



4 THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4989

Name Arthur L. Watkins Corps

*With*

Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... *Arthur L. Watkins*
2. What is your full Address? ..... *Homeless Army*
3. Are you a British Subject? ..... *Yes*
4. What is your age? ..... *19* Years ..... Months
5. What is your Trade or Calling? ..... *Labourer*
6. Are you Married? ..... *No*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... *No*
8. Are you willing to be vaccinated or re-vaccinated? ..... *Yes*
9. Are you willing to be enlisted for General Service? ..... *Yes*
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... *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? ..... *Yes*

I, *Arthur L. Watkins*, 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.

*Arthur L. Watkins*  
*J. D. [Signature]*

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Arthur Watkins*, 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 *11* day of *May*, 1915.

Signature of Attesting Officer *C. B. [Signature] Lieut*

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the:

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

Date *May 11*, 1915  
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

4989

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

Name Arthur Watkins  
 Apparent age 19 years \_\_\_\_\_ months \_\_\_\_\_ Height \_\_\_\_\_ feet \_\_\_\_\_ inches  
 Chest Measurement { Girth when fully expanded 36 1/2 inches  
 Range of expansion 5 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Watkins  
Proviso Arm | 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)
X			

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'copot	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>11-5-18</u>									
Joined at <u>St. John's</u> on <u>11-19-18</u>									
<del>St. John's</del> <u>changed August 11, 1919</u>									
(2)									
Embarked <u>St. John's St. Columella to Halifax N.S. 22 78</u>									
<u>to Newfoundland for demobilization 24 6 -1919</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St. John's</u>									
									<u>11-8-1919</u>
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-8-1919</u> (date of discharge) <u>1</u> years <u>93</u> days									
Pensions .....									

C.R. 4989

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

The discharge of the undersigned on demobilisation has been  
confirmed by officer i/o records from noted date 13-8-19.

4989, Pte. Arthur Watkins.

C.R. 4989

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, July 16th, 1919.

The discharge of the undemoted on demobilization has been

APPROVED by C.C. Discharge Depot with effect from 28-7-19

4989 Pte. A. Watkins.

C.R. 4989

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

4989 Pte. A. Watkins.

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

C.R. 4989

Extract from Daily Ord as part 11, from Unit 2nd Royal  
Mtd. Regt. St. John's, dated July 25, 1918

The following men embarked for overseas on H.M.S.  
"Columbells" July 28, 1918.

#4989 Pte. Arthur Watkins.

Extract from Daily Orders part II, from Unit The Royal Field.  
Regt. St. John's, dated May 18, 1918.

#4989 Pte. A. Watkins.

Attested for General Service with the Royal Field. Regt.  
from 10.5.18 to report 24.5.18

A Watkins

C.R. 4989

~~SPD~~



Reg. No. 4989 Rank Pte Name Watkins, Arthur, L. D. Co  
 Attested 11-5-18 Address Warrior Arms  
 Allotment Eighty cents Allotee Phoebe Watkins (Mother)  
 Date of Allotment 1-7-1918 Returned from Overseas \_\_\_\_\_  
 Embarked for Overseas JUL 22 1918 Cause \_\_\_\_\_

13-5-18 Vac 13<sup>th</sup> / 6 / 18 No. 2nd No. 20 6/8.  
 G.L. 28-578 to 7-6-18 R.L. 96/8

No. 4071 A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Arthur Watkins, Regl. No. 4989

hereby agree, until further notification by me, and in similar official form to make an Allotment of                      Dollars and Eighty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins July 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend.	NAME (in full)	ADDRESS	AMOUNT (each person)
4255	Wife	Phoebe Watkins	Garris Arms	80
Total Allotment, \$				80*

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

Sig. [Signature]  
 Officer Commanding  
St Johns Company  
July 1/1918

(Sig.) Arthur Watkins  
 (Rank) Private

No. 15068/1556.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

To:

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

Officer Commanding,  
2/Bn. Royal Newfoundland Rgt.  
Hazeley Down Camp,  
Winchester.

