



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

RL

No. 3245 Name Thomas Lobin Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Thomas Lobin
2. What is your full Address? 2. L. P. Batten
118 Water St. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 24 Years 1 Months
5. What is your Trade or Calling? 5. Sailor
6. Are you Married? 6. None
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Thomas Lobin, 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.

8 Nov. 15/16

Thomas Lobin SIGNATURE OF RECRUIT.

Harold Skright Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Lobin, do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 15th day of November, 1916.

Signature of Attesting Officer Harold Skright

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

Date.....191

Place.....

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Thomas Tobin
 Apparent age 24 years 1 months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Norah Tobin
% P. Butler | Relationship Sister
118 Water St. Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____									



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

RL

No. *3245* Name *Thomas Lohin* Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. *Thomas Lohin*
2. What is your full Address? 2. *118 Water St. St. John's*
3. Are you a British Subject? 3. *yes*
4. What is your age? 4. *24* Years *1* Months
5. What is your Trade or Calling? 5. *Seaman*
6. Are you Married? 6. *no*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. *no*
8. Are you willing to be vaccinated or re-vaccinated? 8. *yes*
9. Are you willing to be enlisted for General Service? 9. *yes*
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. *yes*

I, *Thomas Lohin* 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.

8. NOV. 15/16 *Thomas Lohin* SIGNATURE OF RECRUIT.
W. H. Knight Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Thomas Lohin* do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration, and taken the oath before me on this *15th* day of *November* 191*6*.

Signature of Attesting Officer *W. H. Knight*

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....
If enlisted by special authority, such will be attached to the original attestation.

Date.....191.....

Place.....

Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If an 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: (Name).....re-issued in the (Regiment).....(The above)

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Shen

Apparent age 24 years 1 months. Height 5 feet 5 1/2 inches

Chest Measurement { Girth when fully expanded 37 inches
Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin _____

745 ... | Relationship ...

118 W. ... 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 and allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>15-11-16</u>									
Joined at <u>St. John's</u> on <u>November 15</u> ¹⁹¹⁶									
Reached <u>...</u> June 29/19									
<u>Embarked for B.C. 27.3.18</u> <u>Re-embarked France on 29.3.18</u> <u>Joined camp 4-18.</u>									
<u>Wounded 13.4.18</u> <u>Admitted to C.S. 9.5.18</u> <u>Left 2.7.18</u> <u>Transferred to 5th Cont. Camp. 11.5.18</u> <u>Rejoined Base depot. 6.6.18.</u> <u>Rejoined unit 11.6.18</u>									
<u>Arrived in U.K. from B.C. for repatriation 22.4.19.</u> <u>to 11th for demobilization 22.5.19</u>									
<u>Arrives to perform slow 1-6-1919.</u>									
<u>Demobilized at St. John's 29.6.1919</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 29.6.19 (Date of Discharge) 2 years 227 days

Print Name



This Form is to be used in connection with Pamph. M. E. (1)
U. S. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Thomas Sobin
aged 24 conducted at B. P. B.
Date: Nov 7/10 Recruiting Officer:

NO OF TEST FINDING

1	no	
2	no	
3	no	
4	no	
5	no	
6	no	
7	no	
8	yes	
9	yes	
10	varicose veins	no varicose veins - <u>2/10</u>
11	n	
12	n	
13	teeth to be attended to	
14	n	
15	n	
16	n	
17	n	
18	n	
19	n	
20	12 left 6 right	
21	n	
22	n	
23	n	
24	n	
25	n	
26	n	
27	n	
28	n	
29	n	
30	n	
31	n	
32	n	
33	yes left arm	2 scars 4 years.
34	5-5 1/2	
35	128 lbs.	
36	34-37	
37	100 per week	
38	brother Jack Sobin	
39	none	

3925

No report Nov. 15/10
Chase

21
Subject 1019

Signature of Medical Examiner:

D. W. Borden

C. 3246

May 15th, 1918

Miss Nora Tobin,
C/o Mr. F. Butler,
118 Wayer Street

Dear Miss Tobin:-

I beg to inform you that a
reply has been received from the Record Office,
London, to our enquiry concerning No. 3245 Tobin, stating
that he is now fit for active service.

