



## THE ROYAL NEWFOUNDLAND REGIMENT

	Questions to b	e put to the	Recruit	efore Enlistr	nent.	
I. What is your na			. 82	Aren	, Til	ley .
	e de la companya de l	)	2	19/2	ruce	ay II.
2. What is your ful	Address?				٠	·····
3. Are you a Britis	Subject?		3	100		
4. What is your age			4 / 8	Years .		onths
5. What is your Tra			5. 4	ster	man	<b></b>
6. Are you Married?			6.	no		
<ol><li>Have you ever se jesty's Forces, na</li></ol>	rved in any Branch val or military, if	of His Ma ) so,* which?	7.	·v		
8. Are you willing cinated?	to be vaccinated	or re-vac-}	84	00		
9. Are you willing to		eral Service?	6/14	100		
o. Did you receive a its meaning, and v	Notice, and do you ho gave it to you?	understand }	10.	) Name Corps		 
Are you willing to signed by you if yo	serve upon the con-	ditions as emb	died in the	roll of service	e to be	yes
I Rodo	ew Lie	ley	am willing the serve of	do solemnly	agements mad	е.
andr	ew Lie	ley so that I	new f	illey	agements mad	e. RE OF RECRUIT
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DESCRIPTIVE REPORT ON ENLISTMENT

## Medical Report on an Invalid.

Hazeley bown 2/5/19 Station Date\_\_\_\_

1. Unit Royal HEurfoundland

2. Regimental No. 5' 2 66

3. Rank

4. Name

Tilley ausren.

5. Age last birthday 3-4
6. Enlisted on myxl/8
at 81744

7. Former Trade or Occupation

7A. If with previous service in Army, state-

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

#### Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

10. Place of origin of disability.

Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Give your opinion as to the causation of the disability, stating whether in your opinion it is

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance misconduct, &c.

A8584) Wt. W6782/M2853 500,000 8/17 D. D. Sch. 27 Form/B.179/38

Helonglain ofno 13. What is his present condition? Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. 14. If the disability is an injury, was it na (a) In action? (b) On field service? (c) On duty? (d) Off duty? 15. Was a Court of Inquiry held on the injury? ma If so-(a) When? (b) Where? (c) Opinion? 16. Was an operation performed? If so, what? 17. If not, was an operation advised and declined? In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service? 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present Reportion 20. Do you recommend-(a) Discharge as permanently unfit, or (b) Change to England? aplRame Officer in medical charge of case. I have satisfied myself of the general accuracy of this report, and concur therewith, except †

\*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.

Officer in charge of Hospital.

Isozeley Sown

2/5/19

Station

# C.R. 5266

extreet from soily orders part II Hoyal Housenmiland Hogt. Depot at. John's deted Aug. 11th 1919.

The discharge of the undermoted on Associalisation has been CONFLISHED by Officer i/s Records from noted date 3-6-19.

RIBATMINERE QUALITY

5266, Pte. A. Tilley.

Antraot from Daily Orders part II, Unit the Royal Mewfoundland Regiment dated July 21st. 1919.

The discharge of the undernoted on demobilisation has been APPROVED by 0. 0. Deschage Depot on 20-7-19.

#5266 Pte. R. Tilley.

## C.R. 5266

Extract from Daily Orders Part II Walt Tao Royal Effile Region St. John's, Inday Bull 1919.

5266 Pte. G.Tilley.

Reported at Ecodymaxters 127219 ox "Cassandes which sailed Glasgow 24th June 1919.

Extract from Daily Orders part 11, from Unity The Royal Mild.Negt.st.John's, dated July 25th.1918.

The following man embarmed for evenuens on H.H.S. "Columbella" July 28,1918.

#5266 Pte .Andrew Tilley.

Extract from Daily Orders part 11, from Enit The Royal Mfld.Regt.St.John's, dated May 22, 1918.

#5266 Pto. Andrew Tilley.

Attested for General Service with the Royal Hild Regt. from 21.5.18

a willy C.R. 5266 PAR

Nº 4095 A

12 6- 18

191



## 1ST. NEWFOUNDLAND REGIMENT

Identity Certificate	Vhether Wife, Child other-Relative or Friend	Name (in full)	Address	AMOUNT (each person)
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	dr.			
			<u> </u>	
-				
			10	
			Total Allotment, §	. 1.11

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SUSPENSEIN

From: O.C. B.Cov.

