



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5054 Name Henryward ~~corp~~ Mitch

Questions to be put to the Recruit before Enlistment

- | | |
|--|--|
| 1. What is your name? | 1. <u>Henryward</u> |
| 2. What is your full Address? | 2. <u>Proques</u>
<u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fireman</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, Henryward 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.

Henryward SIGNATURE OF RECRUIT

James D. [unclear] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Henryward 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 fully 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 15 day of May, 1915.

Signature of Attesting Officer Geo. [unclear]

†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 are to 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

5054

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

Name Henry Ward
 Apparent age 19 years months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Ward, Quebec
St Barbe | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	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>15-5-18</u>									
Joined at <u>St. John's</u> on <u>Monday 15/14</u>									
<u>Discharged August 9 1919</u>									
<u>Embarked St. John's S.S. Colombia to Halifax N.S. 22-7-18.</u>									
<u>To be foundered for demobilization 24-6-1919</u>									
<u>Arrived to be foundered 1-7-1919</u>									
<u>Demobilization St. John's 9 1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-8-1919</u> (date of discharge) <u>1</u> years <u>87</u> days									
" " Pensions " " " " " " " " " " " "									

A. Ward

C.R. 5054

~~1 x 10~~

C.R. 5054

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 21st 1919.

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

5054, Pte. Henry Ward.

C.R. 5054

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

The discharge of the undernoted on desabilization has been
APPROVED by O.C. Discharge Depot with effect from 26-7-19.

5054 Pte. H. Ward.

C.R. 5054

Extract from Daily Orders Royal Artillery Unit The Royal Field.
Regt. St. John's, July 2nd, 1919.

5054 Pte. H. Ward.

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

C.R. 5054

Extract from Daily Ord as part 11, from Unit the Royal
22d. Regt. St. John's, dated July 28, 1918

The following man embarked for overseas on H.M.S.
"Columella" July 28, 1918.

#5054 Pte. Henry Ward.

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regiment, St. John's, dated May 16th, 1918.

#5054 Pte. H. Ward.

Attested for General Service with the Royal Nfld. Regt.
from 15/5/18

Ward, H

5054

Ray - Sept.

August 14, 1919

#5054 Pte. Henry Ward,
Grignot,
ST. BARBE DIST.

Dear sir:-

Please find enclosed Discharge Certificate #3700.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5034 Rank Pvt Name Ward H
 Intended place of residence St. John's

2. Occupation Fishermen
 Classification of soldier E Medical Category A 1

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

H. X. Ward
 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

H. X. Ward
 Signature of soldier

J. J. Newcomb
 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

H. X. Ward
 Signature of soldier

James O'Sullivan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 13-5-18 No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 4520

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 JUL 26 1919

H. X. Ward
 Officer in Charge
 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

M. Bowley
 Officer in Charge
 The Royal Newfoundland Regiment

W.P.B. 2079/3700

17
20
31
9
87

The Royal Newfoundland Regiment

Class for Demobilization: 7/6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 11/19

Regimental No. 50 54

Name Ward Henry

Address Briguel

Present Medical Category AT

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

Members of Board {

O.C. Discharge Depot.

H. Paterson
Senior Medical Officer

W. W. Sinden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5054 Rank Platoon Name Ward H.
 Date of Enlistment 5-5-18 Address Esquimaux District St. John's
 Occupation Fisherman Classification for Discharge F Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. F/36	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.
B 179c	B 120	M 93		

Date 11-7-19 O. C. Discharge Depot h

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Henry Ward
fisherman

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable \$6.00
 (b) ~~Clothing~~ Supplied AM Johnston Lt

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. **B2373** to his home
 at **Ypres** and Release Certificate No. **3549** issued.

Date

12-7-19

J. A. Newcomb
 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. Newcomb
 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	
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	/ D 400A	/ B 1915	/	do 2nd	" 3	2 Form B
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. Newcomb
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUL 26 1919

N. R. Cooke
 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.

ward #6

Signature of Man.

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

Reg. No. 3054

Place **ST. JOHN'S.**

Date 12-7-79

191

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

MEDICAL HISTORY

Surname

Ward

OF

Christian Name

Henry

Table I.—GENERAL TABLE.

Birthplace:—Parish

Coicquet St. John's County, Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	15	May 1918		191
Declared Age	at	<i>St. John's</i>	at	
Trade or Occupation		<i>19</i> years — days		years days
Height		<i>Fisherman</i>		
Weight		<i>5</i> feet <i>64</i> inches		feet inches
Chest (Girth when fully expanded)		<i>147</i> lbs.		lbs
Measurement (Range of Expansion)		<i>38</i> inches		inches
		<i>4</i> inches		inches
Physical Development				
Vaccination Marks (Arm)	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R. E.—V=	<i>6/9</i>	R. E.—V=	
	L. E.—V=	<i>6/9</i>	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)	<i>Lamm Watson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<i>St. John's</i>	at	
	on	<i>15</i> day of <i>May</i> 1918	on	day of 191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<i>Royal Nfld. Regt</i>			
Transferred to	<i>Nfld. Regt</i>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

List in case of Warrant Officers treated in quarters.