Yours faithfully,

Lieut. Col.

C.C.B.
Chief Staff Officer.

C.R. 3245

Extract from Telegram received from London, dated
May 22, 1918.

In answer to your telegram May 17th #3245 Tobin Pitt.

C.R. ~~3245~~
3245

Extract of cablegram to P.&R.O., London, dated May 17th, 1918.

Please inform condition of

~~3245~~ Tobin.

3245



SICK AND WOUNDED N. C. O'S & MEN OF THE EXPEDITIONARY FORCE - FRANCE.

SOUTH AFRICAN - RECORD OFFICE.

No. H. A. 23300.

Trans to 5 Rest Camp Fit. ex 1 Con Dep. Boulogne 11 May'18.

6804 Pte Heald H.R.	1 S. Afr. att APM 9 Dv.	
15197 " Jolliffe C.J.R.	3 S. Africans	

C.R. 3245

Adm 1 Con Dep. Boulogne 11 May'18.

8715 Cpl Dalglish A.M.	4 S. Africans	Sick.
12875 Pte Van Der Merwe F.G.	1 do	do
1799 Pte Venter J.P.	2 S. do	Sick.
2815 " Ford W.J.	2 B. do	Sick.

1102

NO. 1 RECORD OFFICE - WARLEY.

No. H. A. 23300.

Trans to 5 Rest Camp Unfit. ex 1 Con Dep. Boulogne 11 May'18.

49934 Pte Gould H.C.	12 Suffolks	
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Adm 1 Con Dep. Boulogne 11 May'18.

17268 Pte Agar A.	11 Suffolks	Wounded.
41189 Pte Mole J.E.	9 Norfolks	do
20462 " Holland G.	11 Suffolks	do
13629 L/C Stapleton K.	9 Norfolks	Sick.

NEWFOUNDLAND - EXPEDITIONARY FORCE.

No. H. A. 23300.

Trans to 5 Rest Camp Fit. ex 1 Con Dep. Boulogne 11 May'18.

3245 Pte Tobin T.	1 Newfoundland	
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April 18, 18

Dear Miss Tobin:-

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

No. 3345, Private Thomas Tobin is at 14th General Hospital
Boulogne April 15th G.S.W. West High

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,



Actg.

Minister of Militia.

Miss Mary Tobin,
c/o P. Butler,
115 Water Street

CR. 3245-

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 40; 80 Other Ranks from
2nd. Bn., Royal Newfoundland Regiment, Winchester, to 1st. Bn.,
Royal Newfoundland Regiment, B. E. F.

Embarked Southampton, 27/3/18.

3245 Pte. T. Tobin.

C.R. 3245

Extract from Nominal Roll Draft embarked St. John's per
S.S. "GRAMPIAN" 31/1/17 sailed Halifax 16/4/17.

3245 Pte. T. Tobin.

C.R. 3245

Extract from Daily Orders Part 11 Unit The Royal
Field. Regt., St. John's, Nov. 16/16.

3245 Pts. Thos. Tobin.

Attested and attached to the strength from. 15-11-16.

C.R. 3245

Extract from Nominal Roll 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19
disembarked at Southampton 23/4/19; and reached
Hazeley Down Camp 23/4/19.

#3245 Pte, T. Tobin.

C.R. 3245

Extract from Daily Orders Part II Unit The Royal Rifles, Regt.
St. John's, June 19th, 1919.

The discharge of the undersigned on demobilization has been
APPROVED by C.C. Discharge Depot with effect from 15-6-19.

3245 Pte. Thos. Tobin.

C.R. 3245

Extract from Daily Orders Part 11 Depot. St. John's,

Date June 18th 1919.

3245, Pte. T. Tobin.

Reported at Headquarters 1/6/19. NZ "Corsican"
which sailed Liverpool May 22/1919.

C.R. 3245

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/o Records from 29-6-19.

3245 Pte. Thos. Tobin.

T. Tobin

C.R. 3245

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 302 (a), (b), or (c), King's Regulations, and in cases of discharge under para. 302 (1), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F, 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. *Regal Newfoundland*
2. Regt. No. *3248* 3. Rank. *Private*
4. Name *Tobin* *Thomas*
(Surname) (Christian Name)
5. Age last birthday. *25*
6. Posted for duty on *1916* at *H. D. 50 km.*
in category (or grade).....
7. Former Trade or Occupation } *Seaman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *12th Sep 1917*
12. Place of origin of disability. *France*
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. *He states he was severely*
poorly "shrapnel" on top of groin.

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 (e). If not due to any of these causes, to what specific condition do you attribute it? } *na.*

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 suspension 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.)

Two ears left from injury - wound significant now healed - no disability occurring from same.

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?

*Yes. cleaning up.
 Received dent teeth before for work service.*

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?
 Note—(b) is only applicable to soldiers invaded at Foreign Stations.

*Repatriation signed. W.E. Provanie
 Capt R.A. M.B.*

Station *London D. Camp*
 Date *29-4-19*

Medical Officer in charge of case.

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



31 1ST. NEWFOUNDLAND REGIMENT '16.

ALLOTMENTS

Thomas Tobin, Regl. No. *3245*

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and *Sixty* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz.:

Allotment begins *December 1st/16*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>3195</i>		<i>Sister Miss Nora Tobin</i>	<i>318 Water St. St. Johns C. B. Street Cape.</i>	<i>60</i>
			Total Allotment, \$	

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

(Sig.)

Chas. B. Ayle Capt

Officer Commanding
A. Company

(Sig.)

Thomas Tobin
H. St. John
D. S. Mark
(Rank) Pte.

(Rank)

Witness

A. Parsons

St. Johns
Dec 4 1916

31 1st. NEWFOUNDLAND REGIMENT. 16.

ALLOTMENTS

Thomas Tobin, Regl. No. 3245

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins _____

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3195	Sister	Miss Nora Tobin	318 Main St St Johns Ct. Batters Cap	60
			Total Allotment, \$	

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

(Sig.) Charles Aye Capt
Officer Commanding
St Johns Company

(Sig.) Thomas Tobin
H. G. mark
(Rank) Pte.

Witness
Al Parsons

Dec 4 1916

Robin, H.

3245

Gay sept.

1919

#3245 Pte. Thomas Tobin,

#316n Water St.,

City

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2514

Yours truly

Captain,

Baymaster & S.I./c-Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3245 Rank Plt Name Tobin Thomas
 Intended place of residence 318 Water St St Johns

2. Occupation Seaman
 Classification of soldier E Medical Category A'

3. The above named man is discharged in consequence of.....

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 JUN 13 1919
ST. JOHN'S
 Date

J. Must
 Comanding 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 13 1919

Thomas Tobin
 Discharge of soldier
Arthur Crustan
 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 13 1919

Thomas Tobin
 Signature of soldier
James Sheerman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7-11-16 No of days on Military
 Discharged from service 14-1-19 Plus 14 days Service 965

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
 Date JUN 15 1919

R.H. Latt Major
 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
June 29/1919
 Date

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment.

AT 2079/2514

31
31
30
31
15
139
365
26

The Royal Newfoundland Regiment

Class for Demobilization: *E.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *17.6.19*

Regimental No. *3245*

Name *John Shaw*

Rank *Sgt*

Address *119 Water St*

Present Medical Category *A1*

Recommended for: (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

M. Paterson
Senior Medical Officer

W. Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5240 Rank Private Name John Thomas
 Date of Enlistment 7-11-16 Address 378 Water St District St. John's
 Occupation Seaman Classification for Discharge E₁ Medical Category H₁
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	S.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st.	" 2
B 178a	D 400A	B 1915	do 2nd.	" 3
B 179	D 400B	Form L.	do 3rd.	" 4
B 179a	D 400C	Form K.	do 4th.	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 12-6-19 O. C. Discharge Depot. H. M. S. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation Resident in St. John's
with my new men

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60
 (b) Clothing Supplied Alm. Johnston

Date 13-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at 318 Water Street and Release Certificate No. 2688 issued.

