



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5427 Name Samuel Getman Corps Coj E.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Samuel Getman.
2. What is your full Address? 2. Jamestown, N.B.
3. Are you a British Subject? 3. Yes.
4. What is your age? 4. 23 Years 6 Months
5. What is your Trade or Calling? 5. Carpenter.
6. Are you Married? 6. No.
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No.
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes.
9. Are you willing to be enlisted for General Service? 9. Yes.
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes.

I, Samuel Getman 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.

Samuel Getman SIGNATURE OF RECRUIT.
John Dean Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel Getman do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 17th day of May 1918.

Signature of Attesting Officer C. S. Dickson Lieut.

†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 Coj.

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

Date 1918
Place } 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

5-4-27

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

Name Samuel Gptman
 Apparent age 13 years months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Gptman
Jonestown, Ab. | Relationship father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards United Kingdom reckons from <u>24-5-18</u>									Leave Capt. 20-7-18 Reverts to Rank. 17-9-18
Joined at <u>St. John's</u> on <u>Monday 24-19-18</u>									
<u>Embarked St. John's S.S. Columbia to Halifax N.S. 22-7-18.</u>									
<u>Left for demobilization 24-6-19</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St. John's</u>									<u>9-8-1919</u>
Total Service forfeited as above.....									

Total Service towards Engagement to 9-8-1919 [date of discharge] 1 years 78 days
 " " Pensions " " " " " " " " " " " "

C.R. 5427

Extract from Daily orders part II Regt. Newfoundland Regt.
Depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from noted date 9-8-19.

5427, Pte. S. Yetman.

C.R. 5427

Extract from Daily Orders Part II unit the Royal Nfld. Regt.
St. John's, July 18, 1919.

The Discharge of the Undernoted on demobilization has been
APPROVED by C.C. Discharge Depot with effect from 26-7-19.

5427 Pte. S. Yetman,

C.R. 5427

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 23rd 1919.

5427 Pte. S. Yetman.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 5427

Extract from Daily Orders part 11, By Lt. Col.
B. J. Barton, D. S. O. Officer commanding 2nd.
Battalion of the Royal Newfoundland Regiment.

The undermentioned reverts to Private at his
own request.

5427 L/C. J. Yetman.....

C.R. 5427

Extract from Daily Orders part 11, from Unit The Royal
Rifles Reg. St. John's, dated July 25, 1916.

The following man embarked for overseas on H.M.S.
"Columbells" July 28, 1916.

#5427 L/Cpl. Samuel Yetman.

C.R. 5427

Extract from Daily Orders part 11, from Unit The Royal Hf.
Regt. St. John's, dated May 27, 1918.

#5427 Pte. S. Yetman.

Attested for General Service with the Royal Hfld. Regt.
from 24.5.18

P. Getman

5427

P. + B. p

p

No. 7566/1487

BFD 099881
NEWFOUNDLAND CONTINGENT

N.F.P. /70.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Rvl, Nfld. Regiment,
Winchester.

16th May 1919

May 21st 1919

5427 Pte. S. Yetman

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / 19 (186):

A. Boston LIEUT. COLONEL.
OFFICER COMMANDING 2ND BR. RYAL NEWFOUNDLAND REGT.
A. H. R.

"Pay to-5427 S. Yetman

£2. 0. 0.

Received the sum of Two Pounds

Cheque £ 2. 0. 0. is enclosed
for payment to this Soldier.

Kindly obtain his receipt
hereon.

_____ in respect of
telegraphic remittance from the
Minister of Militia.

A. A. Minnowell Maj.

Chief Paymaster & O. i/c Records.

S. Yetman
No. 5427 Rank Private

Witness: A. H. R.

No. 3191/482.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.
Winchester.



25th February 1919

March 3rd 1919

5427. Pte Yetman S

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (48)

"Pay to-5427. Yetman.

£4.0.0.

Cheque £ 4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

S. J. Barton
Officer Commanding 2nd Bn. Ryl Nfld Regt.
LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Four pounds

in respect of

telegraphic remittance from the Minister of Militia.

