
59

Regimental Number and Name

Enlistment

Trade

Good Conduct Badges, Service pay or proficiency pay

No.

 Age on 22 years 6 months

Fisherman
~~Good Conduct Badges, Service pay or proficiency pay~~

 Place and Date of Enlistment St Johns
25.4.18

Religion

Promoted to Lie. 9.9.18

Joined Date

 Period of } with Colours 109 years.
with Reserve 365 years.

Copt.

Place of Birth

New Haven I. D.

Joined Date

Joined Date

Joined Date

Joined Date

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

At Sea
6.7.18
Sgt.
~~Plt.~~
Neglect of Duty.
Sgt. T. Mahoney, Dep. of Lane Staff, 6.7.18
Col. St. J. L. Steele,
[Signature]
Demobilized St John's 11/19

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4755 Rank Sergeant Name Thorne A
 Date of Enlistment 25.4.18 Address New Hg District Souris
 Occupation Soldier Classification for Discharge 6 Medical Category I
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1916	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	MB 2		" 6
B 179c	B 120	M 93		

Date July 12/19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

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 14-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112402 to his home at 112402 and Release Certificate No. 3561 issued.

Date 14-7-19

[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 14-7-19

Date 14-7-19

[Signature]
Depot Paymaster.

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 173	W 3494	B 122	Board 1st	" 2
R 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 14-7-19

[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 Gratiuity

Date JUL 28 1919

[Signature]
O. C. Discharge Depot.

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

Date Aug 7/19

[Signature]

Reg. No. *4755* Rank *2nd Lt* Name *Thorne Andrew*
Atte. Address *New H.*
Allottee Allottee
Date ent. Returned from Overseas *11.1.1919*
R. m. S.S. *Cassandra* Cause *Discharge*

14.7.19
19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION

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* }
 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4755* 3. Rank..... *2/Plt* }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Thorne* *Andrew*
 (Surname) (Christian Names)
5. Age last birthday... *24*
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.
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.
- nil*
nil
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.)

The Complaints 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 ?

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. Proenias *Capt. Rame*
 Medical Officer in charge of case.

Station *Razeh, Dorn*

Date *8/14/19*

* 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