Date 13-6-19

Ch. Johnston
for 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 29-6-19

Date 13-6-19

H. Misses
for Depot Paymaster.

Discharge approved for 15-6-19

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

N.P. P336	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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
B179c	B 120	M 93		

Date 13-6-19

J.A. Brown
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 7 1919

R.H. Sait
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

Gobin J.

Signature of Man.

W. H. Clouston

Reg. No. *3245*

Signature of the Vocational Officer or his Representative.

Place *St. Johns*

Date

191

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

MEDICAL HISTORY

OF

Surname Lobin Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 7 day of Nov 1916		on _____ day of _____ 191	
Declared Age	at St John's Rfco 5 years 5 1/2 days		at _____ years _____ days	
Trade or Occupation	E. Peasman			
Height	5 feet 5 1/2 inches		feet _____ inches	
Weight	128 lbs.		lbs. _____	
Chest Measure- ment {	Grith when fully expanded 37 inches		inches _____	
	Range of Expansion 3 inches		inches _____	
Physical Development				
Vaccination Marks {	2 scars			
	Arm			
When Vaccinated	4 years ago			
Vision	R.E.—V= 6/9		R.E.—V=	
	L.E.—V= 6/12		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature) _____ (Rank) _____	<i>Thomas Lobin</i> Major Medical Officer.		_____ Medical Officer.	
Enlisted	at St John's on 10 day of Nov 1916		at _____ on _____ day of _____ 191	
Joined on Enlistment	3/1 Rfco Regt. 3245		Corps. _____ 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 and Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature,
17-12-16	Vaccinated LP
21-11-16	T.A.D. LP
25-11-16	3 LP
16-1-17	3 LP

It is hereby certified that this soldier has been before a Travelling Medical Board, and has been classified as 6 for discharge on demobilisation. Medical category 5

17.6.19
Date of T.M.B.

[Signature]
Captain
The General Hospital, Winchester

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
S.S. Florizel Windsor MS	Jan 31 Feb 3/17	Feb 3/17			



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. & C. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

Thomas Tobin

Regiment from which discharged

Royal Newfoundland

Regimental number

3245

Intended address

318 Water St. West.

Height on discharge

5 Feet 8

Color of hair on discharge

Black

Complexion

Dark

Color of eyes

Blue

Descriptive Marks

1 left leg.

Figure on discharge

medium

Christian name of Father

—

Christian name of Mother

—

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

St John's - 1894.

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)

*Thomas X Tobin**Tobin*
(Rank)

Station

*ST. JOHN'S.
Water & Bealey.*

Date

12-6-19

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 Arld. Regiment

DEMOBILIZATION

No. 3145 Rank

Name Robert A.

Warned for demobilization on

JUN 13 1919

No. *3243* Name *Solipi. J.* Sqn., Batty., or Company *D.* Corps *P. Newfoundland* Date of enlistment *15.11.16* G.C. Badge *[initials]* Service or Proficiency Pay *[initials]*
 Date of last entry in Company Conduct Sheet *[initials]* No. and date of last drunk *[initials]* Period not reckoning towards freedom from extra fine *[initials]* Sheet No. *1* Signature O.C. Company, etc. *[Signature]* Character *Good*

Place	Date of offence	Rank	Case of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Rowen</i>	<i>29/3/19</i>	<i>PC</i>		<i>Def of kit</i>	<i>C. W. W. W. W.</i>	<i>pay for same</i>	<i>1-4-19</i>	<i>May Bernard</i>	<i>Wm 46</i>

Army Form B. 129

P.P.S.

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 *Thomas* 2. Surname *Robert*

3. Rank *Private* 4. Regt. No. *2745*

5. Address in full to which future payments of gratuity are to be forwarded..... *318 Water St. St. John's*

6. Date of enlistment in the Regiment..... *November 1916.*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

Not applicable

8. Relationship of such dependents..... *do*

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

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

11. Were you on active service only in Mfld, if so, give dates and particulars of such service.....

No Overseas.

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

2 1/2 years. 12

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.

No.

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

16. Have you, during the present war, served in the Imperial Forces? *Yes.*

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? *Not applicable.*

19. Are you now serving in the Res? *No.* If not give: (a) date of discharge *June 27th 1918* (b) Reason for discharge *Revolutions*

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.

