

5714
C.R. ~~4740~~

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

4740 Pte. G. Withers.

5714

Reported at Headquarters 127-19 on "Cassandra" which
sailed Glasgow June 24th, 1919.

C.R. 5714

Extract from Daily Orders Part 11 Unit The Royal NFM.
Regt. St. John's, July 16th, 1919.

The discharge of the undersigned on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 28-7-19

5714 Pte. Geo. Withero.

C.R. 5714

Extract from Daily Orders Part II Royal Newfoundland Regiment,
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.

5714, Pte. Geo. Withers.

C.R. 5714

Extract from Daily Orders part 11, from Unit The Royal
Hf14, Reg. St. John's, dated July 25, 1918.

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

#5714 Pte. George Withero.

Extract from Daily News report 11, from Unit The Royal
1418, Regt. St. John's, dated June 27, 1918.

#5714 Pte. George Withers.

Attested for General Service with the Royal 1418.
Regt. from 24-6-18

J. Wickers

C.R.

5714

~~1890~~

Withers, J.

5/14

Ray Sept.

To The ^{Ag't. Bureau for your information} ~~Post Office~~ ~~Fortune~~
Department of Militia ^{Nov/2nd/18} ~~St Johns~~
3222

Dear Sirs

OK. ~~left~~
Just a word to say. That
the payment that you send to
me from my Boy. George
who is gone to the front generally
goes to Fortune Harbor N.D.S.
and it is a long time coming
here. kindly address your
letters to Mrs. Martha Withersell
Fortune. Burin Dist
so that it will save Inconveni-
ence for both you & me
as you may know I am
a widow & he is my only
son. that Remains Single
and I am aware that you
send so much extra ^{money}
to widows. who's Son

is gone to the war

Will you kindly
send me word

Regarding the same
if you ~~it~~ will ^{not} cost you
so much trouble
Trusting soon to get

a Reply

Thanking you
in Anticipation

Sincerely yours
Martha Withers

Nov. 8th. 18.

Mrs. Martha Witherall,
FORTUNE, Burin Dist.

Dear Madam:

With reference to your letter of November 2nd. I beg to inform you that your change of address has been noted.

I enclose herewith Form of application for Separation Allowance on account of your son, which kindly have completed in the presence of a Magistrate or Justice of the Peace, answering each question in full, and when completed, return to this office, on receipt of which your claim will be considered.

Yours faithfully

For Paymaster Lieut.



DEPARTMENT OF MILITIA

ST. JOHN'S Nov. 8th. 1918.
NEWFOUNDLAND

Mrs. Martha Witherall,
FORTUNE, Burin Dist.

Dear Madam:

With reference to your letter of November 2nd. I beg to inform you that your change of address has been noted.

I enclose herewith Form of application for Separation Allowance on account of your son, which kindly have completed in the presence of a Magistrate or Justice of the Peace, answering each question in full, and when completed, return to this office, on receipt of which your claim will be considered.

Yours faithfully

H. M. Maddick

Lieut.
For Paymaster

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

LMGTHOR.

(Separation Allowance Branch)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.

Geo Philp Withnell Pls Nfld - 2714

2. Age of soldier. Married or Single.

24 Single

3. Name in full of mother. Age. Occupation. Permanent Address.

Martha Withnell 59 Housekeeping - Fortune P.B.

4. Give name of your husband. Age. Occupation Where Employed.

Dead

5. If your husband is not supporting you state the reason.

*Allocation for be
connected for be
for duty commencing
July 12/16.
HGB*

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)

7. If you are a widow, state date and place of death of your husband.

*29th June 1913.
Fortune P.B.*

8. Have you married again since death of above mentioned husband?

No

9. Names of your other children. Address in full. Age. Occupation Married or Single.

*Simon Withnell Fortune 34 Fisherman Married
Jess Withnell " 29 " "
Annie Withnell " 26 Domestic Single*

