



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5095 Name Charlie Bail Corps with

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Charlie Bail
2. What is your full Address? 2. Lower St. Coles
Bay de Verde
3. Are you a British Subject? 3. yes
4. What is your age? 4. 20 Years — Months
5. What is your Trade or Calling? 5. Boatman
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, Charlie Bail 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.
Charlie Bail SIGNATURE OF RECRUIT.
Asa W. Atman Signature of Witness.

Charlie Bail OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
 I, 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
 on this 17 day of May, 1915.
 Signature of Attesting Officer C. Crooks 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 complied 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)

C.R. 5095

Extract from daily orders part II Royal Newfoundland Regiment.
Despatch at John's dated Aug. 12th 1919.

The discharge of the undernoted conscription has
been confirmed by officer i/c records from noted date
5-6-19.

5095, Pte. C. Vail.

C.R. 5095

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

The discharge of the undersigned on debilitation has been
APPROVED by C. J. Discharge Depot on noted date.

#5095 Pte. C. Vail. 20 -7-19.

C.R. 5095

Extract from Daily Orders Part II Unit The Royal Field Art.
St. John's, July 23rd 1919.

5095 Pte. G. Vail.

Reported at Headquarters 1-7-19 ex "Cassanira" which sailed
Glasgow 24th June, 1919.

C.R. 5095

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

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

#5095 Pte. Charles Vail.

C.R. 5095

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 18th, 1918

#5095 Pte. G. Vail.

Attested for General Service with the Royal Hfld. Regt.
from 17.5.18

C. Vail

C.R. 5095

~~PRO~~

No. 3247/494.

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,

2nd/Bn. Ryl Nfld Regt.

Winchester.

28th February 1919

March 9th 1919

5095. Pta Vail. C.

With reference to the following telegram from the Minister of Militia / / (52.)

"Pay to- 5095. Vail.

£4.7.0.

Cheque £4.7.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder,

LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Four

pounds and Shillings in respect of telegraphic remittance from the Minister of Militia.

No. 3195 Rank Lt

Witness

[Signature]

13

No. 3018/435.

N.F.P./79.

From. NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Br. Ryl Nfld Regt.
Winchester.

21st February 1919

February 22nd 1919

5095. Pte Vail G.

Receipt hereunder.

D. Skarr

LIEUT. COLONEL,
COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT.

With reference to the following telegram from the Minister of Militia / / (38)

"Pay to-5095. Vail.

Received the sum *Four pounds*

£4.0.0.

Cheque £ 4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

in respect of telegraphic remittance from the Minister of Militia.

R. Hunt

Chief Paymaster & O. i/c Records.

C. Hail

No. *51095* Rank *private*

Witness *M. Rocketts*

No. 2022/306.

FROM. NEWFOUNDLAND CONTINGENT

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

06711
NEWFOUNDLAND CO. N.F.P. /79.
VICTORIA ST.
OFFICER COMMANDING.
2nd Bn Ryl Nfld Regt.
Winchester.

5th February 1919

5095. Vail. C.

With reference to the following telegram from the Minister of Militia / / (4)

"Pay to- 5095. B. Vail.

£2.0.0.

Cheque £2.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. J. ...
Chief Paymaster & O. i/c Records.

February 6th 1919

Receipt hereunder

Kenneth LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Comdg. 2nd Batt'n.

Received the sum of Two pounds

in respect of
telegraphic remittance from the Minister of Militia.

C Vail
No. 5095 Rank Private

Witness M. Rockett

Vail, C

5095

Hay & Capt.

August 4th 1919.

Pte.C.Vail, 5095.

Lower Isld.Cove.

Dear Sir:

Enclosed please find Discharge Certificate
3469.

Yours truly,

Capt. W. R. Master.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5095 Rank Pte Name David G
 Intended place of residence Lower Gold Cove

2. Occupation Intermar
 Classification of soldier A Medical Category AI

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 18 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 18 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 18-7-19

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 17-5-18 No. of days on Military
 Discharged from service 20-7-19 Plus 14 days Service 444

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~~ ¹⁴ days from date.

Place, ST. JOHN'S
 Date JUL 20 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 3/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten] 207913469

15
20
31
3
79

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2095 Rank Plt Name Yank
 Date of Enlistment 1.7.18 Address Lancaster St. St. John's District St. John's
 Occupation Truckman Classification for Discharge Fy Medical Category A1
 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 17.7.19

K. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

C York

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) Clothing Supplied.....

#6000
John Stansfield

Date 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192456 to his home at Lower Red Bank and Release Certificate No. 3702 issued.

Date 18-7-19

M. Blount
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 3-8-19

Date 18-7-19

H. M. H.
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	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		

g. Form B

Date 18-7-19

M. Blount
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 JUL 20 1919

L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:—

F

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

18 7 19

Regimental No.

5095

Name

Vail Charles

Address

Lower Isld Ave. B. D. V.

Present Medical Category

A-1

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

Waterson
Senior Medical Officer

Geo Burden
M. O. Depot

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.

@ Vail

Signature of Man.

