

3960

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3960 Name Francis Young Corps P.C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Francis Young.....
- 2. What is your full Address? 2. Bank Street
Bay St. George.....
- 3. Are you a British Subject? 3. yes.....
- 4. What is your age? 4. 19 Years 6 Months
- 5. What is your Trade or Calling? 5. Lumberman.....
- 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.....

Francis Young 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.

Francis Young SIGNATURE OF RECRUIT.

Brendan Bennett Signature of Witness.

G. 1-10-17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Francis Young 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 1 day of Oct 1917

Signature of Attesting Officer [Signature]

†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.....

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

Date.....191..... } Approving Officer.
Place..... }

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Francis Young
 Apparent age 19 years 6 months. Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 5 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin J. P. Young
Bank Head Bay St. John's 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 Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	

Service towards limited engagement reckons from 1-10-17
 Joined at St. John's on October 1-1917

Discharged August 11 1919

Embarked St. John's St. George to Halifax N.S. 29/18.
Embarked for St. John's 27-18. Joined 1st Bn. Prince George's 9-7-18.
Admitted 4th Bn. Seaforth's 8/9. Rejoined unit 17-1-19. Admitted 6th
Corp. Lower Supt. Band 13-3-19. Transferred to 1st Bn. 25-3-19. Admitted
King's Corp. St. John's 27-3-19. Also being George Corp. 4/19. Furlough
then posted to 1st Bn. Winchester 13-4-19. to 1st Lt. for demobilization 24-6-19.
Arrived Newfoundland 1-7-1919.
Demobilization St. John's 11-8-1919

Total Service towards Engagement to 11-8-19 [date of discharge] 1 years 315 days
 " " Pensions " " " " " " " " " " " "

Reg. No. 3960 Rank Plt Name Young Francis
 Attested 1/10/17 Address Bank Street Bay St. George
 Allotment 50⁴ Allotee Mr John May Young, Mother
 Date of Allotment 16-12-17 Returned from Overseas _____
 Embarked for Overseas _____ Cause _____

Oct	21	Admitted Military Hospital V.D. 9. Total 50 ⁴ per day. 1 st 27-10-17 2 nd 11-12-17
Dec	7	Discharged Mil Hospital, H.S. 18/12/17 - 27/12/17 309 th Rec. 17/12/17. Ret'd. 27/12/17
2/1/18		Var.

Temporary

No. 3966 Name *Moses H*

Sqn., Batty., or Company

A Corps *Royal Newfoundland* } Date of enlistment

G.C. Badges

Service or Proficiency Pay } *Good*

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No. *Temporary One*

Signature O.C. Company, etc. *R. Brown*

Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Ronan</i>	<i>14-4-14</i>	<i>Pte</i>		<i>Deficiency of kit value 1/25</i>	<i>Clms Woodlan</i>	<i>Pay for same</i>	<i>15-4-14</i>	<i>Majr Brown</i>	<i>K22</i>

C.R.

Army Form B. 122

C.R. 3960

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.

3960, Pte. Francis Young.

CR. 3960

Extract from Daily Orders Part II Unit The Royal Field Artillery
St. John's, July 31st 1919.

3960 Pte. F. Young.

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

C.R. 3960

April 14th, 1919

J.R. Young, Esq.,
Bank Head,
Bay St. Georges

Dear Sir:-

I beg to inform you that additional information has to-day been received from the Visiting Committee of the Newfoundland War Contingent Association concerning the condition of your son, No. 3960, Private Francis Young, to the effect that he is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 3960

Extract from Sas. received from P.&.R.O. 5, Apr. 1919.

3960 Pte. F. Young, was discharged from King George Hospital on 4/4/19. He reported at the P.&. R.O. and was granted furlough to 13/4/19. classified III Employment.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

C.R. 3960

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

March 31st, 1919

Dated

J.R. Young, Bank Head, Bay St. Georges

To

Regret to inform you that Record Office, London,
officially reports **No. 3960, Private Francis**
Young at King George Hospital Stamford St. London suffering
from inflammation connective tissue right hand.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chge Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

CR. 3960

Extract from Tel. from Syn. to Mil. dated March 29th. 1919.

The King George Hospital, Stamford, St. S.E. 1. Inflammation
Connective Tissue Right Knee. 3960 Young.

C.R. 3960

Extract from Casualties received from Pay & Records
London, Mar. 29th, 1919.

