



THE ROYAL NEWFOUNDLAND REGIMENT

No. *583* Name *George Edwarren Edge*

QUESTIONS TO BE PUT TO THE RECRUIT BEFORE ENLISTMENT.

1. What is your name? 1. *George Edwarren*
2. What is your full Address? 2. *St. John's
Imperial Hotel*
3. Are you a British Subject? 3. *Yes*
4. What is your age? 4. *22* Years Months
5. What is your Trade or Calling? 5. *Sailor*
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, *George Edwarren* 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.

George Edwarren SIGNATURE OF RECRUIT.

J. W. [illegible] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *George Edwarren* 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 *1* day of *June* 191*8*

[Signature] Signature of Attesting Officer *[Signature]*

† 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 *[illegible]*

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

Date 191*8*
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5583

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

Name George Ed Warren
 Apparent age 22 years 5 months. Height 5 feet 6 3/4 inches
 Chest Measurement { Girth when fully expanded 26 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Warren Fox Island
Prunges Kaprice | 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 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 <u>1-6-18</u>									
Joined at <u>St John's</u> on <u>June 1-1918</u>									
<u>Discharged August 9-1919</u>									
<u>Embarked St John's N.S. to St. John's N.S. Halifax N.S. 22-18</u>									
<u>to 18th for demobilization 24-6-19</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St John's 9-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 9-8-1919 [date of discharge] 1 years 70 days
 Pensions " " " " " " " " " " " "

C.R. 5583

Extract from Daily Orders Part II Royal Newfoundland
Regiment 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.

5583, Pte. George Warren.

C.R. 5583

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

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

5583 Pte. G. Warren.

C.R.

5583

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

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

#5583 Pte. George Warren.

C.R. 5583

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 5, 1918.

#5583 Pte. G. Warren.

Attested for General Service with the Royal Nfld. Regt.
from 1.6.18

S. Warren

C.R. 5583

1110



THE ROYAL NEWFOUNDLAND REGIMENT
ALLOTMENTS

I, George Warren, Regl. No. 5583
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Fifty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
 concerned, viz.:

Allotment begins August 1st 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6623	Father	John Warren	Fox Island By Bungay Leopold	50
Total Allotment, \$				50

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

(Sig.) [Signature]
 Officer Commanding
 Company
H. John Wild
July 31st 1915

(Sig.) George Warren
 (Rank) Private

Warren, G.

5583

Ray Sept

August 14, 1919

#5583 Pte. George Warren,
Fox Island,
BURGEO & LAPOILE DIST.

Dear Sir:-

Please find enclosed Discharge Certificate #3683.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5583, Rank Pte Name Warren G.S.
 Intended place of residence Port Islands

2. Occupation Sailor
 Classification of soldier A Medical Category AT

3. The above named man is discharged in consequence of
DEMobilIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place, ST. JOHN'S
 Date JUL 12 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL 12 1919
 Signature of soldier
 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 19 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-6-18 No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 435

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
 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
 Officer in Charge
 The Royal Newfoundland Regiment

AWB 207913693

30
31
9
70

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. *3593*

Name *W. A. M. M. M.*

Serge

Address

Fox Island

Present Medical Category

A 1

Recommended for:— (a) Immediate discharge

(b) ~~Standing~~ Medical Board

Members of Board

O. C. Discharge Depot.

W. A. M. M. M.
Senior Medical Officer

J. W. Burden

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 283 Rank Plt Name Warren G. J.
 Date of Enlistment 1-16-18 Address Fox Lodge District B. Lapointe
 Occupation Painter Classification for Discharge 1/1 Medical Category H.
 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. 11/11/19

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

G. 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 Amel bush

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 11235-6 to his home at 7th 9th and Release Certificate No. 3501 issued.

Date 12-7-19

J.A. Lawrence
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

H. M. H.
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
F 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

J.A. Lawrence
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

N.R. Cooper Capt.
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.

G Warren

Signature of Man.

J. A. Shaw Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. 5583

ST. JOHN'S

Place

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 Warren

Christian Name George Edward

Table I.—GENERAL TABLE.