10. State amount earned by (a) Yourself *Nothing*
(b) Your husband.
-
11. State amount and source of any other *\$5⁰⁰ quarterly as*
income. *pen relief*
-
12. State value of real property belonging *\$300⁰⁰*
to you and your husband.
-
13. State value of personal property *\$90⁰⁰*
belonging to you and your husband.
-
14. If husband is dead state value of *\$370⁰⁰ as*
real and personal property left by *above*
him.
-
15. Actual amount contributed by soldier *Kept me*
during the year prior to enlistment. *altogether*
-
16. Was this amount contributed weekly or *Yearly*
monthly.
-
17. Did this amount include payment of son's *No - lived with*
board, etc. *me - pd no board*
-
18. State your son's trade or occupation prior *Sailor*
to enlistment.
-
19. State amount of his wages per week. *\$18⁰⁰ per month*
before war
-
20. State name and address of his last *Capt F Bennett*
employer. *Fortune 7B.*
-
21. State amount of monthly support *\$18⁰⁰*
from son since enlistment.
-
22. State amount of allotment received *None*
by you from son since enlistment.
-
23. State from what date did you receive
allotment? *—*
-
24. Actual amount contributed by Weekly Monthly.
other children. *Nothing*
-
25. Are any of these children in the employ
of you or your husband? *No*

- 26. If not receiving support from other children, state cause. Explain fully. *No support to help me*

- 27. With whom are you residing at present? *My own home*

- 28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *No - Did not know about it*

- 29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No*

- 30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No*

- 31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *No*

- 32. In what capacity and in what place?

- 33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much.

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant..... *Martha Withall*
 Place of Residence..... *Fortune N.B.*
 Declared and subscribed before me at..... *Fortune*
 this..... *18*..... day of..... *November*..... 1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *Amadouald J.P.*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman..... *A. Stickland*
 Signature of member of the Patriotic Fund Committee..... *Thos. E. Spence*

Approved 20/1/19

J.P.B.
W.P.H.
M.A.

August 22, 1919

Mr. George Withers,
Fortuna F.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.

6185

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 20th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *George* 2. Surname *Wetherall,*
3. Rank *Pte* 4. Regtl. No. *5714.*

5. Address in full to which future payments of gratuity are to be forwarded. *Port aux Basques, N. B.*

6. Date of enlistment in the Regiment. *July 15/18*

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.

9. Address in full of such dependents.

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

11. Were you on active service only in 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 July 15/18 to July 14/19

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?.....

19. Are you now serving in the R.A.F.?..... *No* If not give: (a) Date of discharge *July 14/19* (b) Reason for discharge *Disability*

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*

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
George X Wetherall
mark

Signature of Applicant:

F. B.

Place of Residence:

Fortune St. John's, Nfld.

Declared before me at:

This *14th* day of *July* 19*19*

John M. McCarthy

Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trate, 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.			Paymaster	

August 14, 1919

#5714 Pte. George Withers
Fortune, F.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3746.

Yours truly,

Captain & Paymaster

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3714 Rank Plc Name W. Withers G
 Intended place of residence Fortune

2. Occupation Seaman
 Classification of soldier E Medical Category A1

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 SP1

STATEMENT OF SERVICE

7. Enlisted for service 24-6-18 No. of days on Military
 Discharged from service JUL 28 1919 Plus 14 days Service 414

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty 14 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 i/c Records
 The Royal Newfoundland Regiment

[Handwritten] ARMS no 7915946

17
31
11

The Royal Newfoundland Regiment

Class for Demobilization: —

B.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 12/19

Regimental No. *5714*

Name

White George

Address

M. Mrs.

Fortune Bay

Present Medical Category

A1

Recommended for: —

(a) Immediate discharge

(b) ~~Standing Medical Board~~

A. R. Cooper Capt.

O. C. Discharge Depot.

Members of Board

J. R. Stinson
Senior Medical Officer

J. W. Berda

M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 57104 Rank Plt Name W. Withers
 Date of Enlistment 7th 6. 18 Address London District Toronto
 Occupation Seaman Classification for Discharge H 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
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	<u>2505</u>	<u>1</u>

Date July 1945 O. C. Discharge Depot Mississauga

PARTICULARS FOR DEMobilIZATION

i. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Int. Newsmen
Leat Withers

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 14-7-45

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. A.2.396..... to his home at Fortune..... and Release Certificate No. 3557..... issued.

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 11-5-14.....

Date 14-7-19.....

[Signature]
Depot Paymaster.

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.....	/
F 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.....		2-505-1		

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.

Wether-8

Signature of Man.

M. Blouin

Signature of the Vocational Officer or his Representative.

Reg. No. 3719

Place

ST. JOHN'S.

Date

18-7-19.

