



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 547 Name Theodore Joke Corp SA

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Theodore Joke</u> |
| 2. What is your full Address? | 2. <u>Somerford No. 108.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>.....</u> Months |
| 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, Theodore Joke 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.

Theodore Joke SIGNATURE OF RECRUIT.
Musteen Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Theodore Joke 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 2nd day of May 1915.

Signature of Attesting Officer C. B. Dick's Lieut

†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 compiled with. I accordingly approve, and appoint him to the If enlisted by special authority, such will be attached to the original attestation.

Date 1915 }
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

5417

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

Name Shepherd Froke

Apparent age 21 years months. Height 5 feet 2 inches

Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Froke
Somerset W.B. | Relationship 3 other

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 which engagement reckons from <u>24-5-18</u>										
Joined at <u>Wales</u> on <u>1004 24-1918</u>										
<u>Discharged August 9/1919</u>										
Embarked <u>St John's N.S. to Antilla to Halifax N.S.</u> 22-7-18.										
to Newfoundland for demobilization <u>24-6-1919</u>										
Arrived Newfoundland <u>1-7-1919</u>										
<u>Demobilization St John's 9-8-1919</u>										
Total Service forfeited as above.....										
Total Service towards Engagement to <u>9-8-1919</u> (date of discharge)										
" " Pensions " " " "										

C.R. 5417

Extract from daily orders part II Royal Newfoundland
Regiment Depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilisation has been
confirmed by Officer i/c Records from noted date 9-8-19.

5417, Pte. Theodore Troke.

C.R. 5417

Extract from Daily Orders Part 11 Unit The Royal Rifles
Regt. St. John's, July 15th, 1919.

The discharge of the Undernoted on demobilization has been
APPROVED by O.C. Discharge Depot, with effect from 25-7-19.

5417 Pte. Troke, T.

C.R. 5417

Extract from Daily Orders Postmill Unit The Royal Field,
Regt. St. John's, July 22nd, 1919.

5417 Pte. T. Troke.

Reported at Headquarters 127419 on "Casaxira" which
sailed Glasgow June 24th, 1919.

C.R. 5487

Dec. 12th

18

Dear Miss Anthony:

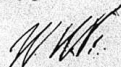
I am directed by the Minister of Militia to acknowledge receipt of your P.C. of December 11th, enquiring the whereabouts of your brother #5487 Pte. Donald Anthony, and in reply beg to state that our last records show that he is at Hazley Down Camp, Winchester, and if you would address his letters or parcels to :-

#5487 Pte. Donald Anthony,
Royal Newfoundland Regiment,
Hazley Down Camp,
Winchester,
Hants, England.

they will no doubt reach him allright.

Any further information we get concerning him will be at once communicated to you.

Yours faithfully,



Lieut.

CASUALTY OFFICER.

Miss Bessie Anthony,
G/A Postal Telegraph Department,
General Post Office, City.

WWW/MP.

C.R. 5417

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
Columbella" July 22, 1918.

#5417 Pte. Theodore Troke.

C.R. 5417

Extract from Daily Orders part 11 from Unit The Royal
Nfld. Regt. St. John's, dated May 27, 1918.

#5417 2Pte. T. Troke.

Attested for General Service with the Royal Nfld. Regt.
from 24.5.18

S. Joke.

5417

P. S. R. O.

FORM K

No 4764



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Theodore Loke, Regl. No. 5419 hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and 75 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 1-5-18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4285</u>	<u>Father</u>	<u>W. George Loke</u>	<u>St. John's Nfld</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

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

Sig.) [Signature]
 Officer Commanding
 Company 6.
A. John
Jan 13 1918

(S) Theodore Loke
 (Rank) Private

Woke. A.

5417

Ray Sept.

August 14, 1919

#5417 Pte. Theodore Troke,
Somerset, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3684.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5417 Rank. Pte Name Trake D
 Intended place of residence. Somerset 29th
 2. Occupation Fireman
 Classification of soldier. E Medical Category AT

3. The above named man is discharged in consequence of

DEMOBILIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 12 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 12 1919

[Signature]
 Signature of soldier
[Signature]
 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

Date JUL 12 1919

[Signature]
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 24.3.18 No. of days on Military
 Discharged from service. JUL 26 1919 Plus 14 days Service. 504.

