



4 THE ROYAL NEWFOUNDLAND REGIMENT /

ATTESTATION OF

No. 4722 Name Michael Tobin Corps RC

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------------|
| 1. What is your name? | 1. <u>Michael Tobin</u> |
| 2. What is your full Address? | 2. <u>St. L. Hayes St. Mary's</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>20</u> Years |
| 5. What is your Trade or Calling? | 5. <u>fisherman</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, Michael Tobin 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.

Michael Tobin SIGNATURE OF RECRUIT.

J. J. [unclear] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Michael Tobin 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. Mary's on this 26 day of April 1915

Signature of Attesting Officer [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 RC if enlisted by special authority, such will be attached to the original attestation.

Date April 26 1915

Place [Signature] } 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 Michael John
 Apparent age 20 years months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Michael John John
44 St. George St. Hamp | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards (unpaid) engagement reckons from <u>26-4-1918</u>									<u>Leave Sept 17th 1919</u>
Joined at <u>St. John's</u> on <u>April 26-1918</u>									
<u>Discharged July 11 1919</u>									
<u>Embarked St. John's train to Halifax N.S. 11-6-1918</u>									
<u>Embarked for St. John's 26-10-18. Disembarked France 26-10-18</u>									
<u>Joined Battle Group 3-11-1918. Transferred from France 22-4-19. Arrived Winchester 23-4-1919. To Hqs for demobilization 22-5-1919. Arrived Hqld 6/1919</u>									
<u>Demobilization St. John's 4-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-7-1919</u> (date of discharge)					1 years		70 days		
Pensions									

C.R. 4722

Extract from Daily orders Part II Royal Newfoundland Regt.
 Depot St. John's dated 6-7-19.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from noted date 6-7-19.

4722, Pte. Ml. Tobin.

C.R. 4722

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. Depot, St. John's, June 10th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot, with effect from 20-6-19.

4722 Pte. M. Tobin.

C.R. 4722

Extract from Daily Orders Part 11 Depot, St. John's,
Date 9-6-19.

4722 Pte. M. Tobin

Reported at Headquarters 1-6-19.
which sailed Liverpool May 22/1919.

NR "Corsican"

C.R. 4722

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 20-4-19.

The undermentioned of the 1st. Battalion left
Rover Camps #2/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 25/4/19 and reached
Hazeley Down Camp 25/4/19.

#4722 L/Cpl. M. Tobin.

RI 4722

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.
France; 21-6-19.

Promotions.

4722 Pte. M. Tobin

to be L/Cpl. 17-4-19.

C.R. 4722

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st
Bn. 3-11-18

The Following joined the Battn. 4-11-18.

4722 Pte. M. Tobin.

D Coy.

C.R. 4722

Extract from Nominal Roll Re-inforcement Draft No. 55 Embarked Folkeston,
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.E.F.

4722 Pte. Twyn, M.

MP.

C.F. 4722

Extract from Daily Orders part 11, from Unit The Royal
Mild. Regt. St. John's dated June 14, 1918.

#4722 Pte. M. Tobin.

Embarked for overseas with draft 11-6-18

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 29, 1918.

#4722 Pte. M. Tobin.

Attested for General Service with the Royal Newfoundland Regt.
~~Extract from Daily Orders part 11, dated April 29, 1918.~~ from 28/4/18.

M. Tobin

C.R. 4722

~~PRO~~

Medical Report on an Invalid.

Station Royal NewfoundlandDate 1-5-19

1. Unit Royal Newfoundland 7. Former Trade } fisherman
or Occupation }
2. Regimental No. 4722
3. Rank S. Cpl
4. Name Tobbin M.
5. Age last birthday 21
6. Enlisted { on 26-4-18
at St John's

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).

nlStatement 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. nl
10. Place of origin of disability. nl
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nl
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 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. nl

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.

All employes from disability

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

u

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

u

16. Was an operation performed? If so, what?

u

17. If not, was an operation advised and declined?

u

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?

u

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 war.

u

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation

MR [Signature]

[Signature]

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hageley Down*

Officer in charge of Hospital.

Date *1-5-19*

*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.

† Delete this word if no exceptions are to be made.