191

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

MEDICAL HISTORY

OF

Surname

W. H. Jones

Christian Name

George

Table I.—GENERAL TABLE

Birthplace :—Parish

St. John's

County

Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>24th</i> day of <i>June</i> 191 <i>8</i>	on	day of	191
	at <i>St. John's</i>	at		

Declared Age	<i>26</i> years	days	years	days
--------------------	-----------------	------	-------	------

Trade or Occupation *Seaman*

Height	<i>5</i> feet <i>5 1/2</i> inches	feet	inches
--------------	-----------------------------------	------	--------

Weight	<i>137</i> lbs.	lbs.	lls.
--------------	-----------------	------	------

Chest Measurement {	Girth when fully expanded	<i>36 1/2</i> inches	inches
	Range of Expansion	<i>3 1/2</i> inches	inches

Physical Development

Vaccination Marks {	Right	Left	Right	Left
	<i>/</i>	<i>/</i>		

When Vaccinated

Vision	R.E.—V=	<i>6/6</i>	R.E.—V=
	L.E.—V=	<i>6/6</i>	L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease.....

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature)

Lambertson

(Rank)

Major

Medical Officer

Medical Officer

Enlisted

at *St. John's*
on *24th* day of *June* 191*8*

at
on day of 191

Joined on Enlistment.....

Royal Nfld Regiment

5914

Transferred to

Became non-effective by.....

on day of 191 on day of 191

(Signature)

(Rank)

hospital or to the service list in case of Warrant Officers treated in quarters

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of Syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Discharged to duty.

68th Division

CAPT., R.A.M.C.



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *George W. Ittro*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5714*

Intended address *Fortune Bay*

Height on discharge *5* Feet *7*

Color of hair on discharge *black*

Complexion *Fair*

Color of eyes *Grey.*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father —

Christian name of Mother *Marta*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Fortune Bay, 8th Aug 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) *George W. Ittro*

Pvt
(Rank)

Station *Medical* 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.



Station

Date

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* 7. Former Trade or Occupation } *Seaman*
2. Regtl. No. *2714* 3. Rank... *Pvt* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
4. Name *W. Williams* *Geo.*
 (Surname) (Christian Names)
5. Age last birthday. *27*
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

The Complaint of no Disability

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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?

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

Repatriation

W. E. Procunier. Paper Name
 Medical Officer in charge of case.

Station *Hayley Down*

Date *3. 7. 19*

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

C.R. 5714
Army Form B. 179

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*
- 2. Regtl. No. *5714* 3. Rank..... *Plt*
- 4. Name *Withers George*
(Surname) (Christian Names)
- 5. Age last birthday... *27*.....
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Seaman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps with Regtl. Nos.
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
- 9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
(d) Date of Discharge ;
(e) 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? }

No Complaints of No Disability

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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?

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. Provenier, Capt. Raine

Station *Hazley Down*

Date *5/14/19*

Medical Officer in charge of case.

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

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5704 Rank PL4 Name Withers G
 Date of Enlistment 24.6.18 Address Larkspur District Loburne
 Occupation Seaman Classification for Discharge 6 Medical Category A3
 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
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	<u>2505 1</u>	

Date July 1919 O. C. Discharge Depot Miss H.

PARTICULARS FOR DEMobilIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation Asst. Wither's
Unit Stewman

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.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. *5704* Rank *PL4* Name *Withers G*
 Date of Enlistment *24.6.18* Address *St. John's* District *St. John's*
 Occupation *Seaman* Classification for Discharge *6* 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	<i>2505 1</i>	

Date *July 1919* O. C. Discharge Depot *St. John's*

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

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

Geo. Withers
Ant. Newman

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. A2396 to his home at Forbes and Release Certificate No. 3357 issued.

Date 14-7-19 W. H. [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 11-3-19

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

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. 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	2505-1	

Date 14-7-19 W. H. [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 Credit

Date JUL 20 1919 N.R. Cooper Capt.
O. C. Discharge Depot.

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

Date Aug 7/19 [Signature]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2346.....to his home at Fredericton..... and Release Certificate No. 3557..... issued.

Date 14-7-19.....
 Demobilization Officer W. J. Coe

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 1-7-19.....

Date 14-7-19.....
 Depot Paymaster. W. J. Coe

Discharge approved for 14-7-19.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.E. 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	2505-1	

Date 14-7-19.....
 Demobilization Officer. W. J. Coe

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. W. R. Coe Capt.

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

Date Aug 7/19.....

Reg. No. *5714* Rank *96* Name *Withers Geo*

Attested Address *Fortune*

Allotment Allottee

Date of Allotment Returned from Overseas *UL 1 1919*

Returned on S.S. *Cassandra* Cause *Discharge*

14 7 19
28 7 19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION