



# DESCRIPTIVE REPORT ON ENLISTMENT

5923

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

Name Jerry White  
 Apparent age 20 years 0 months. Height 5' feet 4 1/2 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Reuben Peddle  
Little Ave. East P.B. | Relationship Uncle

### 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. Pny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>5-8-18</u>									
Joined at <u>St John's</u> on <u>August 5-1918</u>									
<u>Discharged August 11 1919</u>									
<u>Embarked St John's train to Halifax, N.S. 22-9-18.</u>									
<u>To Newfoundland for demobilization 24-6-19</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St John's 4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 11-8-1919 (date of discharge) 1 years 7 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5923

extract from daily orders part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 22nd 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from noted date 11-8-19.

5923, Pte. Jeremiah White.



C.R. 5923

**Extract from Daily Orders By Major M.S. Sullivan,  
Commanding Newfoundland Forestry Companies. 6-12-18.**

**The undermentioned having reported for duty  
from 2nd Bn. Royal Nfld. Regt. is attached to the  
strength for rations from this date, and posted to  
"G" Company.**

5923 Pte. J. White.

C.R. 5923

Extract from Daily Orders Part 11 Unit The Royal Wilt.

Regt. St. John's, dated August 17th, 1918.

5923 Pte. J. White.

Granted leave from 17-8-18 to 26-8-18.



CD 5923

Extract from Nominal Roll Entrained St. John's for Overseas.

Sept. 22, 1918. "1".

5923 White Jeremiah.

C.R. 5923

Extract from Daily Orders Part 11 from Unit The Royal  
Wfld. Regt. St. John's, dated August 9, 1918.

5923, Pte. Jerry White,

Attested for General Service with The Royal Wfld. Regt.  
from 5/8/1918.



C.R. 5923

Extract from Daily Orders Part 11 Unit The Royal Wfld.

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

The Discharge of the undernoted on deombilisation has  
been APPROVED by O.C. Discharge Depot, with effect from  
28-7-19

5923 Pte. J. White.



J. White

GR. 5923

1410



White, J

5923

Ray Dept.



August 14, 1919

#5923 Pte. Jeremiah White.  
Little Harbor, P.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3753.

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5923 Rank. Pte Name. White J.  
 Intended place of residence. Little St Pleasants

2. Occupation Fisherman  
 Classification of soldier. E Medical Category. A 2

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

*[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 14 1919

*[Signature]*  
Signature of soldier

*[Signature]*  
Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 14 1919

*[Signature]*  
Signature of soldier

*[Signature]*  
Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service. 5-8-18 No. of days on Military  
 Discharged from service. JUL 28 1919 Plus 14 days Service. 372

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 28 1919

*[Signature]*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 11/1919

*[Signature]*  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

*[Handwritten notes]*  
 14  
 202515753

# 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 12/19*

Regimental No. *5923*

Name

*White, J.*

Address

*Sittle Ho.*

Present Medical Category

*A1*

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board

*W. Paterson*  
Senior Medical Officer

*Geo. Sinden*  
M.O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5973 Rank PTC Name William J. [unclear]  
 Date of Enlistment 5 8 18 Address Little St. District St. John's  
 Occupation Fisherman Classification for Discharge C Medical Category A I  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date July 11 1919

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

to  
Mr. [unclear]  
Jeremiah White  
Merchant

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 11-7-19

O i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2406 to his home at Little Hill and Release Certificate No. 3563 issued.

Date 14-7-19 Demobilization Officer [Signature]

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 Depot Paymaster. [Signature]

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	2 Form B
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 14-7-19 Demobilization Officer [Signature]

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 20 1919 O. C. Discharge Depot. [Signature]

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.

*White J.*  
Signature of Man.

*W. Blensin*  
Reg. No. 5923  
Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date *14-7-19.* 191



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

# MEDICAL HISTORY

Surname

*White*

OR

Christian Name

*Jesemial*

Table I.—GENERAL TABLE

Birthplace:—Parish

*Little St John's*

County *Newfoundland*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at		at	
Declared Age	years	days	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	feet	inches	feet	inches
Weight	lbs.			lbs.
Chest Measurement	Girth when fully expanded	inches		inches
	Range of Expansion	inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V=		R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<i>Lamont Parsons</i>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at		at	
	on	day of	on	day of
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Regal</i>	<i>5923</i>		
Transferred to	<i>H. F. 1st Regt</i>			
Became non-effective by	on	day of	on	day of
(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 New Zealand Lancers* } Former Trade or Occupation } *Tradesman*
2. Regtl. No. *5925* 3. Rank. *plte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *White* } *Jeremiah* }  
 (Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on..... at.....  
 in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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.
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 .. .. .                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service.. .. .                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| (iii.) Climate in pre-war service .. .. .                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war .. .. .     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

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

*No complaints 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.

*Repetition*

*W. S. Procunier, Capt. RMC*  
 Medical Officer in charge of case.

Station ... *Charing Cross*

Date ... *10 Feb 1919*

\* Loss of teeth 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

*Jeremiah White*

Regiment from which discharged **Royal Newfoundland**

Regimental number

*5923*

Intended address

*Little Hr.*

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

—

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

*Arnolds Cove, Jan 23<sup>rd</sup>, 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)

*Jeremiah White*

*PLC*  
(Rank)

Station

*11 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.

Station

Date



Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

Fold Here







OCT 20 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

Jerry White

in respect of his service as No. 5923 Rank Pte.