Santhusele, April 1918. Arruente, April 1918. Ypres, Sept. 1918.

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.

Signature of Applicant:

Thomas J. Robin

Place of Residence:

St. Louis, Mo. Harry Lee Street

Declared before me at:

This

15th

day of

June

19*19*.....

[Signature]

Barbette, Notary

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

POST DISCHARGE PAY.		Net amount due
Date paid	Waid	
Soldier. Dependant	War Service	
	Gratuity.	
Certified correct.		Paymaster

Signature of Applicant

Place of Residence

Declared before me at

This

[Faint signature and text]

RECEIVED.

C.R. 3245

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

3245' Thomas Tobin
NO.....NAME.....

DATE... January 8 1919
PLACE... C. S. Johns

Casualty Form - Active Service.

Regiment or Corps 21st Royal Newfles
 Rank Plt Surname John Christian Name Thomas
 Religion R.C. Age on Enlistment 24 years 7 months
 Enlisted (a) 15.11.16 Terms of Service (a) Duration Service reckons from (a) 15.11.16
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended Re-engaged Qualification (b) _____
 or Corps Trade and rate _____
 Occupation Deaman C. F. Galand 2nd Lt Signature of Officer _____

Date	Report From whom received	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 306, or other official documents.
		Embarked	27 MAR 1918	
		Disembarked	29 MAR 1918	
		Joined Detachment	4.4.18	
		Wounded in Action		
	10 CCS to Govt High		14/18	B23 7/18
	14 State Hk		14/18	6221/18
			"	W 7847 15/18
6-5-18	1 B.S.	ad Wound	6-5-18	W 3371
5/5/18	D 200.	arrived	14.5.18	Kee.
		To 200.	14.5.18	
16-5-18	2 N.B. Co.	arrived	15.5.18	
	2 nd Coy.	arrived	6/6/18	
	follows	Joined unit	11-6-18	B 213

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

J. Robin 3245

Date	Report From whom received	Record of promotions, reductions, transfers, cancellations, etc., during active service, as reported on Army Form 10-212, Army Form A-20, or on other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form 10-212, Army Form A-20, or other official documents.
		Granted leave to W.R. 8/2/1916 to 23/2/19		Ba/B	15/2/17
		Arrived in UK		13/4/19	

mt

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 B, 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 } Seaman
or Occupation }
2. Regt. No. 3246 3. Rank... plc 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regt. Nos.
4. Name Jubin Thomas
(Surname) (Christian Name)
5. Age last birthday 25
6. Posted for duty on 1916 at St John's
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.

*45. W. left groin 12th April 1917
He states he was (monthly)
piece of (Shrapnel) in left groin.*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|------------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war | Yes | |
| (ii.) Previous active service | na | |
| (iii.) Climate in pre-war service | na | |
| (iv.) Ordinary military service before the war | na | |
| (v.) Serious negligence or misconduct on the man's part. } | na | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

In all cases such as facial injuries, eye, ear, nose and throat, dislocation, etc., a specialist's report is to be attached with radiographs when 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.)

2 Years off from (internally) + tends superficial now healed, no disability - recurring from same.

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?

Yes. cleaning up.
 na.
 received set of teeth before going on active service!
 na.

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation
 G. J. Procunier. Capt RSMC

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Station Hazeley Down

Medical Officer in charge of case.

Date .. 2.9.19

* 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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121

Forms
B. 121
20

Number of Sheets 1
Signature of O. C. Company W. H. C. Capt.