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

Date JUL 26 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 9/1919

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

[Handwritten] 207913584

8
20
31
9
28



D 1/1

The Royal Newfoundand Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundand Regiment

Date July 11th 1919

Regimental No. 5417

Name J. J. J. J.

Address St. John's

Disease or Disability

Finding of last Standing Medical Board,

held on _____ 19_____

Present Condition

Recommendation

Category

Members
of
Board

R. J. J. J.
O. C. Depot

J. J. J.
D. D. M. S.

J. J. J.
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 2417 Rank Plt Name Trickett J
 Date of Enlistment 24-3-18 Address Panmure St District St. John's
 Occupation Postman Classification for Discharge 17 Medical Category A.1
 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
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 11-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

i. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2426 to his home at Somerset and Release Certificate No. 3517 issued.

Date 12-7-19 *J.A. Howcroft*
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 9-8-19

Date 12-7-19 *J.A. Howcroft*
Depot Paymaster.

Discharge approved for 26-7-19

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.
B 179c	B 120	M 93		

J.A. Howcroft
Demobilization Officer

Date 12-7-19 *J.A. Howcroft*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date 11/11/1919 *D.R. Cooper Cabot*
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.

Thodore Grohe
Signature of Man.

Reg. No. 5417

J. P. Snowcraft
Signature of the Vocational Officer or his Representative.

Place **ST. JOHNS**

Date **12-7-19** 191

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

MEDICAL HISTORY

Surname Trone OF Christian Name Keedore

Table I.—GENERAL TABLE.

Birthplace:—Parish Somerford N.O.B. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	24 th	May	1918	1918
Declared Age	at	21 years	at	years
Trade or Occupation	Fisherman		years	days
Height	5 feet	2 inches	feet	inches
Weight	119 lbs.			lbs.
Chest Measurement	Girth when fully expanded	36 inches		inches
	Range of Expansion	3 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lammal Peterson</u>			
(Rank)	Major			
Enlisted	at	24 th May	at	
	on	24 th day of May	on	day of 1918
Joined on Enlistment	Corps.	Royal Nfld. Regiment.	Corps.	
	Regtl. No.	2417	Regtl. No.	
Transferred to				
Became non-effective by				
(Signature)				
(Rank)				



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 *Theodore Groke*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5417*

Intended address *Swillingtate*

Height on discharge *5 Feet 4*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Throat-*

Christian name of Father *George*

Christian name of Mother *Lucy*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Swillingtate 14-7-age. 22-1898*

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) *Theodore Groke*

(Rank) *P/E*

Station *St. John's.*

Date *July 7th 1919*

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.

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps *Royal Newfoundland*
2. Regtl. No. *5417* 3. Rank *P. Lt.*
4. Name *D. W. Mc. Hurdie*
(Surname) (Christian Names)
5. Age last birthday *27*
6. Posted for duty on at
in category (or grade)
7. Former Trade or Occupation *Fireman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(d) Particulars of Pension or Gratuity
(if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

In all cases such as facial injuries, eye, ear, nose and throat disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

The Complaints of No Disability

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

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

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

Repatriation

W.E. Procuier Capt Rame
 Medical Officer in charge of case.

Station *Hazley Down*
 Date *3/4/19*

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

August 1919

Mr. Theodore Trake,
Twillingate.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *Theodore* 2. Surname..... *Trokes*
3. Rank..... *Pte* 4. Regtl. No..... *5417*
5. Address in full to which future payments of gratuity are to be forwarded..... *Twillingate*
6. Date of enlistment in the Regiment..... *June 20/18*
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..... *no*
9. Address in full of such dependents..... *no*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *dry land only*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *1 year*
..... *1.3*

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.

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 on the Ret.?
If not give - (a) Date of discharge
(b) Reason for discharge

No
July 17/19
Ret.

Dec 06

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.

No England only

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.

his
Theodore X Froke
Insk

Signature of Applicant:

Place of Residence:

Twillingate

Declared before me at:

St Johns

This

12

day of

July

19...*19*....

John A. Cahy
J.P.

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	Paid	War Service	Net amount
	Soldier.	Dependent.	Gratuity.	due

.....

.....

.....

Certified correct.

