

THE ROYAL NEWFOUNDLAND REGIMENT

	to be put to the Recruit before Enlistment.
1. What is your name?	
2. What is your full Address?	grand Bank
3. Are you a British Subject?	3 Des
4. What is your age?	
5. What is your Trade or Calling?	
6. Are you Married?	
Have you ever served in any Bra jesty's Forces, naval or military,	y, if so,* which?} 7
8. Are you willing to be vaccina cinated?	ated or re-vac-} 8.
9. Are you willing to be enlisted for (
 Did you receive a Notice, and do its meaning. and who gave it to yo 	you understand Io. Name
11. Are you willing to serve upon the signed by you if you are accepted?	e conditions as embedied in the roll of service to be
	Pto Prover Signature of RECRUIT
bear true allegiance to Ma Majesty King	BE TAKEN BY RECRUIT ON ATTESTATION. do make oath, that I will be faithful an ag George the Fifth, His Heirs and Successors, and that I will, as in dut is Majesty, His Heirs and Successors, in Person, Crown and Dignity against a sy service.
	ATE OF MAGISTRATE OR ATTESTING OFFICER.
CERTIFICA	· 보통 사용하게 보다 하는 사용 기를 하는 것이 되었다. 이 전 사용
The Recruit above named was caut ne would be liable to be punished as pro-	
The Recruit above named was caut ne would be liable to be punished as pro The above questions were then re	ead to the Recruit in my presence.
The Recruit above named was caut as would be liable to be punished as pro The above questions were then re I have taken care that he understar	rovided in the Army Act.
The Recruit above named was caute would be liable to be punished as properties. The above questions were then re I have taken care that he understands replied to, and the said recruit has ment thisday of	read to the Recruit in my presence. ands each question, and that his answer to each question has been duringere
The Recruit above named was caute would be liable to be punished as protection. The above questions were then real have taken care that he understands replied to, and the said recruit has ment this	revided in the Army Act. The ead to the Recruit in my presence. The each question, and that his answer to each question has been during the each question and taken the oath before me at the each question. The each question and taken the oath before me at the each question and taken the oath before me at the each question.
The Recruit above named was caut as would be liable to be punished as proud the above questions were then re I have taken care that he understants replied to, and the said recruit has men thisday of	revided in the Army Act. read to the Recruit in my presence. ands each question, and that his answer to each question has been durable remade and signed the declaration and taken the oath before me at the command of Attesting Officer. Description of Attesting Officer. The above-named Recruit is correct, and properly filled up, and that the recruit is correct, and properly filled up, and that the recruit is correct.
The Recruit above named was caut as would be liable to be punished as proud to be a substitution of the said recruit has monthsday of	revided in the Army Act. read to the Recruit in my presence. ands each question, and that his answer to each question has been dust fairere made and signed the declaration and taken the oath before me at the control of the contr
The Recruit above named was caute would be liable to be punished as protections. The above questions were then really a state of the said recruit has means replied to, and the said recruit has means this	read to the Recruit in my presence. ands each question, and that his answer to each question has been durable remade and signed the declaration and taken the oath before me at the state of Attesting Officer. LERTIFICATE OF APPROVING OFFICER. the above-named Recruit is correct, and properly filled up, and that the replied with. I accordingly approve, and appoint him to the the state of the original attestation.
The Recruit above named was caute would be liable to be punished as proud to be punished as proud to be punished as proud to a series of the understand the said recruit has more than the said recruit has more this	revided in the Army Act. read to the Recruit in my presence. ands each question, and that his answer to each question has been durable remained and signed the declaration and taken the oath before me at the control of the control

Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name)......on the (Date)

