



4 THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4820 Name Thomas Wells Corps Infantry

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? Thomas Wells
- 2. What is your full Address? } 10 Narvata Bay
- 3. Are you a British Subject? } yes
- 4. What is your age? } 26 Years Months
- 5. What is your Trade or Calling? } no
- 6. Are you Married? } no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } yes
- 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? } 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? } yes

I, Thomas Wells 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.

A. N. 1-5 Thomas Wells SIGNATURE OF RECRUIT.
J. Dawson Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Wells 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 received as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 1 day of May 1915.

Signature of Attesting Officer Wm. Churchill Lewis

†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 1st Bn.

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

Date 1 May 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

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

Name Thomas Wells
 Apparent age 26 years months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Arno George Wells
Romania Road | Relationship Mother
B.V.B. 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>1-5-18</u>									
Joined at <u>St John's</u> on <u>1-1-1918</u>									
Discharged <u>July 3/19</u>									
Embarked <u>St John's train to Halifax N.S.</u> <u>11-6-1918</u>									
Embarked for <u>St. J.</u> <u>26-10-18</u>									
Re-embarked <u>Traverse</u> <u>26-10-1918</u>									
Joined <u>Bath. Troop</u> <u>2-11-1918</u>									
Transferred from <u>Queen</u> <u>22nd</u> <u>Arrived <u>Bombardier</u> <u>23rd</u></u>									
Left for demobilization <u>22nd</u> <u>Arrived <u>England</u> <u>1-6-1919</u></u>									
Demobilization <u>St. John's</u> <u>3-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>3-7-1919</u> (date of discharge)									
Pensions									

C.R. 4820

Extract from Daily Column Part II Unit The Royal WFLA. Regt
St. John's, July 7th, 1919.

The discharge of the undersigned ^{WELLS} on disability
has been CONFIRMED by Officer i/o Records with effect from
3-7-19.

4820 Pte. Thos. Wells.

C.R.I. 4820

Extract from Daily Orders Part 11 Unit the Royal Nfld.
Regt. Depot, St. John's, June 9th, 1919

The discharge of the Undernoted on demobilization has been
APPROVED by O.C. Discharge Depot, 19-6-19.

19-6-19

4820 Pte. Thos. Mills.

C.R. 4820

Extract from Daily Orders Part A1 Depot, St. Johns,

Date June 7th 1919

4820 Pte. Thos. Wills

Reported at Headquarters 1-6-19.
which sailed Liverpool May 22/1919.

ex "Corsican"

C.R. 4820

Extract from Nominal Roll 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19
disembarked at Southampton 23/4/19; and reached
Hazeley Down Camp 23/4/19.

#4820 Pte. T. Weels.

C.R. 4820

Extract from Daily Orders Part 11 Unit The Royal WFLA. Regt.
By Lt. Col. T.O. Mathies, D.S.O. Commanding 1st Bn. 3-11-18

The following joined the Bn. 4-11-18

4820 Pte. T. Wells.

D Coy.

C.R. 4820

Extract from Despatch 1911 Re-inforcement Draft No. 55 embarked Folkestone,
26/10/16, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.C.F.

4820 Pte. Wills, T.

MP.

C.R. 4820

Extract from Daily Orders Part 11. from Unit The Royal Wfld.
Regiment, St. John's, dated June 14th 1918.

4820 Pte T. Wells.

Embarked for Overseas with draft 11-6-18.

C.R. 4820

Extract from Daily Orders part 11, from Unit The Royal Wfld. Regt.
St. John's, dated May 2nd, 1918.

#4820 Pte. Thomas Williams.

Attested for General Service with the Royal Wfld. Regt. from
1/6/18.

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

MEDICAL HISTORY

Surname Wiles OF Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish Bonavia County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	May		191
	at <u>St Johns</u>		at	
Declared Age	26	years		days
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet .6	feet	inches
Weight	136		lbs.	lbs.
Chest Measurement	36		inches	inches
	3		inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	= 6/6		R.E.—V=	
	L.E.—V= 6/6		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>Major</u>		Medical Officer.	
Enlisted	at <u>St Johns</u>		at	
	on	1 day of May	on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>The Royal Nfld Regt</u>		<u>1820</u>	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Medical Report on an Invalid.

Station Magdalen Bow
 Date 1/5/19

1. Unit Royal Newfoundland Former Trade or Occupation Cape
 2. Regimental No. 4820
 3. Rank Pte
 4. Name Wesley Thomas
 5. Age last birthday 24
 6. Enlisted { on May 1/18
 at St John's
- 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
 10. Place of origin of disability. nil
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil
 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

He complains of no disability

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

na

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

na

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation

W. E. Hocutt
Sgt. M. M. *Capt Rame*
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazley Down*

Officer in charge of Hospital.

Date *1/5/19*

*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.

†.Delete this word if no exceptions are to be made.

July 3, 1919

#4820 Pte. Thomas Wells,

Bonaville, B.E.

Dear Sir:-

Referring to your application I enclose
cheque for Seventy dollars (\$70.00), being amount
of first payment due you on account of the War
Service Gratuity.