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

Sir:-

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

Commencing on the 1st July 1918,

Regtl. No.	Rank	Name	Amount	Signature
4722	Pte	Labin M.	\$250	M. Labin

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

M. Labin

Date

July 1/18

No. 15422/1586.

N.F.P./79.

NEW FOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd Bn. Royal Newfoundland Rgt.,
Hazeley Down Camp,
Winchester.

September 25th. 1918

30 SEP 1918 191

Subject: 4722, Pte. M. Tobin;

With reference to the following telegram (8315.) from the Hon. Minister of Militia, received

"Pay to 4722, Pte. M. Tobin, £3.6.0.

Draft £ 3.6.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.

Chant
LIEUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Comdg. Batt'n
Royal Newfoundland Regiment

Received the sum of £3.6.0

Three pounds six shillings of
cable remittance from Newfoundland.

Mike Tobin

No. 4722 Rank Pte.

Chief Paymaster & O. i/c Records.

Witness

B. Manning

Robin, m

4722

Hay Sept.

July 4, 1919

#4722 Pte. Michael Tobin,
Point La Haye,
St. Mary 's.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2363.

Yours truly

Paymaster & O.i/c Records. Captain.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4722 Rank Pte. Name Jobin M.
 Intended place of residence Point le Hoye
2. Occupation Fisherman
 Classification of soldier E Medical Category A.I.
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 JUN 6 1919
- H. Miss. Lieut.*
 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 and date ST. JOHN'S.
JUN 6 1919
- M. Jobin*
 Signature of soldier
- A. M. L. T. O. S. T. E. R.*
 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 and Date ST. JOHN'S.
JUN 6 1919
- Michael Jobin*
 Signature of soldier
- W. J. Beaton, QMS*
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 26-4-18 No of days on Military
 Discharged from service 20-6-19 Plus 14 days Service 435

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S.
JUN 20 1919
- R. H. Lieut. Capt.*
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St. John's, Nfld
July 4/1919
- M. Bowley Capt.*
 Officer in Charge
 The Royal Newfoundland Regiment

and B20 79/2363

The Royal Newfoundland Regiment

Class for Demobilization:—

1
A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 15. 5. 19.....

Regimental No. *A722*.....

Name *Jolin M*..... *A/C. Corp.*

Address *St. La. Nape*.....

Present Medical Category..... *A-1*

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

Members of Board

R.H. East Capt.
.....
O.C. Discharge Depot.

J. A. Brown
.....
Senior Medical Officer

B. W. Burden
.....
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4722 Rank Pl Name John M
 Date of Enlistment 26-1-19 Address A. St. Hayes District St. Mary's
 Occupation Fisherman Classification for Discharge F Medical Category 4
 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 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	
B 179c	B 120	M 93				

Date 5-6-19 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in 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 Approved
 (b) Clothing Supplied Approved

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P. 15319.602* to his home
 at *Point La Hoya* and Release Certificate No. *2357* issued.

Date *6-6-19* *J.A. Snow Capt*
 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 *7-1-19*

Date *6-6-19* *J.H. [unclear]*
 Depot Paymaster.

Discharge approved for *20 6 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/86	B 268	B 121	N.F. Med.	D.F. 1
E 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 *6-6-19* *J.A. Snow Capt*
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records,
 Board of Pension Commissioners.

with following additional documents.

JUN 20 1919

Eligible for War Service Gratuity

Date *R.H. [unclear] 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

Michael John

Signature of Man.

J. A. Shaw Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. 4422

Place

St. Johns.

Date

6-6-19.

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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

Signature of Man.

Reg. No.

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

6-6-19.

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

MEDICAL HISTORY

Surname Tobin OR Christian Name Michael

Table I.—GENERAL TABLE.

Birthplace:—Parish Point de Haque, St. Marys County Nfld.

