



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5050 Name George Warren Corps C/6

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------|
| 1. What is your name? | 1. <u>George Warren</u> |
| 2. What is your full Address? | 2. <u>C/6 1st Bn F. Coy</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Foreman</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, George Warren 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.

G. Warren SIGNATURE OF RECRUIT.
J. J. Raymond SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, George Warren 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 15/5/18 day of May 1918

Signature of Attesting Officer Geo. Stacey - Capt

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 May 15 1918
 Place St. John's } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name George Harrison
 Apparent age 23 years months. Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 5 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Prudence Harrison
Charles Ann J. Bay | Relationship brother
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from									
Joined at on									
<div style="font-size: 2em; font-family: cursive;">Discharged August 9 1919</div>									
<div style="font-size: 2em; font-family: cursive;">[Signature]</div>									
Total Service forfeited as above.....									
Total Service towards Engagement to					(date of discharge)	years	days		
Pensions					[" "]	"	"		



4 THE ROYAL NEWFOUNDLAND REGIMENT /

ATTESTATION OF

No. 5050 Name George Warren Corps Cof B

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>George Warren</u> |
| 2. What is your full Address? | 2. <u>Chapel Arms J. Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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, George Warren do solemnly declare that the above answers made to me to the above questions are true, and that I am willing to fulfil the engagements made.

George Warren SIGNATURE OF RECRUIT.

15/5/18 J.R. Raymond Signature of Witness.

SWORN TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, George Warren 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 15 day of May 1918

Signature of Attesting Officer Geo. Leary - Ingt

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 May 15 1918
Place St. John's } 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).....

Reg. No. 5050 Rank Pte Name Warren George
Attested 15-5-18 Address 6 Maple Arms St.
Allotment 70 Allotee Mrs Benjamin Warren (Mother)
Date of Allotment 1-5-18 Returned from Overseas
Embarked for Overseas 22-1-18 Cause

16-5-18 Vacc

2nd Proc 4-7-18

GL 28-5-18 to 7-6-18

C.R. 5050

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

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/o Records from noted date 9-8-19.

5050, Pte. George Warren.

C.R. 5050

Extract from Daily Orders Part II Unit The Royal Rifles.

Regt. St. John's, July 15th, 1919.

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

5050 Pts. G. Warren.

C.R. 5050

Extract from Daily Orders Postmill Unit The Royal Rifles,
Regt. St. John's; July 2nd, 1919.

5050 Pte. G. Warren.

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

C.R. 5050

Extract from Daily Ord on part 11, from unit the Royal
Artillery, St. John's, dated July 25, 1918
The following were embarked for overseas on H.M.S.
"Columella" July 22, 1918.

#5050 Pte. George Warren.

C.R. 5850

Extract from Daily Orders part 11, Depot
St. John's dated December 5th., 1918.

45050 Pte. T. J. Walsh

To be Lance Corporal from 4/12/18.

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

#5050 Pte. G. Warren.

Attested for General Service with the Royal Nfld. Regt.
from 15.5.18

H. Warren

C.R. 5050

~~1110~~

No: 8500/1604

P 190182/3 ghs
RECEIVED
OFFICE OF THE
LONDON, S.W. 1
N.F.F.C.

From: 8579 NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn Royal Nfld. Regt
Winchester

11th June 1919

13th June 1919.

5050, Pte. G. Warren

With reference to the following telegram from the Minister of Militia / / 19 (227):

Receipt hereunder.
G. Paymaster
LIEUT. COLONEL,
COMMANDING 2ND BATTAL, NEWFOUNDLAND REGT.
R.H.R.

"Pay to -
5050 Warren £12:4:6

Received the sum of Twelve pounds

Cheque £ 12:4:6 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Four Shillings Sixpence respect of telegraphic remittance from the Minister of Militia.

G. Paymaster
Chief Paymaster & O. i/c records.

G Warren
No 5050 Rank Pte
Witness: W.H. Hodder

7
No. 2931/425.

067473



L.P.P. /79.