In the cause, nature or treatment of the case likely to be of interest or of future use. In case of re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Treated by Dentist & givenly cured.

W H Keppell

MAJOR, R.A.M.C.

OFFICER in MILITARY HOSPITAL

DENTAL DEPARTMENT
HAZLEY DOWN.

DATE 25. 3. 19

To O/C Mil. Hosp.

From Dental Surgeon.

I beg to notify that Dental Treatment
of 5054 Pte. H. Ward. Nfld. Reg.
is now completed.

C. L. Mackness
Capt

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. *50374* 3. Rank. *Pvt.*
4. Name *Ward* *Henry*
(Surname) (Christian Name)
5. Age last birthday. *19*
6. Posted for duty on at
in category (or grade)
7. Former Trade or Occupation } *Fidelerman*
- 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? (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. 179a (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, 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.)

No Complaint 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. Procmies. Capt R...
 Medical Officer in charge of case.

Station *Hazley, Down*

Date *31/8/19*

* 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



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 *Ward. Henry*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5054*

Intended address *Guiguet, St. Barbe.*

Height on discharge *5* Feet *7*.

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Manda*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Guiguet, May 1st. 1899.*

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)

Henry X. Walsh *Ward.* (Rank) *Pte.*

ST. JOHN'S. *W. J. Walsh*

Station _____ Date *8-7-19*

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.

Station _____

Date _____

August 19, 1919

Mr. Henry Ward,
Griquet,
French Shore.

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/O RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *H* 2. Surname..... *Ward*

3. Rank..... *Pte* 4. Regtl. No..... *5055*

5. Address in full to which future payments of gratuity are to be forwarded..... *G. Guquet, French Shore*

6. Date of enlistment in the Regiment..... *May 1918*

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

8. Relationship of such dependents..... *—*

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

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

11. Were you on active service only in 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 mo*

Signature of Applicant: *This Edward*
 Place of Residence: *111 French Shore*
 Declared before me at: *St John's*
 This *17* day of *July* 19*19*....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of Affidavits. *John M. Clarke J.P.*

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet one

Forms
B 121.
39.

Regiment of Royal Newfoundlands

Signature of O. C. Company P. B. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years months		
5054	Ward Henry	19		fisherman	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	15.5.18		Meth.	
Joined	Date	Period of } with Colours } 17 years. with Reserve } 3 1/2 years.		Place of Birth	
Joined	Date				Croquet

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
Hazley Camp	16.10.18	Pt	-	Absent from parade 0645	Cap. Crawford	3 days CB.	16.10.18	Captain Pippy	
"	17.11.18	"		(1) Absent from Roll Call 21.30	Sgt Price	3 days CB.			
"	18.11.18	"		(2) Absent from Roll Call 21.30	As indicated	3 days CB.	24/18	Mr. W. Skelton	
"	27/3-19	"		(3) Late for Gunner Parade the C. Stand Absent from 0845 roll call Parade, next reported 0900 o'clock (15 minutes)	Mr. Royal	2 days CB.	28/3-19	Capt. W. Long	with
Demobilized 9/19									

To be carried over

Army Form B. 121.

Reg. No. *554* Rank *Y6* Name *Ward. H.*

Address *Grieguet*

Allotment *7* Allottee

Date of Allotment Returned from

Returned on S.S. *Cassandre* Cause *Widow* *25* *11* *1919*

12 7 19
26 7 19

PAID BY DEMOBILIZATION

DISCHARGE APPROVED ON DEMOBILISATION

The Royal Newfoundland Regiment

D 3054

DEMobilIZATION OF

Reg. No. 5054 Rank Plat. Name Ward, H.
 Date of Enlistment 15-5-18 Address Spicquett District St. John's
 Occupation Soldier Classification for Discharge F Medical Category A.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	1
B 178	W 2494	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 11-7-19

h O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

[Signature]
Henry Ward
Plat. Newmarket

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

[Signature]
AM [unclear]

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2373 to his home at Ypsiguet and Release Certificate No. 3549 issued.

Date 12-7-19

J.A. Shawcroft
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. Shawcroft
Depot Paymaster.

Discharge approved for 96-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P126	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 178a	D 100A	B 1915	do 2nd	" 3
B 179	400B	Form L	do 3rd	" 4
B 179a	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. Shawcroft
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 26 1919

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

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

Date Aug 7/19

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vii), 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 F., or F. (T), of this 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 Pensions 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 Horse Guards*. Former Trade or Occupation } *Wagoner*
 - 2. Regtl. No. *5054* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
 - 4. Name *Ward Henry* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
 - 5. Age last birthday... *19*.....
 - 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 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. *mf*
- 12. Place of origin of disability. *mf*
- 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. *mf*

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 ?

He complains of a 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 ?

20. Do you recommend—

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

Repatiation

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

W. E. Proctor *Capt. R. M. C.*

Medical Officer in charge of case.

Station *Hazely Town*

Date *3.1.44*

* 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.