	<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>	
	Right	Left	Right	Left
Examined	on <u>26</u> day of <u>April</u> 191 <u>8</u> at <u>St. John's, Nfld.</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>20</u> years — days		years _____ days	
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>9</u> inches		feet _____ inches	
Weight	<u>145</u> lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded... <u>37</u> inches		_____ inches	
	Range of Expansion... <u>2½</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V= <u>4/6</u> L.E.—V= <u>4/4</u>		R.E.—V= <u> </u> L.E.—V= <u> </u>	
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Thomas Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's, Nfld.</u>		at _____	
	on <u>26</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Nfld. Regt.</u>	<u>4722</u>		
Transferred to				
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Signature)				
(Rank)				

Medical Report on an Invalid.

Station Hazelrigg D. CampDate 10 5 19

1. Unit Royal Newfed
2. Regimental No. 4722.
3. Rank L. Cpl.
4. Name Lobin 3rd.
5. Age last birthday 21.
6. Enlisted { on 26. 4. 19
at St John
7. Former Trade } Yushman
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. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
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 condition to which it is attributed should be stated, see Notes on page 3). nil
- (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. nil

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.

He complains of no disability

14. If the disability is an injury, was it caused—

na.

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

na

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

na

17. If not, was an operation advised and declined?

na

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?

na

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 war.

na

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Repatration

Mark

Major J. D. M.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Sea D Camp*

Officer in charge of Hospital.

Date *1. 5. 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.

† Delete this word if no exceptions are to be made.



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 *Michael Tobin*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4722*

Intended address *St. Mary's*

Height on discharge *5* Feet *9*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Normal*

Christian name of Father *John*

Christian name of Mother *Margaret*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St. Mary's, Jan. 3, 1897*

Nature and locality of civil employment required *—*

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct.

(Soldier's signature in full) *Michael Tobin*

(Rank) *Private*

Station *St. John's H.* Date *4-6-19*

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



The Royal Nfld. Regiment

DEMOBILIZATION

No. 4777 Rank _____

Name Tobias M.

Warned for demobilization on

JUN 6 1919

Casualty Form—Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Oste Surname Lobue Christian Name Michael
 Religion C Age on Enlistment 20 years 0 months
 Enlisted (a) 24/7/18 Terms of Service (a) DURATION Service reckons from (a) 26/4/18
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended () Re-engaged () Qualification (b) _____
 or Corps Trade and Rate _____
 Occupation Fisherman No. 1 Executive Capt Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, etc., 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 ...	<u>26 OCT 1918</u>		
		Disembarked ...	<u>3 NOV 1918</u>		
		Joined Battalion			
	<u>GC Unit</u>	<u>To be Lt/Cpl</u>			<u>8213</u>
		<u>Arrived in UK</u>		<u>21/4/19</u>	

(a) In the case of a man who has re-engaged for, or enlisted in, Scottish B. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, etc.

(11750) W. W. 1887 - P. 1124, 000,000, 0.00

D. & S. Form B. 1034 (E. 1884.)

I.P.T.O.

next of kin father, John Lobue, The Bay St Marys, Nfld

July 5, 1919

#4722 I/C. Michael Tobin,

Point LaHaye,

St. Mary's.

Dear Sir:-

Referring to your application I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of the War
Service Gratuity.

Yours truly

Captain
Paymaster & Officer i/c Records.

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 & RECORDS OFFICE, ST. JOHN'S.

- Christian name *Michael* 2. Surname *Tobin*
3. Rank *R. Cpl.* 4. Regtl. No. *4722*
5. Address in full to which future payments of gratuity are to be forwarded *St. La Haye, St. Mary's*
6. Date of enlistment in the Regiment *Apr. 26/18*
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 field, if so, give dates and particulars of such service *Overseas*
12. Give total length of time which you served on active service, whether in field or Overseas *From Apr. 26/18 to June 6/19*

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.

Clothing allowance & back pay 83.314

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

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. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *No*

19. Are you now serving in the Regt.? *No* If not give:- (a) Date of discharge *June 6/19* (b) Reason for discharge *Remobilization*

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, Belgium & Germany from Nov. 1918 to April 1919

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? *No*

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.

M. Tobin

Signature of Applicant:

Place of Residence:

*Point La Haye, St. Marys
St. Johns, Nfld*

Declared before me at:

This

6th

day of

June

19*19*

John McCarthy

Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount, due
.....
.....
.....
Certified correct.			Paymaster	

Trans.