September 20th 1918

Sept 26<sup>th</sup> 1918

Subject: 4989, Pte. A.L. Watkins,

With reference to the following telegram (208) from the Hon. Minister of Militia, received

Receipt hereunder.

*Chambers*  
**LIEUT. COLONEL,**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.,**  
Officer Commanding,  
Royal Newfoundland Regiment

\*Pay to 4989, Pte. A.L. Watkins, £2:1:0.

Draft £2:1:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Two pounds  
one shilling on account of  
cable remittance from Newfoundland.

*A.L. Watkins*  
Chief Paymaster & O. i/c Records.

A Watkins  
No. 4989 Rank Private

*W.D.*

# SIGNALLER'S RECORD SHEET.

Rgtl. No. 4989 Rank Pte Name & Initial Watkins W  
 Unit Royal Newfoundland Regt

## STANDARD TESTS. (Details overleaf.)

No.	Map Reading		Electrical Instrument		Signal Training	
	Date	Officer's Sig.	Date	Officer's Sig.	Date	Officer's Sig.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

Qualified in all Standard Tests  
 M. Whitty Capt

## CLASSIFICATION TESTS.

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending ...	98%	100%	99%	98%	%	
Reading ...	98%	99%	97%	99%	%	

R.A. Signallers only

Classified as 1st Class Signaller at Sagres Down Camp  
 Date 9/12/18 Signature of Classifying Officer  
 Reclassified as Class Signaller at  
 Date Signature of Classifying Officer M. Whitty Capt

Courses

Other qualifications

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

## MAP READING. STANDARD TESTS.

- | No. of Test. | DESCRIPTION OF TEST.  |
|--------------|---|
| 1.           | Point out on a map the conventional signs of objects enumerated.                                      |
| 2.           | From a map to point out on the ground points and objects selected on the map, and <i>vice versa</i> . |
| 3.           | Measure shortest distance from point A to B on a map according to scale.                              |
| 4.           | Set a map without a compass (a) by the ground.<br>(b) by the sun and stars.                           |
| 5.           | Describe a point on a squared map by means of a map reference, and <i>vice versa</i> .                |
| 6.           | Measure on a map the distance from one point to another by road.                                      |
| 7.           | Set a map by compass.   |
| 8.           | Determine if a point A is visible from point B by studying contours, but without drawing a section.   |
| 9.           | Take a bearing with a protractor off a map.   |
| 10.          | Convert a magnetic bearing into true bearing, and <i>vice versa</i> .                                 |
| 11.          | Take a bearing with a compass and measure it on a map with protractor.                                |

## SIGNAL TRAINING. STANDARD TESTS.

1. Accept a message including counting and filling in preamble.
2. Fill in Sent Column on message form.
3. Fill in Signal Register.
4. Fill in Received Column on message form.
5. Send and receive a verbal message on the telephone.
6. Call up with (a) flag, known and unknown station.  
(b) buzzer.  
(c) ringing phone.
7. Put through a call on a 4 plus 3 switch unit.
8. VISUAL. Carry out duties of reader. (For R.A. Signallers includes Semaphore.)
9. " " " caller. " " "
10. " " " writer. " " "
11. " " " answerer. " " "
12. " " " answer-reader. " " "
13. " " " sender. " " "
14. LUCAS LAMP. Set up and align.
15. " " Replace cells.
16. " " Connect up cells.
17. " " Trace the electric circuit with a view to locating a fault.
18. " " Change a bulb.
19. " " Change nightshades.
20. " " Test flexible cord.
21. TELESCOPE. Set up on stand and align.
22. " " Focus on a blue flag unreadable to the unaided eye and read a message.
23. HELIOGRAPH. Set up and align with vane.
24. " " Change to duplex and align.
25. " " Regulate the beat.