Apparent	age 2	2 2 years	mont	ALCOHOL: NO.	Hei	ght	5		eet 3 inche
Chest Me	asurem	ent { Girth when f Range of exp	· 经工业 公顷	N. P. Control	inches	inche	S		
Distinctiv	e mark	S							
		A Death Address of Particular	ATION S	UPPLIED	BY	RE	CRU	lT "	a saue Serre vij Hija
Vame and	d Addre	es of next of kin	k	Relation	ship	9	a	the	~ .
				rs as to Ma	0H()				en Proposition (s. 1920) De la grande de la g
	a) Christia (a)	n and Surname of Woman (c) Pre	to whom married sent address. (d. (b)	l, and whether s Initials of Offi	pinster or w cer verifyin (c)	vidow. ng entr	(A) Pl v.	ace and	date of marriage.
	(4)						W.		
			Particula	ars as to Ch	ildren				7 To 10 To 1
OH OF	Chris	tian Names			/		Date	and Pla	ce of Birth
		STAT	FMFNT	OF THE	SFR'	VIC	FS		
Corps in	Rgt. or Depot			Dates				in Re- allow- kon to- C. Pay	fying correctness of
Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.			Service no lowed to re for fixing rate of per		Service erve not ed to rec vards G. Years	in Re- allow- kon to- C. Pay	
which served	Depot		Army Rank		Service no lowed to re for fixing rate of per	ot al- eckon r the nsion	Service erve not ed to rec vards G.		
Corps in which served	Depot	Promotion, Reductions, Casualties, &c.	Army Rank		Service no lowed to re for fixing rate of per	ot al- eckon r the nsion	Service erve not ed to rec vards G.		fying correctness of
which served	Depot	Promotion, Reductions, Casualties, &c.	Army Rank		Service no lowed to re for fixing rate of per	ot al- eckon r the nsion	Service erve not ed to rec vards G.		fying correctness of
which served	Depot	Promotion, Reductions, Casualties, &c.	Army Rank		Service no lowed to re for fixing rate of per	ot al- eckon r the nsion	Service erve not ed to rec vards G.		fying correctness of
which served	Depot	Promotion, Reductions, Casualties, &c.	Army Rank		Service no lowed to re for fixing rate of per	ot al- eckon r the nsion	Service erve not ed to rec vards G.		fying correctness of
which served	Depot	Promotion, Reductions, Casualties, &c.	Army Rank		Service no lowed to re for fixing rate of per	ot al- eckon r the nsion	Service erve not ever		fying correctness of

C.R. 5575

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.

5575, rte. Geo. Wooden.

C.R. 5575

Extract from Daily) riers Part 11 Unit the Royal Mila. Regt. St. John's, July 16to, 1919

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

5575 Pte. Geo. Wooden.

C.R. 5575

Extract from Delly Orders Part II dun't The Poyal Mild. Regio. St. John's, Maly 2-1:1110.

5575 Pte. G. Wooden.

Reported at Ecadquarters 1-7-19 or "Gassanina which sailed Glasgow 24th Cano, 1919.

GR. 55 75

Extract from Daily Ord rs part 11, from Whit The Royal Held Reg St. John s dated July 25,1918.

The following man emb_kad for overseas on H.M.S. "Columbella" July 22,1918.

#5575 Pte. Geo.Wooden.

Extract from Daily Orders part II, from Unit The Royal Hild. Regt. St. John's, dated June 5,1918.

#5575 Pte. G. Wooden.

Attested for General Se vice with the Royal Hild. Regt. from 1.6.18

Reg. No. 55/5 Rank Rank Name Woodev, 9. Attested 1-6-18 Address Frank Bank Allotment 5 Allottee Banoline Woo Date of Allotment 1-8->8 Returned from Overseas Embarked for Overseas 101 2 2 1918 Cause	7 (o y den (fother
136/2 1 Snoch mone 11-7-18	
4.L 19.8 - 26 9.8. R.L. 3-7-11.	
V, L 1/11 - 30 /12	

Il Wooden C.R. 5575 PHO

Nº 6348



THE ROYAL NEWFOUNDLAND REGIMENT

Identity Certificate	Whether Wife, Child.	Preguest NAME (in full)	1-	// 8. Addr		Амо	
, 7°4	Friend Thother	Careline lon	do.			(each 1	j j
					1)		
			X				
	*						
				To	al Allotment, 5		50
Si	equired payments on	npleted by the Officer Comm Commanding Company and application. The Company The Company	anding handed (Sig.)	Company, signed to the Paymaster	by the Volunt as authority	eer, cot to mak	inter- e the

No. 5160/743/ N.F.F. /79. From : NDLAND CONTINGENT Chief Haymaster & C.i/c Records, To: Officer Commanding. 2/Bn. Royal Newfoundland Regt.. Pay & Record Office. Hazeley Down Camp, 58, Victoria Street, Winchester. London, S.W. 1. 1st April 1919 5575 Pte Wooden G. Receipt hereunder. With reference to the following telegram from the Minister of Militia / (111) LIEUT, COLONEL. THE BRAT BEART SHEWFOLKER PRICES. "Pay to-5575 Wooden £4. 6. 0. Received the sum of Jour bours Cheque £4. 6. 0. is enclosed. for payment to this Soldier. lucal in respect of Kindly obtain his receipt hereon. telegraphic remittance from the Minister of Militia. weedelf Mas. Chief Paymaster & O. i/c Records. No. J'S' Trikank Trivas Witness W. Borned

067465

No. 2922/415.