ACCOUNT *2007*

CII NO *21870*

The Department of Militia

PAY LEDGER

GEN. LEDGER

DISTRICT OFFICER
 NEWFOUNDLAND
 JUN 24 1919
 COMMANDING

June 18th 1919.

The sum of Twenty Dollars \$20.00 is due Mr
 E. St Creix . Point La Hays , St Marys Bay, for driving #4722 Pte
 M. Tobin from Helyreod to Point Le Hays.

[Signature]
 M. Blouston
 Demobilization Officer
 for Discharge Depot - Newfoundland

Voucher Attached

*certified correct for
 \$1.20.00*

No. *602*

TRAVELLING WARRANT

Date *JUN 6 1919*

The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. *4722* Rank *Pte* Name *Tobin*

From *Holywood* - ~~ST. JOHN'S~~ - To *Point St. Marks*

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. J. Lawless

SIGNATURE OF ISSUING OFFICER.

Demobilization Officer
Discharge Depot-Newfoundland

*4722
J. J. Lawless
Demobilization Officer
Discharge Depot-Newfoundland*

Mr Edward St Croix

Point la Haye

St Marys Bay

charge for drive

\$ 20 dollars

July 4, 1919

J.C.R.

Dear Sir:

I enclose herewith cheque
for \$ 20.00 amount due you for conveying
4722 Pte. H. Tobin from Holyrood
to Pt. LaHaye.

Yours truly,

Capt.
Paymaster

E. St. Croix,
Pt. LaHaye, St. Mary's,
Nfld.

Fermeuse
South Side
9491

Newfoundland
4726

Michael John.

is now writing
to know why the
40 dollars war Gratuity
was not paid to him
for the month of
December. kindly
let me have a reply
to oblige yours truly
Michael John

Ch was mailed
Jan 17 ~~1918~~

4722

Feb. 16, 1920

9491

Mr. Michael Tobin,
S. Side, Fermanuse.

Dear Sir:

With reference to your
letter of recent date, I beg to inform you
that cheque was mailed to you on 17th. Jan.
please.

Yours truly,

Lieut.
For Paymaster.

Receipt for Army Book 64

No. *4722* Name *M. Tobin*

To Certify that I have received the AB 64 of the above
named Soldier.

Name *Michael Tobin*

Date *August 12, 1920*

Place *Bint. La Haye St. Marys*

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

M

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company Wm. Churchill Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years months	Fisherman	
<u>4722</u>	<u>Tobias M.</u>	<u>20</u>		Religion <u>R.C.</u>	
Joined	Date	Place and Date of Enlistment		Place of Birth	
Joined	Date	} with Colours <u>26.11.18</u> years. } with Reserve <u>36</u> years.		<u>St. John's</u>	
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
				<u>Demobilized St John's</u>	<u>4-19</u>				

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

D 4722

..... DEMOBILIZATION OF

Reg. No. 4722 Rank Plt Name Robin M
 Date of Enlistment 26-11-18 Address St. John's District St. John's
 Occupation Postalman Classification for Discharge F Medical Category F
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents :-

N.F. P136	B 268	B 121	/	N.F. Med.	D.F. 1.	/
B 178	W 3494	B 122	/	Board 1st.	" 2.	5
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 5-6-19

J. H. Mans
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Michael Cain

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:-

(a) Clothing Allowance payable \$40.00

(b) Clothing Supplied None

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P.15-31-9-602* to his home at *Ponit-la-Haye* and Release Certificate No. *2357* issued.

Date *6-6-19*

J.A. Snow Capt
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 *August 1919*

Date *1-1-19*

H. Mans H
Depot Paymaster.

Discharge approved for *20-6-19*

Forwarded with following documents to O.C. Discharge Depot.

N.F. P 36	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 129	M 93		

Date *6-6-19*

J.A. Snow Capt
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 *JUN 20 1919*

R.H. Snow
O. C. Discharge Depot.

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

Date *June 10/1919*

Reg. No. *1922* Rank *he* Name *Joseph W.*

Attested Address *St. Leger.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Crossman* Cause *Discharge*

5-6-7
20-6-19

PASSED TO MOBILIZATION OFFICER

RECEIVED