## ELECTRICAL INSTRUMENTS TESTS.

- | CELLS.  | MISCELLANEOUS.   |
|---|--|
| 1. Render active.   | 14. Connect up Fullerphone and Telephone on same circuit so that they may be used at the same time without interruption.                           |
| 2. Connect in series and parallel.  | 15. 4 plus 3 Buzzer Unit. Connect up.  |
| TELEPHONE D. III.   |  |
| 3. Connect and insert cells and cell connections.                           |  |
| 4. Test instrument.   |  |
| 5. Localise and remedy the following faults:—                               |  |
| (a) Adjustment of buzzer.   |  |
| (b) Dirty key contact.  |  |
| (c) Dirty Pressel switch contact.   |  |
| (d) Receiver discs and washers.   |  |
| (e) Microphone capsule.   |  |
| 6. Connect up earth return, metallic return, and use of condenser terminal. |  |
| FULLERPHONE.  |  |
| 7. Connect and insert cells and cell connections.                           |  |
| 8. Test instrument.   |  |
| 9. Localise and remedy the following faults:—                               |  |
| (a) Adjust No. 1 or (A) contact of armature.                                |  |
| (b) Adjust No. 2 or (B) contact of armature.                                |  |
| (c) Dirty contacts.   |  |
| VIBRATOR, R.A.  |  |
| *10. Connect up hand set and cell connections.                              |  |
| *11. Test instrument.   |  |
| *12. Localise and remedy the following faults:—                             |  |
| (a) Adjustment of buzzer.   |  |
| (b) Dirty key contact.  |  |
| (c) Dirty Pressel switch contact.   |  |
| (d) Receiver disc and washers.  |  |
| (e) Microphone capsule.   |  |
| 13. Connect up earth and metallic return.                                   |  |
|   | 20. Identify lines by labels.  |
|   | 17. Draw and explain a simple circuit diagram.   |
|   | 18. Draw and explain a simple route diagram.   |
|   | 19. Make a reef knot, barrel litch and clove litch.  |
|   | 23. Joint and insulate (a) D. II. } Single or<br>(b) D. III. } Twisted,<br>(c) D. V. }<br>(d) D. twin MK. III.                                     |
|   | 21. Make simple joint in enamelled wire or single airline.   |
|   | 22. Lay cable (a) in open country.<br>(b) in trenches.   |
|   | 23. Tap in on (a) metallic circuit,<br>(b) earth circuit,<br>and determine on which side the fault is.   |
|   | 24. Test with Q. and I. detector—<br>(a) cells;<br>(b) a circuit, for disconnection earth and contact;<br>(c) in order to pick up wires in a rope. |

\* R.A. only.

This space to be pasted in A.B. 64.

No 2483/589



From: NEWFOUNDLAND CONTINGENT

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

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

P.D. 0674  
14/2/1919

13th February 1919

February 17th 1919

4989. Pte Watkins. A.L. 13

With reference to the following telegram from the Minister of Militia ( 17. )

Receipt hereunder.  
J. Seymour  
for  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to-4989. Pte Watkins.

Received the sum of Two pounds

£2.1.0.

Cheque £2.1.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

one Shilling - in respect of telegraphic remittance from the Minister of militia.

*[Signature]*  
Chief Paymaster & O. i/c Records.

A.L. Watkins  
No. 4989 Rank Private  
Witness M. Rocketts

Watkins, A

4989

Aug - Sept.

August 14, 1919

#4989 Pte. Arthur Watkins,  
Morris Arm, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3721.

Yours truly

Captain & Paymaster.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4989 Rank Pte Name Watkins A  
 Intended place of residence Horns Arm

2. Occupation Disherman  
 Classification of soldier E Medical Category AT

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 14 1919

*H. Marsit*  
 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 14 1919

*A. Watkins*  
 Signature of soldier

*A. B. Blawie*  
 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 14 1919

*A. Watkins*  
 Signature of soldier

*W. J. Creator*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 11-5-18 No. of days on Military  
 Discharged from service 28-7-19 Plus 14 days Service 458

### 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, 28 days from date.

Place, ST. JOHN'S

Date JUL 28 1919

*D. R. Cooper*  
 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 11/1919

*M. Bowley*  
 Officer in Charge  
 The Royal Newfoundland Regiment

2-2-20 79/1721

# The Royal Newfoundland Regiment

Class for Demobilization:—

*6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 2/19*

Regimental No.

*4989*

Name

*Haddenis A.*

Address

*Port Antonio, Jamaica*

Present Medical Category

*A-1*

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

*N.R. Cooper Capt.*

O.C. Discharge Depot.