Yours truly

Captain
Paymaster & O.i/c Records.

595

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 & RECRUITING OFFICE, ST. JOHN'S.

Christian name *Thomas Wells*

3. Rank *Pte*

4. Address in full to which future payments of gratuity are to be forwarded *Bonavista, B.B.*

6. Date of enlistment in the Regiment *May 1/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *No*

8. Relationship of such dependents *—*

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? *No*

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas *From May 1/18 to June 5/19 date of temporary discharge*

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.

Clothing Allowance about \$13.23

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?

19. Are you now serving in the Res? If not give - (a) date of discharge

*June 5/19
Temporary*

(b) Reason for discharge
Demobilization

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.

*France, Belgium & Germany - From Oct. 26/18
to Apr. 1919*

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.

Signature of Applicant: *T. Willis*

Place of Residence: *Boyavista, B.B.*

Declared before me at: *St. John's, Nfld.*

This *14* day of *June* 19*.1.9.*

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

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

July 3, 1919

#4820 Pte. Thomas Ellis,

Bonaville.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 223.

Yours truly

Raymaste & O. i. e Records. Captain.

J. Wells.

C.R. 4820.

P. & P. D

Medical Report on an Invalid.

Station Hazelton

Date 1/5/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 4820
- 3. Rank plc
- 4. Name Wells Thomas
- 5. Age last birthday 24
- 6. Enlisted $\left\{ \begin{array}{l} \text{on } \text{May. 1/18} \\ \text{at } \text{P/Johns} \end{array} \right.$
- 7. Former Trade or Occupation $\left\{ \text{Cooper} \right.$
- 7A. If with previous service in Army, state—
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability.
- 10. Place of origin of disability.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nil
nil
nil
nil

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains of no disability

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

na

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

na

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na.

Repatiation

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

W.S. Proemier. Capt. Rame
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station Wazeley Down

Officer in charge of Hospital.

Date 1/5/19

*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.

† Delete this word if no exceptions are to be made.

No. 4870 Name *Will. T.*

Sqn., Batty., }
or Company }

Corps ROYAL NEWFOUNDLAND REG

Date of enlistment } *1/5/19*

G.C. }
Badges }

Service or }
Proficiency Pay }

Date of last entry in }
Company Conduct Sheet }

No. and date }
of last drunk }

Period not reckoning towards }
freedom from extra fine }

Sheet No. *One*

Signature O.C. }
Company, etc. }

Character }
W. M. Emerson

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
<i>2nd</i>	<i>11/1/19</i>	<i>Private</i>		<i>Left barracks, 2nd Bn. 20/6/19</i>	<i>22nd Bn. 20/6/19</i>				
	<i>8/4/19</i>	<i>"</i>		<i>" Found with table knife, cleaver, razor, and two Coler bottles in 4/1/19</i>	<i>do</i>	<i>Pay for same</i>	<i>8/4/19</i>	<i>Major Bernard</i>	

Army Form B. 1

No. 5492/266

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
1/Bn. Royal Newfoundland Regiment,
B.E.F.

8th April 1919

191

Subject: 4820 Pte. Wells T.

ANSWER.

With reference to the following telegram (124) from the Hon. Minister of Militia, received

"Pay to:- 4820 Wells T.

£4. 0. 0.

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

Chief Paymaster & O. i/c Records.

Ms
Deposited

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4820	Lt	Wells J.	£250	T Wells

I have the honour to be, Sir,
Your obedient Servant.

Date

July 1/18

T. Wells

No. 14876/1523

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

16
Officer Commanding,
2/Bn. R. Newfoundland Egt.,
Winchester.

17th, September 1918

Subject: 4820, Pte. T. Wills

With reference to the following telegram (8109) from the Hon. Minister of Militia, received

"Pay to 4820 Wills £4. 0. 0

Draft £ 4. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Witness:-

Sept. 21st 1918

Receipt hereunder.

G. Martin LIEUT. COLONEL,
COMMANDING OFFICER, ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of £4.0.0
Four pounds on account of
cable remittance from Newfoundland.

T Wills

No. 4820 Rank Pte.

Pte. R. Manning

Wells, Thomas

4820

Ray sept.

Receipt for Army Book 64

No. 4820 Name T. Wells

To Certify that I have received the AB 64 of the above
named soldier.

Name Thomas Wells

Date Apr. 3/20

Place Bonaville

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"



C.R.

6
4820

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO. 4820 NAME: Thomas W. Ellis

DATE.