FROM NEWFOUNDLAND REGIMENT

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

Officer Commanding,
2nd/Bn. Ryl Nfld Regt.,
Winchester.

19th February 1919

February 21 1919

5050. Pte Warren G.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (36)

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

"Pay to- 5050. Warren.

Received the sum

£5.0.8.

Five Pounds
& *Eight Pence* in respect of telegraphic remittance from the Minister of militia.

Cheque £ 5.0.8. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

G Warren

Chief Paymaster & O. i/c Records.

No. *5050* Rank, *Private*

Witness

M. Rockett

Warren, G

5050

Hay sept.

August 14, 1919

#5050 Pte. George Warren,
Chapel Arm, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3687.

Yours truly,

Captain & Raymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3053 Rank. Pfc. Name. Warren S
 Intended place of residence. Clappell Arm Trinity
 2. Occupation Postman
 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

M. H. [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

S. Warren
 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

S. Warren
 Signature of soldier

James O'Riordan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 15-5-18 No. of days on Military
 Discharged from service. JUL 26 1919 Plus 14 days Service. 452

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

K. P. Coombe Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 9/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

17
30
31
9
27

U2B 2079 13687

The Royal Newfoundland Regiment

Class for Demobilization: B.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 11/19

Regimental No. 5450

Name Warren George

Address Chapel Farm

Present Medical Category A1

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

Members of Board

N.P. Cooper Capt.
O.C. Discharge Depot.

J. Robinson
Senior Medical Officer

Geo. Sinden
M.O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5000 Rank Platoon Name Warren, G.
 Date of Enlistment 15-5-18 Address Chappellam District St. John's
 Occupation Gasman Classification for Discharge E Medical Category A.1.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. F36	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 Warren

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. Warren

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

Date 12-7-19

O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.2449 to his home
 at Bloppel Am and Release Certificate No. 3536 issued

Date 12-7-19
 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
 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
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		

2 Form B

Date 12-7-19
 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
 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.

Signature of Man.

Reg. No. 3030 G Warren

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

12-7-19.

191

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

MEDICAL HISTORY

OF

Surname WarrenChristian Name George

Table I.—GENERAL TABLE.

Birthplace:—Parish Chappel Arm. M. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	15 day of May 1918	St Johns	day of	191
Declared Age	37 1/2 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 7 1/2 inches		feet	inches
Weight	150 lbs.		lbs.	lbs.
Chest Measurement	Girth when fully expanded	38 inches		inches
	Range of Expansion	5 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
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>Samuel Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	St. Johns	at	
	on	15 day of May 1918	on	day of 191
	Corps.		Corps	Regtl. No.
Joined on Enlistment	<u>The Royal Nfld Regt</u>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 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 *George Warren*

Regiment from which discharged **Royal Newfoundland**

Regimental number *# 5050*

Intended address *Chappel Ann, T. N.*

Height on discharge *5* Feet *5*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks —

Figure on discharge *medium*

Christian name of Father *William Mathew*

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 *Chappel Ann, Dec 22nd 1895*

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) *George Warren* *File*
(Rank)

Station *St John's* Date *5-2-19*

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

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 for 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 Grenadier Guards* } Former Trade or Occupation } *Stoker*
2. Regt. No. *5050* 3. Rank. *Pls* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
4. Name *Warren* } *George*
(Surname) (Christian Names)
5. Age last birthday. *23*
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
(b) Where (if any)
(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.

*not
at
at*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war 1
- (ii.) Previous active service. 1
- (iii.) Climate in pre-war service 1
- (iv.) Ordinary military service before the war 1
- (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? }

See complaint of 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 ?

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

Repatriation

W. E. Proemier, Capt. R. D. ...
 Medical Officer in charge of case.

Station ... *Hasselberg, Iowa* ...

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 191919

Mr. George warren.
Chapel Arm, T.B.

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..... *George* 2. Surname..... *Warren*
3. Rank..... *Pte* 4. Regtl. No..... *5050*
5. Address in full to which future payments of gratuity are to be forwarded..... *Chapel Arm T.B.*
6. Date of enlistment in the Regiment..... *May 15/18*
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..... *Newfoundland only*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *1 yr 1 mo*
..... 1.1
.....