To:

Chief Paymaster, 58, Victoria Street London, S.W.1.

Winchester

Jan. 13th, 1919.

N.F.P/79. 428/77

The a/m is made out to

5266.Pte.A.Lilly.

evidently this is an error as

5266 is Pte.Tilly

Please adjust and return at your earliest.

(Sgd) W.J.LONG, Capt. for.O.C., 2nd.Bn.R. Newfoundland Regt.

422 14/1/19 7.57 P. J. /c Records, Newfoundland Contg. 58, Victoria Street.S.W.l.

Officer Commanding, 2nd.B.R.Newfoundland Regt Hazeley Down Camp,

FM/MN Winches ter.

Pay & Record Office.

14th. January, 9

Reference obverse:
Postal Draft has been amended
and made payable to 5266.
Pte\_A.Tilly.

Error is much regretted, please.

Major. Chief Paymaster &.O.i/c Rcds.

No. 428/77/P&A

866623

N.F.P. /79

From:

#### NEWFOUNDLAND

\*Chief Paymaster & O. i/c Records. Newfoundland Contingent, Pay & Record Office,

58. Victoria Street.

London, S.W. 1.

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

9th. January. 1919

Subject: 5266 Pte. A. Tilly.

With reference to the following telegram ( 221 ) from the Hon- COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Pay to 5266 Tilly - £3:0:0

Draft £3:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Muciall May: Chief Paymaster & O. i/c Records. lan 16 th

CONTINGENT

Receipt hereunder.

LIEUT, COLONEL.

Officer Commdg. 2 Batt'n Royal Newfoundland Regiment

Received the sum of Three bound

on account of

cable remittance from Newfoundland.

Sondrew Tilley

No. 5266 Rank 7

D 100151 N.F.P. 146.

From:

NEWFOUNDLAND

CONTINGENT OLAND CON

Chief Paymaster & O. i/c Records, Newfoundland Contingent, Pay & Record Office,

58, Victoria Street, London, S.W. 1. To: Officer Commanding:

Winchester Hatta Hants.

Jane 1919.

5th June 1919

5266 Pte. A. Tilley

With reference to the following telegram from the Minister of Militia / /19 ( 219):

"Pay to- 5266 A. Tilley £3. 0. 0

Cheque £ 3. 0. 0 is enclosed for payment to this Soldier Kindly obtain his receipt heroon.

Chief Paymaster & O. i/c Records.

Receipt hereunders . LIEUT. GOLONEL

Officer Commdg. Batt'n.

R. ev. R.

Received the sum of Three Pounds

in respect of telegraphic remittance from the Minister of Militia.

No 5266 Rank Ple

Witness: WRHoda

đ

( lilley) 5266 Ag Loepl.

august 4th 1919.

#5266, Pto.a.Tilley.

Dear Sir:

knolosed please find Discharge Vertificate \$34% .

Yours truly,

Capt. " -aymaster.

RS/.

# The Royal Newfoundland Regiment

#### PROCEEDINGS ON DISCHARGE

	A COLUMN OF PROGRAM OF
1	No. 5266 Rank Pre Name Delley a
	Intended place of residence.
2	Occupation Insternair
	Classification of soldier
-	. The above named man is discharged in consequence of
J	DEMOBILIZATION
	Eligible for War Service Gratulty
4	His accounts are correctly balanced and I have impartially inquired into all matter brought before me, in accordance with Regulations.
	Place, ST. JOHN'S  Commanding Discharge Depot
	Date   1.8.1919 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 Juley
	Date JUL 18 1919  Signature of witness
	CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER
6.	I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
	Place, ST. JOHN'S The Tilley
	Signature of softjer
	Date 18.7-19 James Oduoman Signature of witness S.
	STATEMENT OF SERVICE
7.	Enlisted for service. 21-5.18. No. of days on Military
	Discharged from service. 20: 7:1.9
	APPROVAL OF DISCHARGE
8.	The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
	Place, ST. JOHN'S 14. N./L. LOO LA CIJO
	Date JUL 201919 Officer Commanding Diskharge Deplot The Royal Newfoundland Regiment
	CONFIRMATION OF DISCHARGE
9.	The discharge of above mentioned soldier is hereby confirmed has the
	Place, ST. JOHN'S Date Cugust 3/1919.  The Royal New Youngland Regiment

# The Koyal Pewfoundland Kegiment

	r Demobil-
_	E

Report of Demobilization Travelling Board, held on soldier for discharge.

Discharge Depot: Headquarters The Royal Newfoundla	nd Regiment
	Date
Regimental No. 5266	
Regimental No. 5266 Name Pillag and Address Old Parli	ew.
Address (OVA COS)	~ _
	can
Present Medical Category	
	(a) Immediate discharge
	O.C. Discharge Depot.
Members of Board	La Lessen Senior Medical-Officer
	Del Burden

# The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No. 526 Rank. Att Name dulkey M.
Date of Enlistment 21.5 Address Old Polycand District
Occupation Lister 1
Recommendation S.M.B
Passed to Demobilization Officer with following documents:—
N.F. P 36   B 268   B 121   A. N.F. Med   D.F. 1
B 178 W 3494 B 122 Board 1st 2
B 178a D 400A B 1915 do 2nd " 3 3
B 179 D 400B Form L do 3rd " 4
B 179a D 400C Form K do 4th " 5
B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
Date July O. C. Discharge Depot.  PARTICULARS FOR DEMOBILIZATION
I. Civil Re-Establishment.
I amin a position to resume civilian occupation.
Particulars passed to Vocational Officer for information and action.  Virginia 2 10 77 and 2 11 77 11 2 11 2 11 2 11 2 11 2 11 2
2. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable. The Control of the
(b) Clothing Supplied (MMC) UNDW
Date 19 - ) - 19

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrant No 24 36 to his home
at () . Lat. (C. C. M. C. C. C. C. C. C. C. S. ) O. C. issued.
0100 +6-
Date
Demonitization 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
Depot Paymaster.
Discharge approved for Q.U.— 7— 1.9
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36   B 268   B 121   N.F. Med   D.F. 1
Б 178 W 3494 В 122 Воаrd 1st
B 178a
B 179 D 400B Form L do 3rd " 4
B 179a D 400Ć Form K do 4th, " 5
В 179с В 120
pate 12 - 14 MWO WWW
Demobilization Officer.
APPROVED.
Documents as above forwarded to:—
Officer ilc Records.
Board of Pension Commissioners.  with following additional documents.
Eligible for War Service Gratuity
L. R. COOPER, CAPT.
Date JUL. 20.1919.
O'e. Bishinge Bepot.
Received the above noted documents from O. C. Discharge Depot.
Changaicalaitiga
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 Tilley Signature of Man.
	Signature of Man.
Mulo lonslin	Reg. No. 6266
Million Consum	
ature of the Vocational Officer or his Representative.	

Place ST. JOHN'S.

Sign

Date 18 -7 - 19 191

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

## MEDICAL HISTORY

Surname Tilley

Christian Name Cadrew

		NERAL TABL	E	
Birthplace:—Parish OCa	Perlica	n Coun	ty Ife	a .
		RESERVE	REGUL	AR ARMY
	21		The state of the s	(A)
Examined	at Ray of	May 1918	on day	of 191
Declared Age	23 years	s days	yea	rs days
Trade or Occupation	Freher	man		
Height	✓ feet	94 tuches	feet	inches
Weight		152 lbs.		lbs.
Chest (Girth when fully expanded		36 inches		inches
Measure- ment Range of Expansion		/ inches		inches
		4		<u> </u>
Physical Development	Right	Left	Right	Left
Vaccination Marks	Right		Mgm	Pet
Number				
When Vaccinated	61			
Vision	$R = V \frac{76}{L \cdot E \cdot - V} = \frac{1}{100}$		R.E.—V= L.E.—V=	
	910	THE STREET STREET		
			(a).	v
(a) Marks indicating congenital peculi-	(a)		(4).	
arities or previous disease				:/
A. 11:47	(b),	ter training	(6)	
(b) Slight defects but not sufficient to cause rejection	•			
Approved by (Signature)	a smint o	Opt		
(Rank)	a.		10	
	00	Medical Officer.		Medical Officer.
Enlisted	at I Joh	uo	at	4
Enlisted	on 2/ day	of May 1918	on day	r of 191
,	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	Kekmal	1266		
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	granego			
Transferred to			·	And the second
			Note: The second	and the second second
Became non-effective by				
Decade non-circuite by	on day	of 191	on day	of 191
(Signature	)			
(Rank)				
	line in the second		l j	- 77