Registrar

FORM K

Nº 4764



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Theodore Loke, Regl. No. 5417

hereby agree, until further notification by me, and in similar official form to make an Allotment of Fifty Dollars and 00 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 July 11/18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4384	Father	Mr George Loke	Stamford ^{Bois} _{Chapin?}	50
Total Allotment, \$				50

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

Sig.) [Signature]
 Officer Commanding
[Signature] Company
 St John
June 13 1918

(Sig.) Theodore Loke
Mark Obeney
 (Rank) Pte.

The Royal Newfoundland Regiment.

Dr.

To 5417 Ex Pts. T. Troke.

15-8-19; Conveyance from ~~Summerford~~ To St. Johns. \$4.50

J. C. S.

CERTIFIED CORRECT,

Theodore Troke *W. Cooper*

5417

ACCOUNT	<i>Trans</i>
CH. NO.	<i>4767</i>
IND. LEDGER	INITIALS <i>T.T.</i>
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Atch



ST. JOHN'S, Aug 15 th /19

Royal Newfoundland Regiment.

Billeting Account,

To Mrs. Power

Georges Street

Billeting Soldiers as undermentioned

from Aug 11 th /19 to Aug 16 th /19

[Handwritten initials]

5417 th J. Trobe 6 60

ACCOUNT	<u>B.L.</u>		
CH. NO.	<u>8006</u>	INITIALS	<u>[initials]</u>
IND. LEDGER	_____	INITIALS	_____
PAY LEDGER	_____	INITIALS	_____
GEN. LEDGER	_____	INITIALS	_____

Certified correct for \$ 6 60

[Signature]
Billeting Officer.
Peter Power

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Signature of O. C. Company

Number of Sheet *one*
D. S. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5417</i>	Age on	<i>21</i> years	Trade <i>Fisherman</i>		
	<i>Wolke Theo.</i>		months	Religion		
Joined	Date	Place and Date of Enlistment				
Joined	Date	<i>St. John's</i>				
Joined	Date	<i>24 5 18</i>				
Joined	Date	Period of		Place of Birth		
		with Colours	<i>1 7/8</i> years.	<i>S. 9</i>		
		with Reserve	<i>3 1/2</i> years.	<i>Somerford N.S.B.</i>		

Place	Date of Offence	Rank	Cause of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>9 5/19</i>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

5417

DEMOBILIZATION OF

Reg. No. 57117 Rank Plt. Name Hooker, J.
 Date of Enlistment 24-3-18 Address Domenica St. District St. John's
 Occupation Interpreter Classification for Discharge F.F. Medical Category F.1.
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1.
B 178	W 3494	B 122	Board 1st.	" 2.
B 178a	D 400A	B 1915	do 2nd.	" 3.
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 11-7-19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$60.00
 (b) Clothing Supplied None

Date 12-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2426 to his home at Lowland and Release Certificate No. 3577 issued.

Date 12-7-19 J. A. Snowcraft
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 9-5-19

Date 12-7-19 J. A. Snowcraft
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P]36.	B 268.	B 121.	N.F. Med.	D.F. 1.
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 12-7-19 J. A. Snowcraft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 26 1919 L. R. Cooper Capt.
O. C. Discharge Depot.

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

Date Aug 7 1919 [Signature]

Reg. No. *5417* Rank *P6* Name *Stokes, T.*

Attested Address *Summerford, N.D.A.*

Allotment Allottee

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S.S. *Cassandra* Cause *Discharge*

12 7 19
26 7 19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION

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

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

- 1. Unit and Corps. *Royal Newfoundland* Former Trade or Occupation } *Fisherman*
- 2. Regtl. No. *547* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *J. J. Ke* *Therome* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
- 5. Age last birthday. *22*
- 6. Posted for duty on..... at..... in category (or grade).....
- 7. If the disability is an injury was it caused
 - (a) in action (b) on field service
 - (c) on duty (d) off duty?
- 8. If a Court of Inquiry was held on an injury state:—
 - (a) When (b) Date of Discharge;
 - (b) Where (c) Cause of Discharge.
 - (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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. *nil*
- 12. Place of origin of disability. *nil*
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service.. | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. | | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

The complainant of no disability

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.)

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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 ?

Repatriation

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

W. B. Proemier . *Capt. Rame*

Station *Waxley Bourn*

Medical Officer in charge of case.

Date *3/4/19*

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