Admitted to King George Hospital, Stamford Street,
S.E.1. 27-3-19.

3960 Pte. F. Ypung

I.C.T. R. Hand slight.

C.R. 3960

Extract from Casualties List No. H.A. 35359

3960 Pte. F. ~~Walsh~~
Young

Septic Hand. Adm. 6 Gen. H. Rouen 13 Mar. 19

C.F. 3960

Extract from Nominal Roll to B.E.F. embarked Folkestone

2-7-18

#3960 Pte. F. Young.

C.R. 3960

Extract from Nominal Roll Draft "H" Company Embarked
S.S. FLORIZEL. Jan. 29th, 1918.

3960 Pte. Young E.

C.R.

3960

3960

Extract from Daily Orders Part 11 Unit The Royal Nfld,
Regt., Dec.7th, 1917.

3960 Pte. F. Young.

Discharged from Military Infectious Hospital and reported
to Hdq's for Duty on Dec.7th.

C.R.

3960

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Oct. 3rd, 1917.

3960 Pte. F. Young.

Attested Oct. 1st posted to "G" Company and assigned
number as shown.

F. Young

C.R. 396.

P. R. O.

TO, - The Chief Quartermaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

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

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
8960	Pte	Young	\$2 ⁵⁰ / ₁₀₀	

I have the honour to be, Sir,
for the Committee,
Your obedient servant.

Date 29-6-18

J. Young

No 4493

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Francis Young, Regl. No. 3960
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
50 Dollars and 50 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins December 16/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3407</u>	<u>Wife</u>	<u>Mrs John Henry Young</u>	<u>Camp Head</u> <u>St George's</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) W. H. Lee

Officer Commanding
Company

(S) F. Young
(Rank) Sgt

No 4493



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Sandra Young, Regl. No. 3960

hereby agree, until further notification by me, and in similar official form to make an Allotment of Five Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins December 16 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3409		Ms Sandra Young	Camp St John's	50
			Total Allotment, \$	50

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]
 Officer Commanding
 Company
[Signature]
 191

(S) [Signature]
 (Rank) [Signature]

4
Young, J

3960

Ray Sept.

R

August 14, 1919

#3960 Pte. Francis Young,
Bank Head,
Bay St. George.

Dear Sir:-

Please find enclosed Discharge Certificate #3728.

Yours truly.

Captain & Quaysmaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3960 Rank Pte Name Young J.
 Intended place of residence Bank Head

2. Occupation Lumberman
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

DEMOBILIZATION

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date 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

Francis Young
 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

J. J. Young
 Signature of soldier
W. J. Reardon
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-10-19 No. of days on Military Service 680
 Discharged from service 28-7-19 Plus 14 days

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, twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 28 1919

H. P. Cooper Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 11/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

36
20
31
31
28
37
20
31
31
11
35

UAB 204963728

The Royal Newfoundland Regiment

Class for Demobilization:—

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 12/19

Regimental No. *3960*

Name

Young Francis

Address

Bay St George

Present Medical Category

Aj

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board

J. Paterson
Senior Medical Officer

J. W. Burden
~~M.O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3960 Rank Plt Name Young J
 Date of Enlistment 1-10-17 Address St. George District St. George
 Occupation Lumberman Classification for Discharge 7 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 12-7-19 O. C. Discharge Depot. St. George

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00.....
 (b) Clothing Supplied.....

Date 14-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2409 to his home at Bay St George and Release Certificate No. 3580 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 11-8-19

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

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. 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		

[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 20 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.

Francis Young

Signature of Man.

A. Bloustein

Signature of the Vocational Officer or his Representative.

Reg. No. 3960

Place

ST. JOHN'S.

Date

11-7-19

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

MEDICAL HISTORY

OF

Surname Young Christian Name Lancis

Table I.—GENERAL TABLE.