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 in the Regt.?

No If not give - (a) date of discharge. *July 12/19* (b) Reason for discharge. *Decided*

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 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.

G Warren

Signature of Applicant:

Place of Residence:

Declared before me at:

This

17 day of May 19...19...

Signature of Barrister of the Supreme Court, Stipendiary Magistrate; Notary Public, Justice of the Peace, or Commissioner of affidavits.

John W. Conroy

POST DISCHARGE PAY.

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

Certified correct.

Registrar

The Department of Militia

ACCOUNT	Trans	
CH NO	9303	INITIALS
IND. LEDGER		
PAY		
GEN. LED.		

The sum of Seven Dollars Dollars is due

MR

Robert Warren Chapel Arm T. Bay Molokai Post Here

Reg No

5050

Rank

Pte

Name

Warren G.

From

New Harbour

To

Chappel Arm

Voucher attached Account for \$ 7.⁰⁰/₁₀₀

J. A. Snow
Captain

Demobilization Officer

3-9-19

W. J. H.

No. 907

TRAVELLING WARRANT

Date JUL 12 1919

The Royal Newfoundland Regiment

General

3100

Please issue 1st Class Passage and Meals for

No. 6050 Rank PL- Name Warren G.

From ~~ST. JOHN'S~~ - To Chappel Arm.
New Harbour

The Royal Newfoundland Regiment
DE ROT ST. JOHN'S, N.E.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

[Signature]
SIGNATURE OF ISSUING OFFICER.

Demobilization Officer
Discharge Depot Newfoundland

Robert Warren

Chapel Arm

Trinity Bay

Sept. 30, 1919

Robert Warren,
Chapel Arm,
T.B.

A.C.R.

Dear Sir:

I enclose herewith cheque for
\$7.00, amount due you for driving Pte. Warren
to his home.

Yours truly,

Major
Paymaster

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39

Number of Sheet 102

Regiment of Royal Newfoundland

Signature of O. C. Company C. D. D. / Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>Wanengo.</u>	Age on	23	years	<u>Postman</u>		
Joined		Date	of Enlistment	Religion			
Joined		Date	of Enlistment	Religion			
Joined		Date	of Enlistment	Religion			
Joined	Date	of Enlistment	of Enlistment	Religion	Place of Birth		
Joined	Date	of Enlistment	of Enlistment	Religion	Place of Birth		
Joined	Date	of Enlistment	of Enlistment	Religion	Place of Birth		
Joined	Date	of Enlistment	of Enlistment	Religion	Place of Birth		

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 9/19</u>					

To be carried over

The Royal Newfoundland Regiment

5050

DEMOBILIZATION OF

Reg. No. 5050 Rank Pvt. Name Warren, G.
 Date of Enlistment 13-5-18 Address St. John's District Trinity
 Occupation Submarine Classification for Discharge E7 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 11-7-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am G. Warren 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 [Signature]

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 2 449 to his home at Blappell Ave and Release Certificate No. 3536 issued.

Date 12-7-19 J. A. Snow
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 9-30-19

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

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122		Board 1st	" 2	1
B 178a	D 400A	B 1915	1	do 2nd	" 3	2 Forms 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. Snow
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 K. R. Cooper
O. C. Discharge Depot.

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

Date Aug 21 19 Mt

Reg. No. 5050 Rank P6 Name W. Arden Geo.

Attested Address Chapel Arms

Allotment lottee

Date of Allotment Returned from overseas JUL 1 1919

Returned on S.S. Cassandra Cause Buschery &

127 19
26 7 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 (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 } *Footman*
- 2. Regtl. No. *5020* 3. Rank. *Pvt* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Warren* *Geo* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
- 5. Age last birthday. *43*
- 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
 - (b) Where
 - (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 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 complaint 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?

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

Repatriation

W. E. Proenies *Staff Nurse*

Medical Officer in charge of case.

Station *Hopkinton*

Date *3-11-14*

* 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.