Regiment of 1st Newfoundland

Regimental Number and Name		Enlistment		Trade
No.	<u>3246</u>	Age on	<u>24</u> years <u>1</u> months	<u>Seaman</u>
Joined	Date	Place and Date of Enlistment	<u>St. John's N.S.</u> <u>15.11.16</u>	Religion
Joined	Date	Period of	(with Colours <u>2</u> ³³⁷ years. with Reserve <u>2</u> ³²⁵ years.	Place of Birth
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cause of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Windsor</u>	<u>23-29</u>	<u>1st Lt.</u>		<u>Drunken on parade</u>	<u>Col. ...</u>	<u>Admonished</u>	<u>23-27</u>	<u>Major ...</u>	
<u>Regimental Depot</u>	<u>22-27</u>	<u>1st Lt.</u>		<u>Unruly in the lines</u>	<u>2nd Lt. ...</u>	<u>3 days C.B.</u>	<u>22-25</u>	<u>2nd Lt. ...</u>	<u>...</u>
<u>Demobilized St. John's 29⁶/₁₉</u>									
To be carried over									

13245

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 3245 Rank Private Name John Thomas
 Date of Enlistment 7-11-16 Address 318 Water St. District St. John's
 Occupation Seaman Classification for Discharge F Medical Category H1
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 12-6-19 H. H. H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. Thos. X. Tobin
mt newsmen

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable: \$60
- (b) Clothing Supplied: _____

Date 13-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at 318 Water Street (and Release Certificate No. 2688) issued.

Date 13-6-19 *Al Johnston*
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 14-6-19

Date 13-6-19 *W. M. S. S. S.*
Depot Paymaster.

Discharge approved for 15-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 349A	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
B179c	B 120	M 93		

2 Form B

Date 13-6-19 *J. H. Snow Capt.*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 15 1919 *R. H. Sait Capt.*
O. C. Discharge Depot.

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

Date June 24/19 *W. M. S. S. S.*

Reg. No. 3245 Rank Sgt. Name Walter S. Jones

Attested Address 118. Water St.

Allotment Allottee

Date of Allotment Returned from Overseas 29.1.19.

Returned on S.S. Rossian Cause Discharge

12.1.19.
15.6.19.

PASSED TO DEMOBILIZATION

DISCHARGE APPROVED ON DEMOBILIZATION



CANADA

DEPARTMENT OF VETERANS AFFAIRS

RECORD OF SERVICE
IN THE

IN YOUR REPLY REFER TO FILE NO.

DVA. 95-7-1. Vol. 1

~~ROYAL CANADIAN
REGIMENTAL DISTRICT~~
~~ROYAL AIR FORCE~~
ROYAL NEWFOUNDLAND REGIMENT

Name:	Thomas TOBIN
Service Number:	3245
Age on enlistment:	24 years 1 month
1. Date of Birth:	
2. Date & Place of Appointment, Enlistment or Enrolment:	15 November, 1916 St. John's, Newfoundland.
3. Unit on Appointment, Enlist- ment or Enrolment:	The Royal Newfoundland Regiment.
4. Theatres of Service:	UNITED KINGDOM--FRANCE.
5. Date & Place of Retirement or Discharge	29 June, 1919 Newfoundland
6. Type of Termination of Service:	Demobilization
7. Rank or Rating on Retirement or Discharge:	Private

NOTE: This record is not valid
without the imprint of the
DEPARTMENT OF VETERANS' AFFAIRS
Official stamp of the De-
partment.

MAR 4 1952

WAR SERVICE RECORDS
OTTAWA - CANADA

Ottawa, Ont., Canada.

March 5th,

1952.

for H.G.
DIRECTOR,
WAR SERVICE RECORDS.

RECORD OF SERVICE

IN THE

D.V.A.

R.2. (CEF Records)

ROYAL NEWFOUNDLAND REGIMENT

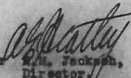
WAR 1914 - 1918

Name: TOBIN, Thomas

Service Number: 3245

1. Age on Enlistment: 24 Years 1 month
2. Date & Place of Enlistment: 15 November 1916
St. John's, Newfoundland
3. Unit on Enlistment: The Royal Newfoundland Regiment
4. Theatres of Service: The United Kingdom and France
5. Date & Place of Discharge: 29 June 1919
Newfoundland
6. Reason for Termination of Service: Demobilization
7. Rank on Discharge: Private
8. Honours and Awards: British War and Victory Medals

NOTE: This record is not valid without the imprint of the official stamp of the Department.


for W.M. Jackson,
Director
War Service Records.

Ottawa, Ontario, Canada.
26th August, 1949.