Name J. White Royal Nfld. Regt.  
Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature Jerry White

Date October 25<sup>th</sup> / 21

Address Little Harbour East-  
Placentia Bay

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

Royal Newfoundland

Signature of O. C. Company

Number of Sheet one  
*[Signature]*

Regimental Number and Name		Enlistment		Trade
No.	<i>5923</i>	Age on	<i>20</i> years	<i>Fisherman</i>
	<i>Jeremiah White</i>		months	
Joined	Date	Place and Date of Enlistment		Religion
Joined	Date	<i>St Johns</i>		<i>C of E.</i>
Joined	Date	<i>5-8-18</i>		Place of Birth
Joined	Date	Period of	with Colours <i>1 7/8</i> years.	<i>Little Hr PB.</i>
			with Reserve	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Hazelley Down Camp</i>	<i>19.3.19</i>	<i>Pte</i>		<i>Absent from 3 P.M. Parade</i>	<i>Co. S. M. Galagay</i>	<i>2 days CB</i>	<i>20.3.19</i>	<i>Lieut Lamossunier</i>	<i>[Signature]</i>
				<i>Demobilized</i>	<i>St Johns</i>	<i>11 8/19</i>			

To be carried over.





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?

15. What is his present condition?

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

*No Complaints of 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.

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?

*Repatriation*

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.E. Proctor*      *Captn King*

Station *Hazley Down*

Medical Officer in charge of case.

Date *10/11/19*

\* 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

August 18, 1919

Mr. Jeremiah White,  
Little Harbor, P.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 *Brenish* Surname *White*

3. Rank *Pte* 4. Regtl. No. *5923*

5. Address in full to which future payments of gratuity are to be forwarded. *Little St. Pte.*

6. Date of enlistment in the Regiment. *May 22/18*

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

8. Relationship of such dependents. *Us*

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

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

11. Were you on active service only in Nfld. If so, give dates and particulars of such service. *England only*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *1 yr 1 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.

..... *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.

..... *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. A. If not give: (a) Date of discharge.

..... *July 2/19* ..... (b) Reason for discharge. *Dismissed* .....

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

..... *No 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.

-3-

*his*

*Jeremiah White*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*14th*

day of

*July 1919*

*Little St. P. B.,  
St. John's, Nfld.*

*John McCarthy*

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

POST DISCHARGE PAY.

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

.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Registrar

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5923 Rank Rt. Lt. Name White J  
 Date of Enlistment 5.8.18 Address Little St. District Placentia  
 Occupation Fisherman Classification for Discharge ..... Medical Category AI  
 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 July 11/19O. C. Discharge Depot. Miss Pt.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

with Jeremiah White  
fisherman

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied .....

Date 11-7-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2406 to his home at Sivde Hr and Release Certificate No. 3563 issued.

Date 14-7-19 ..... Demobilization Officer [Signature]

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 11-3-19

Date 14-7-19 ..... Depot Paymaster. [Signature]

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
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B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Form B

Date 14-7-19 ..... Demobilization Officer. [Signature]

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 20 1919 ..... N.R. Cooper Cabot  
O. C. Discharge Depot.

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

Date Aug 7 1919 ..... [Signature]

Little Hr East  
Jan 3<sup>rd</sup> 1921

11733

Dear Sir

as I did not get  
a badge I thought that  
I would notfic you  
as I was ove sea. & those  
that wasent over see one  
so I would like for you  
To send me one as well  
yours truly  
Jerry White

Address

Jerry White

Little Hr East  
Upshall Station  
No 5923

Badge forwarded  
Jan. 10 1921



DEPARTMENT OF VETERANS AFFAIRS  
WAR VETERANS' ALLOWANCE DISTRICT AUTHORITY

Address P.O. Box H-248  
ST. JOHN'S, NFLD.

MARK YOUR REPLY:

For attention of:

Director,  
War Service Records,  
Department of Veterans Affairs,  
Ottawa, Ontario.

Re: WHITE, Jeremiah Regt. No. 5923  
(Surname) (Christian Names)

Veteran is stated to have served in the following units in:

W.W. I **THE ROYAL NEWFOUNDLAND REGIMENT**  
**Newfoundland, Canada.**

W.W. II

S.A. WAR

Dear Sir:

To enable this War Veterans' Allowance District Authority to determine the eligibility of the above named, will you kindly furnish the following particulars concerning his service.

DVA, 95-9-4 (WSR-5)

22 March, 1952. *Aut. [unclear]*

Theatre of Service in W.W. I Newfoundland, Canada, England.  
(Left Newfoundland via Halifax for England on  
W.W. II 22 September, 1918)

S.A. WAR

2. If service in S.A. WAR: (a) Port of disembarkation.....

(b) Date of disembarkation.....

Day Month Year

3. Date and place of all enlistments. 5 August, 1918 - St. John's, Nfld.
4. Date of all discharges and reason. 11 August, 1919 - Demobilization
5. Rank on discharge. Pte.
6. Date and place of birth as per attestation paper. 23 January, 1896, Arnold's Cove, Nfld.
7. Marital status: If married, name in full of wife. Single
8. Any prior military service. No
9. Decorations, if any. Nil

*for [unclear]*  
H. M. Jackson,  
Director of War Service Records.



5923 - Jeremiah White.

1. Nfld. - Canada - England. left Nfld. for <sup>via Halifax</sup> England. ~~England~~  
22 - Sept. 1918,

2 - NA

3 - 5 August 1918. St. John's, Nfld.

4 - 11 August 1919. Demobilization

5 - Pte

6 - 23 January 1896. Arnold's Cove.

7 - Single

8 - No

9 - Nil