M. Johnston
Signature of the Vocational Officer or his Representative.

Reg. No. 30935

Place **ST. JOHN'S.**

Date 18-7-18 191

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

MEDICAL HISTORY

Surname Wail

OF

Christian Name Charlie

Table I.—GENERAL TABLE.

Birthplace:—Parish Rower & Cove Cb. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	17	May		191
	at <u>S. Johns</u>		at	
Declared Age...	20	years		days
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet		inches
Weight	130	lbs.		lbs
Chest Measurement	Girth when fully expanded... <u>36</u> inches		inches	
	Range of Expansion... <u>3</u> inches		inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/			
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lammie Patterson</u>			
(Rank)	<u>Major</u>		Medical Officer.	
Enlisted	at <u>S. Johns</u>		at	
	on	17 day of	on	day of
		May		191
		1918		
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment...	<u>The Royal 5095</u>			
	<u>Nfld Regt</u>			
Transferred to..				
Became non-effective by	on	day of	on	day of
		191		191
(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 *Vail, Charlie*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5095*

Intended address *Lower Shaw Cove Bay de Verde*

Height on discharge *5 Feet 5*

Color of hair on discharge *Dark Brown*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *Scar left shoulder*

Figure on discharge *Medium*

Christian name of Father *William*

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 *Lower Shaw Cove 15-3-1898*

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) *Charlie Vail*

St
(Rank)

Station *ST. JOHN'S*

Date *17-7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



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

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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 } Former Trade or Occupation } Fisherman
2. Regtl. No. 5095 3. Rank... Plt 7a. If the soldier claims previous service in Army, he should state—
4. Name Ball Charles (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... 21
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty ? (b) Date of Discharge ;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (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 Complaints of no disability

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.)

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 ?

Repatriation

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

W. J. Gwynne. Capt R.A.M.C.

Station *Hazeley Down*

Medical Officer in charge of case.

Date *4/14/19*

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

August 9th 1919.

Mr. C. Vail,
Lower Island Cove.

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 Ser-
vice gratuity.

Yours truly,

Capt. & Paymaster.

RS/.

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..... *Chas* 2. Surname..... *Vaie*
3. Rank..... *Pte* 4. Regtl. No..... *509th*
5. Address in full to which future payments of gratuity are to be forwarded..... *Romer Island Cove, B.D.V. Dist*
6. Date of enlistment in the Regiment..... *Nov. 18, 1916*
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..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *fourteen months*
- *1-2*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

.....
.....
.....
no

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

.....
.....

15. Have you been issued with a War Service Badge?

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

.....
18. Did you revert overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the Regt.?..... If not give:- (a) date of discharge..... (b) Reason for discharge.....

.....
.....
July 31/19
no
Domestic

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

.....
.....
England

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

.....
And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

ST. JOHN'S, 61618 V 100

Royal Newfoundland Regiment.

Billeting Account,

To Pt. C Fail

Billeting Soldiers as undermentioned

from

July 1/19 to July 26/19

5095 Pt. C Fail 16 60

Btm

ACCOUNT	
GR. NO. <u>3198</u>	INITIALS <u>Ed</u>
TRD. CO. _____	INT. _____
PAY LEAD. _____	INT. _____
GEN. LEAD. _____	INT. _____

Certified correct for \$ 16.60

[Signature]
Billeting Officer.

C. Fail

605.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet One

Regiment of

Royal New Forest

Signature of O. C. Company

C. D. A. Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>5695</u>	Age on	20 years months	Fisherman			
Joined	Date	Place and Date of Enlistment	<u>Sturton N. 5. 14</u>	Religion			
Joined	Date	Period of	with Colours 17 1/2 years. with Reserve 13 1/2 years.	Place of Birth			
Joined	Date			<u>Meltham</u>	<u>Tower Hill Cove</u>		

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 Sept 3 5/14</u>					

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5095 Rank Pvt Name Harold
 Date of Enlistment 17.5.18 Address Low... District PTJ
 Occupation Fisherman Classification for Discharge Eq Medical Category A1
 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	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 17.7.19 O. C. Discharge Depot H. H. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. @ York

..... has passed to Vocational Officer for information and action.

Date

2. Clothing L. R. COOPER CAP

Certified that Clothing Regulations have been complied with:

- (a) Clothing Allowance payable #60.00
 (b) Clothing Supplied Am. Colours

Date 18-7-19 O i/c. Re-clothing.

Reg. No. *5095* Rank *Y6* Name *Naik Chai*

Attested Address *Lower Island Cove*

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas... *JUL 1 1919*

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

167 E9
209 19

~~PASSED TO DEMOBILIZATION OFFICER~~

DISCHARGE APPROVED ON DEMOBILISATION.

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. *5095* 3. Rank. *Private*.....
4. Name *Neil Henry*.....
(Surname) (Christian Names)
5. Age last birthday. *21*.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation *Tradesman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
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 (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.

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.

- | 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 claim is so Disability

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

15. What is his present condition ?

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

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

Repatresting

20. Do you recommend—

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

W. E. Proctor *Capt. Remo.*
Medical Officer in charge of case.

Station *Hayley Down...*

Date *4/1/9*

* 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