Jan. 19, 1917

PLACE

13. Navista

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 526

Regiment of Royal Newfoundland

Signature of O. C. Company Wm. Churchill Esq

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	26 years	Fisherman	
	<u>Wills Thomas</u>				
Joined	Date	Place and Date of Enlistment	<u>St Johns</u>	Religion	
Joined	Date		<u>1.5.18</u>	<u>Meth.</u>	
Joined	Date	Period of	with Colours ^{6^{mo}} years.	Place of Birth	
Joined	Date		with Reserve ^{3^{mo}} years.	<u>Bona Vista</u>	

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</u>		<u>3 ⁷/₁₉</u>			

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4820 Rank Private Name Wells, Tom
 Intended place of residence Bonaville

2. Occupation Fisherman
 Classification of soldier A Medical Category AI

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 JUN 5, 1919 *J. Mustt.*
 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 and date ST. JOHN'S
JUN 5, 1919
Thomas Wells
 Signature of soldier
A. McInerney
 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 and Date ST. JOHN'S
5-6-19
Thomas Wells
 Signature of soldier
W. J. Eaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No of days on Military
 Discharged from service 19-6-19 Plus 14 days Service 429

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 JUN 10, 1919
R. H. Last Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld.
 Date July 3, 1919
M. Bowley Capt.
 Officer in Charge Records
 The Royal Newfoundland Regiment

A. B. 2079/2323

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. 4820.....

Name M. Little etc......

Address

Present Medical Category..... A-1

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~.....

Members of Board {

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

J.P. Storer
Senior Medical Officer

B.W. Borden
M. O. Depot

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4820 Rank

Name Wells T.

Warned for demobilization on

JUN 5 1919

The Royal Newfoundland Regiment

DEMOBILIZATION OR

Reg. No. 820 Rank Plt. Name Wells Thomas
 Date of Enlistment 1-5-18 Address Bonaville District Bonaville
 Occupation Tradesman Classification for Discharge 17 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	1
B 178	W 3494	B 122	Board 1st.	" 2	1
B 178a	D 400A	B 1915	do 2nd.	" 3	1
B 179	D 400B	Form L	do 3rd.	" 4	1
B 179a	D 400C	Form K	do 4th.	" 5	1
B 179b	B 103	ME 2		" 6	1
B 179c	B 120	M 93			1

Date 1-5-19 O. C. Discharge Depot 11th

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am 1 in a position to resume civilian occupation.

Thomas Wells

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 _____ Am B Constan

Date 5-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1420 to his home
 at Bonnesta and Release Certificate No. 2295 issued.

Date

5-6-19

J. M. Bloustein
 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 3-7-19

Date

5-1-19

H. M. W. H.
 Depot Paymaster.

Discharge approved for

19-6-19.

Forwarded with following documents to O.C. Discharge Depot.

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

2 Form B.

Date

5-6-19

J. A. Snow Capt.
 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

JUN 10 1919

R. H. Sait 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

Thomas Wells

Signature of Man.

W. M. Johnston

Signature of the Vocational Officer or his Representative.

Reg. No.

Place

St. Johns

Date

5-6-19

191



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

Thos. Wells

Regiment from which discharged *Royal Newfoundland*

Regimental number

4870

Intended address

Bonavista

Height on discharge

5 feet 4"

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Grey

Descriptive Marks

Figure on discharge

medium

Christian name of Father

George

Christian name of Mother

Eliza

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Bonavista 1845 Oct 19th

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)

Thomas Wells

(Rank)

Pvt.

Station

St Johns

Date

4.6.19

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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 820 Rank Private Name Wells Thomas
 Date of Enlistment 1-5-18 Address Penarth District Penarth
 Occupation fisherman Classification for Discharge 1/1 Medical Category F.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	B 288	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 1-5-19

J. M. Swift
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Thomas Wells

Particulars passed to Vocational Officer for information and action.

Date 1-5-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1420 to his home

at Bonnesta and Release Certificate No. 2295 issued.

Date

5-6-19

J. H. Blount
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 3-7-19

Date

5-1-19

J. H. Blount
Depot Paymaster.

Discharge approved for 19-6-19.

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 2494	B 122	Board 1st	" 2
R 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	R 120	M 93		

Date

5-1-19

J. H. Blount
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

JUN 2 1919

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

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

Date

June 12 1919

W. H. Sait

Reg. No. *4820* Rank..... Name. *Ph. Willis J.*

Attested Address. *Branista*

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas. *1.6.19*

Returned on S S. *Casman* Cause. *Discharge.*

4.1.19
19.6.19.

PASSED TO DEMOBILIZATION OFFICER.

DISCHARGE APPROVED ON DEMOBILISATION.

C.R. 4820

Jan. 18th, 1920

No. 4820, Ex-Pte. T. Wells,
Bonavista,

Dear Sir:-

With reference to your letter of Dec. 18th, regarding the refund of \$60.00, which you request, to cover cost of your passage from Boston, Mass. to Bonavista on the occasion of your coming to enlist, I have to inform you that there is no regulation in this Department regarding the disbursement of the funds at its disposal, whereby such refund might be made to you. I regret, therefore, that your claim cannot be granted.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer

117/6
A

Bonaville

Dec 18/20

Department of Militia

Dear Sir:-

I wish to
make claim for passage
money from Boston Mass.
to Bonaville about forty
dollars \$40 I may say
that before I enlisted I was
at Boston for seven years
I gave up my job came
home and enlisted. I consider
this money due me as other
soldiers have received it
Please give this your earliest
consideration

and oblige

Ex. private T. Wells: 4820