*J.P. Patton*  
Senior Medical Officer

*Geo. Berden*  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 989 Rank Plt Name Watkins A.  
 Date of Enlistment 11-5-18 Address Winnipeg District 2 Gate  
 Occupation Fisherman Classification for Discharge F Medical Category 1A  
 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	3
B 179	D 400B	Form L.		do 3rd.	" 4	
B 179a	D 400C	Form K.		do 4th.	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 12-7-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*A. Watkins*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$600  
 (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. *R2418* to his home at *Arms Ave* and Release Certificate No. *3591* issued.

Date *14-7-19*

*Albion St*  
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 *11-6-19*

Date *14-7-19*

*Depot Paymaster*

Discharge approved for *28-7-19*

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	
R 178a	D 400A	B 1915	do 2nd	" 3	<i>From B</i>
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 *14-7-19*

*Albion St*  
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 28 1919*

*K.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.

*J. Watkins*

Signature of Man.

*W. M. Clouston*

Signature of the Vocational Officer, or his Representative.

Reg. No. 4989

Place

ST. JOHN'S.

Date

14-7-19

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

## MEDICAL HISTORY

Surname Watkins OF Christian Name Arthur

Table I.—GENERAL TABLE.

Birthplace:—Parish North Arm 1072 County Wfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined .....	11	May		1918
at .....	S. Johns		at	
Declared Age .....	19	years	years	days
Trade or Occupation .....	Fisherman			
Height .....	9	feet		inches
Weight .....	138	lbs.		lbs
Chest Measure- ment {	Girth when fully expanded .....	36½		inches
	Range of Expansion .....	5		inches
Physical Development .....				
Vaccination Marks {	Right	Left	Right	Left
	Number .....			
When Vaccinated .....				
Vision .....	R.E.—V=	6/10	R.E.—V=	6/10
	L.E.—V=	6/10	L.E.—V=	6/10
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature) .....	L. M. Peterson			
(Rank) .....	Major		Medical Officer.	
Enlisted .....	at	S. Johns	at	
	on	11	day of	May
				1918
	Corps.		Regtl. No.	
Joined on Enlistment .....	The Royal		1989	
	Wfld Regt			
Transferred to .....				
Became non-effective by .....	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 F., 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 } *fisherman*  
or Occupation }
2. Regtl. No. *4989* 3. Rank... *plte* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
4. Name *Watkins Arthur T.*  
(Surname) (Christian Names)
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  
(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. *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 Employer of the disability-*

15. What is his present condition?

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

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

16. Was an operation performed? If so, when and what was its nature?

17. If not, was an operation advised and declined?

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

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. Troemner. Capt R.A.M.C.*

*Medical Officer in charge of case.*

Station *Hazeley B.M.*

Date *4/11/19*

\* 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

*Watkins Arthur*

Regiment from which discharged **Royal Newfoundland**

Regimental number

*4989*

Intended address

*Home Army*

*2 Gate*

Height on discharge

*5* Feet *8*

Color of hair on discharge

*Dark*

Complexion

*Fair*

Color of eyes

*Blue*

Descriptive Marks

*None*

Figure on discharge

*None*

Christian name of Father

*Samuel*

Christian name of Mother

*Abel*

Wife's maiden name in full

\_\_\_\_\_

Date and place of marriage

\_\_\_\_\_

Christian names of children

\_\_\_\_\_

Place and date of soldier's birth

*St. John's 24 Mar. 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)

*Arthur Watkins*

(Rank)

*Private*

Station

*St. John's*

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.

August 19, 1919

Mr. Arthur Watkins,  
Morris Arm, N.D.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 Arthur ..... 2. Surname Watkins .....

3. Rank Pte ..... 4. Regt. No. 4989 .....

5. Address in full to which future payments of gratuity are to be forwarded. Navus' arm .....

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

12. Give total length of time which you served on active service, whether in field or Overseas. fourteen mo .....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.  
no

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

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

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

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

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

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

19. Are you now serving in the Rest? no If not give:- (a) Date of discharge July 28/19 (b) Reason for discharge Demob

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

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

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

Signature of Applicant: *Arthur Watkins*

Place of Residence: *Harris, Ariz.,  
St. Johns*

Declared before me at:

This *14* day of *July* 19*19*....

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

POST DISCHARGE PAY.

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

.....

.....

.....

Certified correct. Paymaster





4989?

7938

Novis Arms Off.

Dec. 15/19

Minister of Justice  
Care of Hon. H. C. Griffin  
M. Jones

Dear Sir -

I beg to inform you  
that up to date I have not  
received my ~~check~~ cheque.  
Will you look up this matter  
and oblige

Yours Truly  
Arthur Watkins

Wm. J. Jones



49897

January 6th 1920.

Mr. Arthur Watkins  
Morris' Arms. S.D.B.

Dear Sir:

With reference to your letter of  
recent date (7638) please quote regimental  
Number.

Yours truly,

RS/.

Lieut.,  
& Paymaster

4989

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal-1914-1919.

Name.....*Arthur Jackson*.....

Date.....*Jan 25 1920*.....

Place.....*Norris Conn*.....

5

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet one

Forms  
B. 121.  
29.

Regiment of Royal Newfoundlands

Signature of O. C. Company P. S. Dicks *Lieut.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No. <u>4984</u>	<u>Watkins</u>	Age on <u>19</u> years	months	<u>Seaman</u>		
Joined <u>          </u>	Date <u>          </u>	Place and Date of Enlistment <u>St John's</u>	<u>11.5.18</u>	Religion <u>Method</u>		
Joined <u>          </u>	Date <u>          </u>	Period of	with Colours <u>93</u> years.	Place of Birth <u>North arm N. D. B.</u>		
Joined <u>          </u>	Date <u>          </u>		with Reserve <u>36</u> years.			

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
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				<u>Demobilized</u>	<u>St John's</u>		<u>11-8-19</u>		
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To be carried over

Army Form B. 121.

C.R.

4989

Army Form 179A

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 Artillery
- 2. Regtl. No. 4958 Rank
- 4. Name Nathan Arthur  
(Surname) (Christian Names)
- 5. Age last birthday 19
- 6. Posted for duty on ..... at .....  
in category (or grade) .....
- 7. Former Trade or Occupation Johnson
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
- 8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty?
- 9. If a Court of Inquiry was held on an injury state:—  
(a) When (b) 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 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. Phil
- 12. Place of origin of disability. Phil
- 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. See

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? } *Oh, don't no 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 ?

*Reparation*

20. Do you recommend—
- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*W. P. Proctor, Capt. R.A.M.C.*  
 Medical Officer in charge of case.

Station *Abbeville*

Date *4/14/19*

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

# The Royal Newfoundland Regiment

24989

## DEMOBILIZATION OF

Reg. No. 4989 Rank Plt Name Watkins, A  
 Date of Enlistment 11-5-18 Address Norris Arm District T Gate  
 Occupation Stokerman Classification for Discharge Tp Medical Category 1st  
 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 13-7-19

P. Watkins  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

A. Watkins

Particulars passed to Vocational Officer for information and action.

Vocational Officer for War Service

Date \_\_\_\_\_

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. Yes

(b) Clothing Supplied \_\_\_\_\_

A. M. D. [Signature]

Date 14-7-19

O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2418 to his home at James Ann and Release Certificate No. 3591 issued.

Date 14-7-19

Malcolm St  
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 11-8-19

Date 14-7-19

O. R. Cooper  
Depot Paymaster

Discharge approved for 28-7-14

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 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		

3 Form B

Date 14-7-19

Malcolm St  
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 28 1919**

Date .....

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

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

Date Aug 7/19

3/11

Reg. No. 4989

Rank *Pfc*

Name *Webb A.*

and

Address *Kornis Arm*

Plotment

Allottee

Date of Ali.

Returned from Overseas *JUL 1 1919*

*Cassandra*

Cause *Discharge*

*1 1 19*  
*28 7 19*

**PASSED TO DEMOBILIZATION OFFICER  
DISCHARGE APPROVED ON DEMOBILIZATION.**