Birthplace:—Parish Fox Island Burgeo County St. John's Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	June		191
	at	St. John's	at	
Declared Age	27	years		days
Trade or Occupation	Sailor			
Height	5	feet 6 ³ / ₄		inches
Weight		141		lbs.
Chest Measurement	Girth when fully expanded		36	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>/</u>	<u>1 Scar</u>		
When Vaccinated	7 years ago			
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>L. Munnick</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	1 day of June	on	day of 191
		Corps.		Corps
		Regtl. No.		Regtl. No.
Joined on Enlistment	Royal Nfld. <u>15883</u>			
	Reservist.			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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 Land* Former Trade or Occupation } *sailor*
2. Regtl. No. *1583* 3. Rank... *plts* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps with Regtl. Nos.
4. Name *Warren George Ed*
(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 (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

11. Date of origin of disability. *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*



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

5253

Intended address

Fox Island

Height on discharge

5 Feet *7*

Color of hair on discharge

Brown

Complexion

Fair

Color of eyes

Brown

Descriptive Marks

—

Figure on discharge

medium

Christian name of Father

John

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

Fox Island, Nov-7th, 1896

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

Oke.
(Rank)

Station

M. John's

Date

5-4-19

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 16, 1919

Mr. George Warren,
Fox Island,
West Coast.

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..... R/O 4. Regtl. No..... 5583

5. Address in full to which future payments of gratuity are to be forwarded..... Two Islands West Coast

6. Date of enlistment in the Regiment..... June 1. 1918

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..... —

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 Hfld. If so, give dates and particulars of such service..... Overseas

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

3 weeks

1 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.

no

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

no

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.

no
July 26/18
Remoh

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.

England

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

Signature of Applicant: *George Warren*
 Place of Residence: *Tree Island, West Coast*
 Declared before me at: *St John's*
 This *14* 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 McCarthy J.P.*

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

PM

5583 Warren

Please make one pay W. S. G.

14/7/19

J. C. D. W. F. K.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰/₁₀₀

July 14 19 17

Received from the First Newfoundland Regiment
the sum of Seventy _____ Dollars.
on account of Pay. *W.S.G.*
~~balance~~

G. Warren

Ch. No. 2937	Initials. <i>EW</i>
Pay Ledger 278	Initials. <i>WR</i>
Gen. Ledger	Initials.

Regtl. No.

Rank

J. C. A.

No. 5583

Rank

Pt

Name

Warren S.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

A. B. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
	5583 George A. Wares	22			
Joined	Date	Place and Date of Enlistment		Religion	
		St. John's 1.6.18		C of E	
Joined	Date	Period of		Place of Birth	
Joined	Date			with Colours	years.
Joined	Date	with Reserve	years.		
		1 1/2	3/4		

Place	Date of Offence	Rank	Cases of Disobedience	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized 9/19					

To be carried over.

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 W., W. (T), 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* 7. Former Trade } *Sailor*
or Occupation }
2. Regtl. No. *2883* 3. Rank *Pvt* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name *Warren* *Geo. E.*
(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 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, 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.)

The complainant 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.

Rehabilitation

W. E. Procuier. Capt. R.A.M.C.
 Medical Officer in charge of case.

Station *Hayley Down*

Date *3.7.19*

* 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.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 583 Rank Plt Name Warren Litch
 Date of Enlistment 1-6-18 Address Tex St. St. John's District St. John's
 Occupation Charcoal Classification for Discharge 14 Medical Category Hi
 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 Mess H

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

J 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. 12356 to his home at 7149001 and Release Certificate No. 3501 issued.

Date 12-7-19

J.A. Lawrence
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. Lawrence
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	
F 178	W 3494	B 122	Board 1st	" 2	
F 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. Lawrence
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

JUL 20 1919

Date

N.R. Cooper
O. C. Discharge Depot.

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

Date Aug 7 / 19

W.H.

Reg. No. 5583 Rank Pfc Name Warren G.
Attested Address Fox Island
Allotment Allottee
Date of Allotment Returned from Overseas JUL 1 1919
Returned on S.S. Cassandra Cause Discharge

12 7 19
26 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION