



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5170 Name Willis White Corps Cof B

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Willis White
2. What is your full Address? 2. Valleyfield Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 25 Years 0 Months
5. What is your Trade or Calling? 5. Spicerman
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, Willis White 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.

Willis White SIGNATURE OF RECRUIT.
R. Daymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Willis White 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 Valleyfield Bay on this 15 day of May 1918

Signature of Attesting Officer W. Dicks

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 compiled with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.

Date May 15 1918
Place Valleyfield Bay } 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

5170

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

Name William White
 Apparent age 25 years months. Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 33 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Servants White
Valleyfield Bay Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>18-5-18</u>									
Joined at <u>St. John's</u> on <u>Nov 18-1918</u>									
<u>Discharged August 11-1919</u>									
<u>Employed at St. John's St. Columella C. Halifax N.S. 22-7-18</u>									
<u>to receive benefit for demobilization 24-6-1919</u>									
<u>Arrived to commandant 1-7-1919</u>									
<u>Demobilization St. John's 11-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-8-1919</u> [date of discharge]					1	86			
" " Pensions " " " " " "									

D. White

C.R. 5170

1880

C.R. 5170

extract from Daily Orders Part II Royal Newfoundland Regiment.

Depot St. John's dated Aug. 22nd 1919.

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

5170, Pte. Willis White.

C.R. 5170

Extract from Daily Orders: Part 11 Unit The Royal Field.
Regt. St. John's, July 6th, 1919

The discharge of the undernoted on demobilisation has been
APPROVED by Officer i/c Records from 28-7-19

5170 Pte. W. White.

C.R. 5170

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

5170 Pte. W. White.

Reported at Headquarters 1-7-19 on "Ossardra" which
sailed Glasgow June 2-23, 1919.

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 20th, 1918.

#5170 Pte. Willis White

Attested for General Service with the Royal Nfld. Regt.
from 18.5.18.

White, W

5170

Ray Sept.

August 14, 1919

#5170 Pte. Willis White,
Valleyfield, O.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3733.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5170 Rank Pte Name White W.
 Intended place of residence Valley fields
 2. Occupation Fisherman
 Classification of soldier..... Medical Category.....

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
 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 of soldier W. White
 Signature of witness Ch. Clouston

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 of soldier W. White
 Signature of witness W. Keaton

STATEMENT OF SERVICE

7. Enlisted for service. 18.5.18 No. of days on Military
 Discharged from service. 28.7.18 Plus 14 days Service. 451

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, 14 days from date.
 Place, ST. JOHN'S
 Date JUL 28 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 11/1919
 Officer in Charge
 The Royal Newfoundland Regiment

WRB 207917433

The Royal Newfoundland Regiment

Class for Demobilization:—

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 17/19

Regimental No. *5170*

Name

White, H.

Address

Valley field. B.B.

Present Medical Category

A-1

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

J. Paterson
Senior Medical Officer

Dee Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 170 Rank Pvt Name White W
 Date of Enlistment 18-8-18 Address Valleyfield District Bonaville
 Occupation Printerman Classification for Discharge H 4 Medical Category A.1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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	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.

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 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. M2384 to his home
 at Valley field and Release Certificate No. 3590 issued [Signature]

Date 14-7-19

[Signature]
 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

[Signature]
 Depot Paymaster.

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
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		

Handwritten notes in table:
 - Checkmarks in the B 121, B 1915, and N.F. Med columns.
 - "2 Form B" written in the D.F. 3 column.
 - "1" written in the D.F. 1 column.

Date 14-7-19

[Signature]
 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

[Signature]
 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,

white w

Signature of Man.

M. J. ...

Signature of the Vocational Officer or his Representative.

Reg. No. 5170

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 OF Christian Name Willis

Table I.—GENERAL TABLE.

Birthplace:—Parish Valleyfield N.B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	18 day of May 1918	S. plus	day of	191
Declared Age	35 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 4 inches		feet	inches
Weight	126 lbs.		lbs.	lbs.
Chest Measure-ment	Girth when fully expanded	33 1/2 inches		inches
	Range of Expansion	2 1/2 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. J. Parsons</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at S. plus		at	
	on 18 day of May 1918		on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>W. H. Jones</u>			
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by				
(Signature)	on	day of 191	on	day of 191
(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* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5117* 3. Rank... *plts* 7a. If the soldier claims previous service in Army, he should state—
4. Name... *White* *Willes* }
(Surname) (Christian Names) } (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday... *25*
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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? }

As complaint 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.

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

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Repatriation

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

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

Station *Hazeley Down*

Date *3/4/19*

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

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.) or (vii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

- 1. Unit and Corps. *Royal Newfoundland*
- 2. Regtl. No. *5170* 3. Rank. *Pvt*
- 4. Name *White Willis*
(Surname) (Christian Names)
- 5. Age last birthday. *25*
- 6. Posted for duty on at
in category (or grade)
- 7. Former Trade or Occupation } *Soldier*
- 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) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)

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.)

He complains of no disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

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

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

Repatriation

W. E. Greenier. Capt. R.S.M.

Station *Hazeley Down*

Medical Officer in charge of case.

Date *3/11/19*

* 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 *Willis White*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5170*

Intended address *Valleyfield, N.S.*

Height on discharge *5* Feet *4*

Color of hair on discharge *Dr. Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks —

Figure on discharge *Flat*

Christian name of Father *Darius*

Christian name of Mother *Mary*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Valleyfield, Oct. 27th, 1892*

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) *Willis White* *White* (Rank)

Station *11 John* Date *27/19*

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 18, 1919

Mr. Willis White,
Valleyfield, B.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. *Willie* 2. Surname. *White*

3. Rank. *Pte* 4. Regtl. No. *5170*

5. Address in full to which future payments of gratuity are to be forwarded. *Valleyfield P.B.*

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

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

8. Relationship of such dependents. *No*

9. Address in full of such dependents. *No*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

11. Were you on active service only in field, if so, give dates and particulars of such service. *U.S. - England only*

12. Give total length of time which you served on active service, whether in field 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?

..... *No*

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

..... *No*

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

..... *No*

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

..... *No*

19. Are you now serving in the Regt.?

..... *No*

(b) Reason for discharge.

..... *Discharged*

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.

..... *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.

his
-3- *Wiley White*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

13

day of

July 19*19*...

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

John W. Carthy

POST DISCHARGE PAY.

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

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

Certified correct.

.....

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

July 19th 1919

Received from the First Newfoundland Regiment
the sum of Seventy Dollars.
on account of Pay. Wsq
balance

Ch. No.	3524	Initials
Pay Ledger	297	Initials	WR
Gen. Ledger	Initials

Regtl. No. 5770

Rank Pte

No. 5170. Rank *Pte*

Name *J. White*

PM

5170 White

Please make one pay to S.G.

5/16/19

[Signature]

9
Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet one

Regiment of Royal Newfoundland

Signature of O. C. Company C. Dicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
5170	<u>White, Willis</u>	25			
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	18.11.18		C. of C.	
Joined	Date	Period of		Place of Birth	
Joined	Date	with Colours 186 years.		Valleyfield, N.S.	
		with Reserve 308 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
				<u>Demobilized St John's 11/8/19</u>					

To be carried over

Army Form B. 121.

15170

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5170 Rank Plt Name White, W
 Date of Enlistment 18-5-18 Address Valleyfield District Parsons
 Occupation Truckman Classification for Discharge H1 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P38	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. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

his
Wm White
wit WJB

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.50
- (b) Clothing Supplied _____

[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. 72384 to his home
at Nalley field and Release Certificate No. 3590 issued.

Date 14-7-19 Ambleton
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 M. J. H.
Depot Paymaster.

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	K.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		

Date 14-7-19 Ambleton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 28 1919 A. R. Cooper Capt.
O. C. Discharge Depot.

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

Date Aug 7 1919

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 72384 to his home at Nalley field and Release Certificate No. 3590 issued.

Date 14-7-19 Montallegro 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 Montallegro Depot Paymaster

Discharge approved for 28-7-19
Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	S.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st.	" 2	
B 178a	D 400A	B 1915	do 2nd.	" 3	2 Form B.
B 179	D 400B	Form L	do 3rd.	" 4	
B 179a	D 400C	Form K	do 4th.	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 14-7-19 Montallegro 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 D.R. Cooper Capt
O. C. Discharge Depot.

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

Date Aug 7/19

5170

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5170 Rank Private Name White, W.
 Date of Enlistment 18-2-18 Address Valleyfield District Bonaville
 Occupation Tradesman Classification for Discharge A.1. Medical Category A.1.
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
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 12-2-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment

I am _____ in a position to resume civilian occupation.

W^{his}mark White with wife

Particulars passed to Vocational Officer for information and action.

Date _____

a. Clothing

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £ 0
- (b) Clothing Supplied [Signature]

Date 14-7-19 O. C. Re-clothing _____

Reg. No. 5170 Rank Pfc Name White W

Attested Address Valleyfield

Allotment Allottee

Date of Allotment Returned from Overseas JUL 1 1940

Returned on S.S. Lassandro Cause Discharge

14-4-19 PASSED TO DEMOBILIZATION OFFICER

28-4-19 DISCHARGE APPROVED ON DEMOBILIZATION