From . NEWFOUNDLAND

Chief Paymaster & C.i/c Records, newfoundland Contingent, Pay & Record Office.

58, Victoria Street, London, S.W. 1.

19th February 1919

5575. Wooden. G.

With reference to the following telegram from the Minister of Militia / (36.)

"Pay to-5575. Wooden.

£4.2.0.

Cheque £ 4.2.0. is enclosed. for payment to this Soldier.
Kindly obtain his receipt hereon.

10 Munisell May.

Chief Paymaster & O. i/c Records.

ONPINGENT

To: Officer Commanding.

2 d Bn. Ryl HId Regt

Winchester

Schwary 21 0 1919

Receipt Mereunder

Karel FLIEUT. COLONEL.

N.F.P. /79.

Officer Commdg. 2 Batt'n.

Received the sum of Jour kours

two hilling . In respect of

telegraphic remittance from the Minister of Militla.

No. 5'575' Rank

Witness

M. Rochett

N.F.P./79.

Chief Paymaster & 0.1/c Records, Newfoundland Contingent, Pay & Record Office, 58, Victoria Street, London, S.W. 1. To:

Officer Commanding, 2/Bn Royal Nfld. Regt.

Winchester.

16th December 191 8

Subject: 5575, Pte. G. Wooden,

With reference to the following telegram (10957) from the Hon. Minister of Militia, received

pay to 5575 Wooden £6:3:0

Draft £ 6:3:0 is enclosed for payment to this Soldier.
Kindly obtain his receipt hereon.

Chief Paymaster & O. 1/c Records.

Mucioill Maj.

20-12-1918

Receipt hereunder.

LIEUT. COLONEL,

Received the sum of 6 founds

3 Shillings on account of

cable remittance from Newfoundland.

g. Wooden

No. 6576 Rank Pte.

Witness H. Maunder Sot

No. 17858/1945

N.F.P./79.

From:

HEWFOUNDL AND CONTINGENT

Newfoundland Contingent,
Pay & Records
Office,

& Record Office, 58, Victoria Street, London, S.W. 1. Officer Commanding, 2/Bn Royal Nfld. Regt. Winchester,

4th November 1918

Subject: 5575, Pte. G. Wooden

With reference to the following telegram (9492) from the Hon. Minister of Militia, received

Pay to 5575 Wooden £2:9:0

Draft £2:9:0 is enclosed for payment to this Soldier.
Kindly obtain his receipt hereon.

Chief Paymaster & O. 1/c Records.

Receipt hereunder.

Barton LIEUT. GOLONEL.

1918

COMMANDING Our Ru ROYAL NEWFOUNDLAND REGT.

Royal Newfoundland Regiment.

Received the sum of Two found

nine Skilling! on account of

cable remittance from Newfoundland.

No. 3575 Rank Ple

Witness

Jalushr eur

Mooden, Leo.

55/5

Aley noeps.

august 14,1919

#5575 Pte.George Wooden, Grand Bank, BURIN.

Dear Sir:-

Please find enclosed Discha ge Certificate #3759.
Yours truly

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE
Intended place of residence Land Barks Busin
2. Occupation Froderman Classification of soldier E Medical Category A
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, i 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 1 4 1919
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 Signature of soldier Date JUL 1.41915 Date Signature of witness
STATEMENT OF SERVICE 7. Enlisted for service. /- 6 - / 8 Discharged from service. JUL 28 1919 Plus 14 days Service. 44. 3. 7
APPROVAL OF DISCHARGE
R. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ic Records, The Royal Newfoundland Regiment, twenty-eight days from date. Place, ST. JOHN'S Officer Commanding Discharge Depote The Royal Newfoundland Regiment
CONFIRMATION OF DISCHARGE The discharge of above mentioned soldier is hereby confirmed to the Confirmation of Discharge Confirmed to the Confirmation of Discharge Confirmati
and so 29/ 3759

Report of Demobilization

The Koyal Pewfoundland Kegiment

Class for Demobilization:

ization:—	Travelling Board, held on soldier for discharge.
· · · · · · · · · · · · · · · · · · ·	
Discharge Depot: Headquarters The Royal Newfoundla	
	Date July 12/19
Regimental No. 5.576	0 /
Name Gorge Woodlan Address Gant?	
7 1 2 10	
Address yand Dan ?	
Present Medical Category	
	///
Recommended for:	(a) Immediate discharge (b) Standing Medical Board
	(b) Standing Medical Board
	XR Coope Cafet
	O.C. Discharge Depot.
	lo o
Members of Board	Senior Medical Officer
	Bul Burden
	M⁻O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No. 5375 Rank Named Named States
Date of Enlistment Address Freund Lank District
Occupation Tisterman Classification for Discharge
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 2
B 178a / D 400A B 1915 do 2nd " 3 "
B 179 do 3rd " 4
B 179a D 400C Form K do 4th " 5
B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
Date. 13-7-19. O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
r. Civil Re-Establishment.
I amin a position to resume civilian occupation.
J Wooden.
Particulars passed to Vocational Officer for information and action.
10 10 10 10 10 10 10 10 10 10 10 10 10 1
Date.
Cleating :
2. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable.
(b) Clothing Supplied
14-7-19
Date O i c. Re-clothing.

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrant No to his home
a Mound 13 and Release Certificate No. 3574 issued.
The last of the
Date 14-7-19
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
14-7-19 MAM W.S. 4
Date
T. DG - 7 - 14
Discharge approved for
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36
E 178 W 3494 B 122 Board 1st " 2
B 178a D 400A B 1915 do 2nd " 3 & /orm b
B 179 D 400B Form L do 3rd " 4
B 179a do 4th " 5
B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
a 14 AMO to so to so
Date Demobilization Officer.
1 - Beinobilization Omcer.
APPROVED.
Documents as above forwarded to:—
Officer i c Records. Board of Pension Commissioners.
with following additional documents.
Eligible for War Service Gratulty
Lingible for that Service Graterly
JUL 28 1919 NA Partie Plan
Date
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,

Jeo Woodesz.

Signature of Man.

Reg. No. \$5 75

of the Vocational Officer or his Representative.

ST. JOHN'S.

Date 14.9-19.

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

MEDICAL HISTORY

Surname 11 Woll		Christian Na	ne Jeorge	
Birthplace:—Parish	Table I.—GEN	NERAL TABL	10.2	lang.
	SPECIAL		REGULA	R ARMY
•	on Cury of	U	on day o	of 191
Examined	lat seido	hus.	at	
Declared Age	22 years	days	years	days
Trade or Occupation		theman.	a gaw Sier and	
Height	. S feet	3. tuches	feet	inches
Weight	12	4. 1bs.		Ibs.
Chest Girth when fully expanded	35	inches		inches
ment Range of Expansion		inches		inches
Physical Development				
	Right	Lett	Right	Left
Vaccination Marks Arm Number		1 Lean		
	184104			
When Vaccinated		66	R.E.—V=	
Vision		1 46.	1, B,V=	
	(a)		(a)	
(a) Marks indicating congenital peculi arities or previous disease	•			
* yainta aa	(b)	j. , ~. , ~n.	(b)	
(b) Slight defects but not sufficient t cause rejection	0			
	1	0,		
Approved by (Signature	a ammo	averson		
(Rank	at Exjohi	Medical Officer.		Medical Officer
The state of the s	1 at Expolinis		at	
Rulisted	on day	the contract of the contract o	on day	of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	Koyae Mea.	00.0	,	
	Requient.	22/2		
Transferred to	1	1		
Became non-effective by				
	on day	of 191	on day	of 191
(Signatu				
(Ran	k)		47	
				[P.T.0

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

gical Applicates, Factorials of Delical Figure 1				
Date	THE LANGE TO SECURITY OF THE S	Brief Details, and Signatures		
4-6-18	Vace 40			
13.6.18	T.AB. YP			
11.7.18	TAB SO			
20-7-18	1.A.D. D			
		It is hereby cartified that this soldier		
		has been before a Travelling Medical		
		Board and has been classified as		
		for Dischurge on Demobilisa-		
		tion. Medical category		
		July 124 19 11 Was It		
		- The state of the		

Table IV. - SERVICE TABLE.

Station or T	roopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
		-	L.			
			4-19			
	mani					

Station



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

Name in full Lewy & Wordle

Regiment from which discharged Royal Dewfoundland

Regimental number 53-75 Aboun Y	
Intended address	
Height on discharge 5 Feet 3	
Color of hair on discharge Blass?	
Complexion Law	
Color of eyes Brown	
Descriptive Marks	
Figure on discharge Medium	
Christian name of Father Thomas	
Christian name of Mother	
Wife's maiden name in full	
Date and place of marriage	
Christian names of children	A Dec. 1895
Place and date of soldier's birth was A Bautt. 3	4 N-E, 78 13
Nature and locality of civil employment required	
I declare that I am the soldier referred to above and that all the par statement are, to the best of my knowledge, correct	ticulars contained in the above
	Ph-
(Soldier's signature in full) George Wooden.	(Rank)
Station As Julius Date 8.7-1	9
I certify that the above named soldier signed the foregoing declaration in description and details are, to the best of my knowledge correct.	my presence, and that the above
description and details are, to the best of my knowledge correct.	EUN TEOUNTERE
	A SOUTH SOUTH
Medic Unit,	al Officer ic Hospital. or Command Depot
	or Command Depot.

Date

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 the 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.	. /	aform o to	Former Trade or Occupation	man
2. Regtl. No. 3. 75	3. Rank	11.	a. If the soldier claims previous	
4. Name Wood (Surname)	un	Christian Names)	(a) Former Regts. or Corps;with Regtl. Nos.	
5. Age last birthday	H		Company of the second	7. 14
6. Posted for duty on . in category (or gr	at	.		
8. If the disability is an	n injury was it caused	į.	2	
(a) in action	(b) on field servi	ce		
(c) on duty	(d) off duty?		(b) Date of Discharge;(c) Cause of Discharge.	* *
9. If a Court of Inquir	y was held on an inj	ury state :—	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(a) When		7		
(b) Where			(d) Particulars of Pension (if any)	or Gratuity
(c) Opinion of Co	ourt			

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."

Norg.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier

11. Date of origin of disability.

12. Place of origin of disability.

seen by the Officer in charge of the case.

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.

Library Committee Co

nil

et alle et al reine de de l'arredonnéels d'un reine metre, etcate de matérie à décret une de production de de L'important de la constitue de

		t orbit yana		
	14.	State whether the disabilities are	(a) attributable to	(b) aggravated by
SCA.		(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?	Ste Comp	lainsoths
s such	15.	What is his present condition?		lity
ear, hroat,		(A note should be made as to Weight in all cases when it is likely to afford evidence of the pro-	disali	usy
to be with		gress of the disability.)		
ssible;				
osition				
			2	
	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 treat- ment was unobtainable?	av	
	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?		
		et a		
		× 2		
	20.	Do you recommend—		
		(a) Discharge as permanently unfit?	Repatr	din
		(b) Change to United Kingdom?	1 wpart	
		Note—(b) is only applicable to soldiers invalided at Foreign Stations.	S	
		. WIV	pocumies	Capt Rum
	St	tion Hazeley Boun	Medical Officer in	

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

august 18,1919

Mr.Geer ge Wooden, Grand Bank.

Dear Sir:-

Referring to your application I enclose cheque for Seventy dollars (370.00), being amount of first payment due you on account of war Service Gratuity.

Yours truly,

Captain & Paymeter .

DEPARTMENT OF HILLIPIA.

WAR SERVICE GRATUITY.

St. John's Newfoundland.

Declaration required of Officers and men of the Royal Poufoundland 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 dakhes, 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
3. Renk. 4. Regtl. No. 3575
6.Address in full to which future payments of gretuity are to be
forwarded
6. Date of enlistment in the Regiment
7. Name of dependent, if any, to whom Separation Allowance is being
issued, or was being issued, imediately prior to your discharge.
8. Relationship of such dependents.
9./ddress in full of such dependents
10. Is said dependent, now, or was said dependent at my time in receipt
of Separation Allowance on account of mother soldier?
11. Were you on active service only in Hild. It so, give dates and
perticulars of such service. High deed dule
12. Give total length of time which you served on active service, whether in lifld or Overseas

and anlistment? If so give particulars
13. Have you had more than one enlistment? If so give particulars
of discharge and re-enlistments, and under what recimental numbers.
or alsomerse and its
14. Have you already received any payment of Post Discharge pay or
Service Contuity 2 of so state (mount you and your dependents
have already required and by whom paid
been samed with a War Sarvice Badge?
16. Have you during the present war, served in the h portal belower
17. Are you entitled to receive, or have you received any distance
the mature of Post Discharge Pay from the Diperiol Forces? 11
so state mount received, or to which you are entitled
no new rewart Overseas to a rank lower than the substantive
ronk hold by you on your errivel in England? . C. C. C.
the service such reversion in consequence of misconduct of
La colat or or o
Bota ? II not give 34 (:) thate
of discharge (b) Reason for discharge
20. Did you at any time serve at the front in an actual theatre of
and the morticulars of places, and dates of such service,
War II so all but he little doules
21.(a) Are you receiving treatment from the Wivil Re-Establishment
The second you in receipt of full pay and allowences from
that consittee level
And I the this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if the same force and effect as if

Cortified correct.

Signatu	re of Applicant: /	George W	voden.
Dagmada	re or appresart:	oral.	19 6
Place o	f Residence:	faire	Daux
Declaro	l before me at:	John	
This	13 day	of July	19/
		106	Maf to De
	Signature of Subreme Cour	f Earrister of the	o meditor
	trate Hotar	V Public Justice	of the
10	reace, or con	missioner of aff	idevits.
POST	DISCHARGE PAY.		
Date paid	Paid Paid Soldier. Dependent	War Service Gratuity.	Not amount due.
	•••••••		

Édynéricz.

Nº 6348



THE ROYAL NEWFOUNDLAND REGIMENT

Address (each	NAME (in full)	Whether Wife, Child, other Relative or Friend	Identity Certificate No.
n France Bank	Caroline Wooden	Inother	1735
		-	

5575 booden Please make first pay W.S. G. 15/7/19

DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

PAY	VOUCHER
\$ 700	July 14 1919
Received from th	e First Newfoundland Regiment
the sum of Sevente	1 Dollars.
on account of Pay. The	VOUCHER July 14 1919 The First Newfoundland Regiment Dollars. Lyonge Wooden
Ch. No. 30 11 Initials. Ear	George Wooden
Ch. No. 30 11 Initials. Can Pay Ledger 300 Initials. Un	Regil. No. Rank
Gen. Ledger Initials	

170. 5575 Rank Pt.

17ame Wooden G.

Squadron, Troop, Battery and Company Conduct Sheet. Army Form B. 121. B 121. Regimental Number and Name Good Conduct Budges, Service pay or proficiency pay Age on 24 years Place and Date Tookus Methodir. loined Toined Joined Date Toined Date of award or of order dispensing with trial OFFENCE Name of Punishment awarded By whom awarded REMARKS Witnesses . Suty on Parad Som Fagets 2 days CAS 4/0/18 Caps Pipty. Demobilized Sophin's 11. 19 To be carried over.

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xv) or xv) 1, Kim's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldie has affered impairs in health since his citry into military service, or in cases of transfer to Class P., or P. (1), or 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. R.	yal Herofon	udlows	7. Former Trade or Occupation	Zakeon
	S 3. Rank ple		7a. If the soldier claim Army, he should s	
4. Name (Surname)	- (Chris	tian Names)	(a) Former Regts. o with Regtl. Nos	
5. Age last birthday	24			
6. Posted for duty on.	at			
in category (or gr	rade)			
8. If the disability is an	n injury was it caused			
(a) in action	(b) on field service			
(c) on duty	(d) off duty?		(b) Date of Disc	charge;
			(c) Cause of Dis	charge.
9. If a Court of Inquir	y was held on an injury	state:—		
(a) When	,		(d) Particulars	of Pension or Gratuity
(b) Where			(if any)	or remaining or Granding
(c) Opinion of Co	ourt			
Note.—The foregoin	ng particulars are to be filled i	n and A.F.B. 179	s (statement by the soldier) con	mpleted before the soldier
is seen by the Officer in cl	harge of the case.			
		atement of Case		
them he will take care to co in the invalid's military and	onfine himself exclusively to d medical documents. He wil	l also carefully dist	the Medical Officer in charge o of the case and to such inform tinguish and clearly state when	cases are due to venereal
10. If brought	forward for invaliding, dis lies should be reported upo	sability in respec- n in answer to q	t of which invaliding is pro- uestion No. 19). If no dis	posed to be stated here.
11. Date of origin of di	sability.	n	(
12. Place of origin of d	isability.		0	
the disability in so	essential facts of the his far as it is recorded in the aring on the case and i	Medical	1	

relevant official documents.

		THE RESERVE									ALL TO STATE OF THE STATE OF TH	
	14.	State	whether the	disabilities a	re: No. 1		(a) a	ttributab	le to	(b) aggra	vated by	
		(i.)	Service dur	ing the presen	t war			1	·			
		(ii.)	Previous ac	tive service	1				<i></i>		10 TH #	
		(iii.)	Climate in	ore-war service							Carlotte Control	
		• (iv.)	Ordinary n	ilitary service	before the w	ar			7	是 有1000000000000000000000000000000000000		
		(v.)	Serious neg	gligence or m	isconduct on	the }				• • • • • • • • • • • • • • • • • • • •		
	14	(a). If		o any of the						0 1	,	
such injur-	15.	What	is his presen	condition?			LA	ce	amp	lam	oopn	•
aroat, &c., 's re- with				ld be made as likely to afford disability.)				de	eab	let	o o fu	
sible;												
the				, v.								
tated				•								
	16.	Was an	n operation p	erformed? I	f so, when and	l what						
	17.			ration advised	and declined	,						
				or decay of t						164		
		· dire	th the resul	t of wounds, able to active ach conditions	injury or o	lisease						
	19				hilition oxiation	~ ht						
		not Stat have war	in themselv te whether of the been aggra	any other disa es sufficient of r not they are vated by service what or by w	to cause inva e attributable se during the p	to or						
	00											
	20.		u recommend					13	1 1-	. /		
			The second second	as permanent				14	ear	iasti	n	
		Note-	The Proposition of the Propositi	United Kingd applicable to		ded at						
			2 oreign Stat	ions.	u	1.2.1	1/10	rem	rier	· Cop	1 Ra	n
	Sta	tion .	Ungele	y Dou	n			Medical	Officer in	charge of	case.	
	Dat	te	4/19	<u> I</u>								
	it is	due to	ss of teeth on some other car	or immediately ase.	after active serv	rice, sho	uld be	attributed	thereto, ur	less there is	evidence the	at

Demobilization Form 8

The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No. D.D. 7.5. Rank Name . M. A. Molan
Date of Enlistment 1-6-18 Address Green Lynks District During
Occupation
Recommendation S.M.B
Passed to Demobilization Officer with following documents:—
N.F. P 36 B 268 B 121 N.F. Med D.F. 1
B 178
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 179c B 120 M 93
Date. O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
I. Civil Re-Establishment.
T
y. Wooden.
y. W0000011
Particulars passed to Vocational Officer for information and action.
Particulars passed to vocational Officer for information and action.
Date
2. Clothing. Certified that Clothing Regulations have been, complied with:—
(a) Clothing Allowance payable.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(b) Clothing Supplied
Date. /

The above named has been provided with Travelling Warrant No. 17. 41. 5 to his home at Mew A. Bawk and Release Certificate No. 35.7.4 issued.
Date 14-7-19 Deniolilization 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
Date
Discharge approved for. DS - 7-14
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 f B 1915 f do 2nd " 3 2 . Town B.
B 179 D 400B Form L do 3rd " 4
B 179a
B 179b B 103 ME 2 " 6 " 6
Date 1/4 Demobilization Officer.
APPROVED.
Documents as above forwarded to:—
Officer i c Records. Board of Pension Commissioners.
with following additional documents. Eligible for War Service Gratulty
10.01.01
Date JUL 28 1919 N. Coopen Capt
O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.
717
- and stea
Date auf 7119

3. Transportation and Release Certificate.

Reg. No 5845 Rank 16 Name Wooden Leo. Attested Address Grand Bank	
Attested Address Grand Bank	
Allottee JUL 1	1010
Date of Allotment Returned from Overseas Returned on S. Cassanda Cause Dischar	13 (3)
Returned on S.S. Ussandra Cause Cause	
14 7/9 PASSED TO DEMOBILIZATION OFFICE	
25 7 / 9 DISCHARGE APPROVED ON DEMORILISATION	