M. P. Hunt
Chief Paymaster & O. i/c Records.

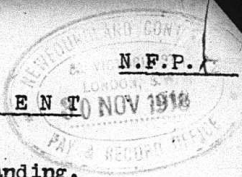
S. Yetman
No. 5427 Rank Private

Witness *A. Rochette*

B

No. 19242/2149

065534
PC



NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

25th November 1918

Nov. 28th 1918

Subject: 5427, Pte. S. Yetman

With reference to the following telegram (10015) from the Hon. Minister of Militia, received
pay to 5427 Yetman £10:0:0

Receipt hereunder.
Okun
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Comdg. 2nd Batt'n
Royal Newfoundland Regiment

Draft £ 10:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Ten pounds on account of cable remittance from Newfoundland.

A. R. Guinness Maj.
Chief Paymaster & O. 1/c Records.

S. Yetman
No. 5427 Rank Pte.

W. Power. P. 6

4
Jelmar S

5427

Hay Sept.

August 19, 1919

Mr. Samuel Yetman,
Jamestown, B.B.

Dear Sir:-

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

Yours truly

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

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

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

- Christian name..... *Samuel* 2. Surname..... *Yetman*
3. Rank..... *Pte* 4. Regtl. No..... *5427*
5. Address in full to which future payments of gratuity are to be forwarded..... *James Tower St*
6. Date of enlistment in the Regiment..... *May 24/18*
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..... *no*
9. Address in full of such dependents..... *no*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Nfld only*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *1 yr. 1 mo.*
- 1.2

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

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

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.

.....
.....

15. Have you been issued with a War Service Badge?

16. Have you, during the present war, served in the Imperial Forces.

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

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

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

19. Are you now serving in the R.A.F.? If not give:- (a) date of discharge. (b) Reason for discharge.

.....
.....

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.

.....
.....

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.

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: *J. Getman*
 Place of Residence: *James Town B.P.*
 Declared before me at: *St Johns*
 This *12th* day of *July* 19*19*.....

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

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

By *.....*

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5427 Rank Plt Name Getman S.
 Intended place of residence James town
 2. Occupation Carpenter
 Classification of soldier E Medical Category A 1

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 12 1919 Mews H.
 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 12 1919
S. Getman
 Signature of soldier
W. McDowall
 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 12 1919
S. Getman
 Signature of soldier
James O. Cheoman
 Signature of witness SM.

STATEMENT OF SERVICE

7. Enlisted for service... 24-5-18 No. of days on Military
 Discharged from service... JUL 26 1919 Plus 14 days Service... 443

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, 14 days from date.
 Place, ST. JOHN'S
 Date JUL 26 1919 R. Cooper Capt
 Officer in Charge 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 9/1919 M. Bowley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

AR 20 291 3657

8
20
31
9
28

August 9th 1919.

#5429⁷. Pte. S. Yetman,
Jamestown.

Dear Sir:

Enclosed please find Discharge Certificate
3657.

Yours truly,

Capt. &

Officer i/c Records.

RS/.



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date July 11th 1919 D.F.

Regimental No. 5427

Name Yutman s'annual

Address St. John's

Disease or Disability _____

Finding of last Standing Medical Board, _____

held on _____ 19 _____

Present Condition _____

Recommendation _____

Category A-1

Members
of
Board

}	<u>R.H. East</u> O. C. Depot
	<u>W. Paterson</u> D. D. M. S.
	<u>J.W. Borden</u> M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 1189 Rank Plt Name Getman J
 Date of Enlistment 2-1-5-18 Address Amherst District Compton
 Occupation Carpenter Classification for Discharge E Medical Category H1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:-

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

Date 11-7-19 O. C. Discharge Depot Amherst

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

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 Amherst

Date 12-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2446 to his home at governments and Release Certificate No. 3530 issued.

Date 12-7-19

J.A. Knowlton
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 9-8-19

Date 12-7-19

J. M. H. H.
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	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			

Date 12-7-19

J.A. Knowlton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

JUL 26 1919

Eligible for War Service Gratuity

Date

K.R. Cooper 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.

S. J. Johnson

Signature of Man.

J. J. Snowlapt.

Signature of the Vocational Officer or his Representative.

Reg. No. 54297

ST. JOHN'S.

Place

Date

12-7-19

191

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

MEDICAL HISTORY

Surname Yefman OF Christian Name Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish Jamestown B.B. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	24 th	May	1918	191
	at	St. John's	at	
Declared Age	23	years		days
Trade or Occupation	Carpenter			
Height	5	feet	5	inches
Weight	135			lbs.
Chest measurement	37			inches
	4			inches

Physical Development	Right	Left	Right	Left
	Vaccination Marks	—	—	

When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	

(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)		
(b) Slight defects but not sufficient to cause rejection	(b)	(b)		

Approved by (Signature) Samuel Palmer
 (Rank) Major Medical Officer. Medical Officer.

Enlisted at St. John's on 24th day of May 1918 on day of 191

Corps.	Regtl. No.	Corps	Regtl. No.
<u>Royal Nfld. Regiment.</u>	<u>5424</u>		

Transferred to...
 Became non-effective by on day of 191 on day of 191
 (Signature) (Rank)



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 *Samuel Yetman*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5027*

Intended address *Janestown B B*

Height on discharge *5* Feet *7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Joseph*

Christian name of Mother *Rachael*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Janestown, 21st Aug. 1895*

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) *S. Yetman*

Y
(Rank)

Station **ST. JOHN'S.**

Date *7-7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



Medical Officer i/c Hospital.
Unit, or Command Depot.

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..... *Rayon New Zealand*
2. Regtl. No. *5427* 3. Rank..... *Pte*
4. Name *Yatman Samuel*
(Surname) (Christian Names)
5. Age last birthday *24*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Carpenter*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (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? }

The Complaint of No Disability

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

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

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

20. Do you recommend—

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

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

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

Station *Lazley Down*

Date *3/4/19*

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



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.



OCT 20 1921

1921

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

is/are forwarded herewith to

Samuel Yetman

in respect of his service as No. 5427 Rank Pte.

Name S. Yetman Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received Dec. 9./21.

Signature S. Yetman

Date 11/21

Address #308. Subj. St. Inaction. G.B.

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal New Zealand

Number of Sheet One

Signature of O. C. Company

B. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No. ^a	<i>5127</i>	Age on	<i>23</i> years	months	<i>19.7.18.</i>	<i>Promoted to Corporal</i>
Joined		Place and Date of Enlistment		Religion	Resale to private. 17.9.18. <i>W. P. H. capt.</i>	
Joined		Period of		Place of Birth		
Joined		with Colours	with Reserve	<i>James town NZ</i>		
Joined		1 ⁷ / ₃₀ years	1 ³ / ₃₀ years			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's</i>	<i>9/19</i>				

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

5428

DEMOBILIZATION OF

Reg. No. 3489 Rank Pvt Name Getman J

Date of Enlistment 24.5.18 Address Lambertown District Bonaville

Occupation Carpenter Classification for Discharge E1 Medical Category HI

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		

Date 11-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. [Signature]

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied [Signature]

Date 12-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82446 to his home at Gouverneur and Release Certificate No. 3530 issued.

Date 12-7-19 *J.A. Sawloff*
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 1-8-19

Date 12-7-19 *J.A. Sawloff*
Depot Paymaster.

Discharge approved for 26-7-19

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 349A	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 12-7-19 *J.A. Sawloff*
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

JUL 26 1919

Date *K.R. Cooper*
O. C. Discharge Depot.

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

Date Aug 7/19 *J.A. Sawloff*

Reg. No. *3427* Rank *86* Name *Yelton, S.*
Attested Address *Jamestown*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S.S. *Cassandra* Cause *Discharge*

12 7 19

96 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi), King's Regulations, and in cases of discharge under para. 392 (vii), 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. Regt. No. *54373*. Rank. *Private*
4. Name *Jefferson* (Surname) *Samuel* (Christian Names)
5. Age last birthday... *24*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Carpenter*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
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
(b) Where
(c) Opinion of Court
(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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- nil*
nil
nil

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | ..... | ..... |
| (ii.) Previous active service | ..... | ..... |
| (iii.) Climate in pre-war service | ..... | ..... |
| (iv.) Ordinary military service before the war | ..... | ..... |
| (v.) Serious negligence or misconduct on the man's part. | ..... | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

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

No Complaint of no. Disability

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

20. Do you recommend—

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

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

Repatriation

Station *Bozely Swan*

Date *3/11/19*

W. E. Prosser *Capt. Royal*
 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