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

Name of Hospital	(September)	dmitte Hospi	RESTRICTED AND	0 70 500000	Hospit	BDAVACHICATION	+ Discuse	Number Days in Hospital	Remarks bearing on the cause, nature or treatme syphilis, admissions and re-admissions to hospita of treatment out of hospital, transfer	nt of the case likely to be of interest or of future use. In case of is will be shown. The subsequent progress, including particulars s. etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
WARY HOSPIT	Day	200000000000000000000000000000000000000	3.100 Miles	10000000	Mont	10000000					
3, 4	12	2	19	16	4	19	Goronla	55	alited with with	a diely in which goi	
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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.

Brief Details, and Signatures

	The second secon
	The second secon
	The state of the s
Vace 22-578 40	
Twe 27.6.18 20 30x11 TMOT	
30x11 DNP	NAMES OF THE PARTY
	It is hereby cartified that this soldier
	has been before a Travelling Medical
	Board and has been o'nsuited as
	fortischurgeon tremebitisa-
	tion. Medical category Man 1
	Date of YOLD.
The state of the s	Charles and the same
THE RESIDENCE OF THE PROPERTY	

### Table IV.—SERVICE TABLE.

Station of Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
	1/1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		103y 111
				+ +	7),
		N. N. E.			1
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		7			
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# 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"

subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.
The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i $\mid$ c Records together with the remainder of the man's documents.
Changes occuring in the description subsequent to the date of admission to pension should be noted in red ink.
Name in full
Regiment from which discharged Royal Bewfoundland
Regimental number 5265
Intended address Colo Mercica.
Height on discharge 5 Feet 9/4
Color of hair on discharge four Brown
Complexion Fair
Color of eyes
Descriptive Marks
Figure on discharge william Milliam
Christian name of Father
Christian name of Mother
Wife's maiden name in full
Date and place of marriage
Christian names of children Old Perlican 1-7-1895
Place and date of soldier's birth Allo Feetican
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 statement are, to the best of my knowledge, correct
(Soldier's signature in full) Undrew Tilley (Rank)
Station ST. JOHN'S. Date 17-7-19
I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



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

## Medical Report on an Invalid.

Stat	ion Mageley Down
Γ	Date 2/5/19
mustand.	7. Former Trade or Occupation
	7a. If with previous service in Army, state—
antrew	(a) Former Unit;
according to	(b) Regimental No.;
	(c) Date of Discharge;

(d) Cause of Discharge.

2. Regimental No. 18 Rank
3. Rank
4. Name
5. Age last birthday 24
6. Enlisted on 21 PM
18 PM
18

1. Unit Royal Newfo 2. Regimental No. 5266

> 8. Disability in respect of which invaliding is Proposed. (Other disabilities should be reported upon in answer to question No. 19).

#### Statement of Case.

Note.-The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability.
- 10. Place of origin of disability.
- Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is-
  - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condi-tion to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.



V.D. 9 cores.

the complains of no disability. 13. What is his present condition? Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. 14. If the disability is an injury, was it (a) In action? (b) On field service? (c) On duty? (d) Off duty? Was a Court of Inquiry held on the injury? If so-(a) When? (b) Where? (c) Opinion? 16. Was an operation performed? If so, what? 17. If not, was an operation advised and declined? 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service? 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present Repostriation 20. Do you recommend-(a) Discharge as permanently unfit, or (b) Change to England? offRame Officer in medical charge of case. I have satisfied myself of the general accuracy of this report, and concur therewith, except †

\*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.

Officer in charge of Hospital.

Hazeley bown

2/5/19

August 9th 1919.

MR.A. Tilley, Old Porlicen.

"ear oir:

cheque for seventy dellars (\$70.00) being amount of firstb payment due you on account of war service Gratulty.

Yours truly,

Capt. & Paymaster.

RS/.

## DEPARTMENT OF MILIPIA.

### WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Ferfoundland 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 deches, If any questions are not applicable, the worls "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. 2. Surmane. 2. Surmane. 3. Rank. 4. Regtl. No. 3.66

6.Date of enlistment in the Regiment. Mr. N//8
7.Name of dependent, if any, to whom separation Allowance is being issued, or was being issued, innediately prior to your discharge.

8.Relationship of such dependents.

9.Address in full of such dependents.

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

11. Were you on active service only in lifted. It so, give dates and particulars of such service. Our season

12. Give total length of time which you served on active service, whether in Nfld.or oversees. Therefore months

13. Have you had more than one enlistment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers.
·
14. Have you already received any payment of Poet Discharge pay or
War Service Graduity? If so, state amount you and your dependents
have already received and by whom paid
15. Have you been issued with a War Service Bedge?
16. Have you, during the present war, served in the Imperial Deroes
17. Are you entitled to rescive, or have you received any Gratuity
in the nature of Post Discharge Pay from the Imparial Forces? If
so, state mount received, or to which you are entitled.
••••••••••••••••
18.Did you revert Overseas to a rank lower than the substantive
renk hold by you on your arrivel in England?
(b) If so, was such forcesion in sonsequence of Misconduct or
inefficiency?
19. Are you now serving by the Rest.?
of discharge M
of discharge. My 3/19 (b) Reason for discharge.
20. Did you at any time serve at the front in an actual theatre of
War? If so give particular syof places, and dates of such service
England.
21.(a) Are you receiving treatment from the Givil Ro-Establishment.
Com.(b) If so are you in receipt of full pay and allowences from
that Cormittee
And I take this solurn 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: Andrew Tilley
Place of Residence: Oea Perlicon
Declared before ne at: De John:
This

18 day of July
19.19...

Signature of Berrister of the Supreme Court, Stiperdiery Heris Sha mclarship trate; Notary Heris, Austice of the Peace, or Commissioner of affidevits.

POST DISCULTED PAR. Date paid word Soldier. Dogondon : War service Net amount Cartified correct. Pagmaster dismission of the life at: Place of Kongres: Declined on ordinary. 7 10 1 2 7 65 25....... English of the control of the contro and the state of the second Pagarage of marching ideal of mail the: Deck To State Low Let

Nº 4095



## 1ST. NEWFOUNDLAND REGIMENT

78 molte Wilmlliam Tilly Med Pelican TB GC
Neg S
Total Allotment, \$ 60

## Royal Newfoundland Regiment.

Billeting Account,	To It. a. J.	ille
Billeting Soldiers as un		
from July 1st	19 to July 16 19	-
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5266 In	a a villey	16 60
Elle.	ADDOURT 33337	
- O	INC. LEDGERINIT ALS	Ceo-
Certified correct for \$_	Le resource 60 mary in	
_/	Millowell	
R.J	Billeting Officer.	

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet Ow

Forms B 121.

Good Conduct Badges, Service pay or proficiency pay Regimental Number and Name Enlistment No. Age on ) 5266 Place and Date )
of Enlistment Date Joined Date Joined ) with Colours , 75 years. Place of Birtl Toined Date Joined Date Date of award or of order Cases of Drunk-enness. Names of Witnesses By whom awarded REMARKS Punishment awarded Date of Offence OFFENCE Place Rank 121. B. To be carried over

15266

Demobilization Form

# The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No. 5261 Rank Att Name dulley a
Date of Enlistments 21.5.18 Address Oct Perfect District
Occupation Medical Category Medical Category
Recommendation S.M.B
Passed to Demobilization Officer with following documents:-
N.F. P 36 B 268 B 121 N.F. Med D.F. 1
B 178 W 3494 B 122 Board 1st " 2 B 178a D 400A B 1915 do 2nd " 3 3
B 179
B 179a D 400C
B 179c B 120 M 93
Date
r. Civil Re-Establishment.  I amin a position to resume civilian occupation.  A Lillay
Particulars passed to Vocational Officer for information and action.
Date
2. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable A. (a)
(a) Clothing Allowance payable (b) Glothing Supplied O i c. Re-clothing.

3. Transportation and Release Certificate.  The above named has been provided with Travelling Warrant No
at
Date Demobilization Office
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
Discharge approved for. Q.O
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36.
with following additional documents igible for War Service Gratuity
Date
Received the above noted documents from O. C. Discharge Depot.  Date Caylla

	Allottee	
	(B. 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18	
Date of Allotme Returned on S	nt. Returned from Overscas III . 1916	e
157.19	ASSED TO DEMOBILIZATION OFFICE R	
-719	DISCHARGE APPROVED ON DEMOBILISATION	
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		T.