Birthplace:—Parish Bay, St. George County St. George

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>1st</u> day of <u>Oct</u> 191 <u>7</u>		on _____ day of _____ 191_____	
Declared Age	at <u>Headquarters</u>		at _____	
Trade or Occupation	<u>19</u> years <u>6</u> days		_____ years _____ days	
Height	<u>Lumberman</u>		_____	
Weight	<u>5</u> feet <u>7 1/2</u> inches		_____ feet _____ inches	
Chest Measurement	<u>142.</u> lbs.		_____ lbs.	
	Girth when fully expanded... <u>38</u> inches		_____ inches	
	Range of Expansion... <u>5"</u> inches		_____ inches	
Physical Development				
Vaccination Marks	<u>—</u>		<u>3 Scars</u>	
	Arm	Number		
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=_____	
	L.E.—V= <u>6/6</u>		L.E.—V=_____	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. M. Patton</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. Johns P.O.</u>		at _____	
	on _____ day of <u>Oct</u> 191 <u>7</u>		on _____ day of _____ 191_____	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>3960</u>	<u>3960</u>		
Transferred to	<u>1. 2. 2. 2.</u>			
Became non-effective by	on _____ day of _____ 191_____		on _____ day of _____ 191_____	
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
Military S. D. Hop St Johns. N. J.	24	10	17	7	12	17	V. D. G.	44	

list in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

Discharged . . . Cured .

W. Burden

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 New Forest Land* } Former Trade or Occupation } *Seaman*
2. Regtl. No. *2962* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Young* (Surname) *Francis* (Christian Names)
5. Age last birthday... *21*
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 (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. *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? }

He complains 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?

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. Procuma, Cap Rame
 Medical Officer in charge of case.

Station ... *Hazley Brown*

Date ... *23/4/19*

* 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



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 *Francis Young*

Regiment from which discharged **Royal Newfoundland**

Regimental number *3960*

Intended address *Bay St. George*

Height on discharge *5 Feet 8*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *right wrist*

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Bay St. George 2-4-age 21-1898*

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) *Francis Young*

(Rank) *Plc*

Station *St. John's*

Date *July 5th 1919*

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

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

Station

Date

Casualty Form—Active Service.

Regiment or Corps Royal New Zealand



Surname Young Christian Name Francis

Age on Enlistment 19 years 6 months

Terms of Service (a) Duration Service reckons from (a) 1-10-17

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate

Occupation Seaman Signature of Officer [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		AI 28-6-18	Embarked ...	2 JUL 1918	
			Disembarked	5 JUL	
			Joined Battalion	Field	
27.1.19	66 2/1 Elms	Adm.	Scabie.	8.7.18	Disch. 12/1/18
	87 7 Aub.	Adm.	Scabies.	8.1.19	ED 11499
			Wied	8.1.19	ED 1272
		Discharged 40p.		6.11.19	11/1/19
	6 Gen. H.	Adm! Deptic Hand.		13.3.19	B213
		To England (L109488.)	Rover.	25.3.19	23083

For Officer 1/6 Infantry Section No. 1
 General Headquarters, 3rd Echelon,

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.
 W. 5527-142003 1000m 7/17 (25588) C.F.A.S. Ltd. Forms B./103, E/1555. (P.T.O.)

NEXT OF KIN R Young

19/9
 6/6T
 19/9
 6/6T
 19/9

August 18, 1919

Mr. Francis Young,
St. George's.

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 *Francis* 2. Surname *Young*
3. Rank *Pvt.* 4. Regtl. No. *3960*
5. Address in full to which future payments of gratuity are to be forwarded *M. Georges, Bay St George, Sept 28/17*
6. Date of enlistment in the Regiment *Sept 28/17*
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 Sept 28/17 to July 14/19* 1.2

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

*March 24/18 enlisted in 1st Reserve
to June 1916.*

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? *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. *Temporary*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

France - From July 1918 to March 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee? *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

J Young

Signature of Applicant:

Place of Residence:

Declared before me at:

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

*George Ray St George,
St John's, Nfld.
John M. Carthy*

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

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

7085

Dank Head
Oct 22nd 1919

3 Cheques

M & H George

Dear Sir
Since I had
my discharge no 3728
I only received
one cheque I had
my discharge Aug
14th 1919.

Kindly see that
I get my payment
my no is 3960

Yours truly
Francis Young
Dank Head
used

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 58 ⁰⁶/_{xx}

Feb 21 19 20

Received from the First Newfoundland Regiment
the sum of Fifty eight ⁰⁶/_{xx} Dollars.
~~an amount~~ of Pay. W.L.G.
balance

Ch. No. 30223	Initials. <u>W.L.G.</u>
Pay Ledger 301	Initials. <u>WR</u>
Gen. Ledger.....	Initials.....

J.P.A.B.
Regtl. No. Rank

No. 3960

Rank Pt

Name

F Young

St George

Feb. 28, 1920

Ex Pte. F. Young,
ST. GEORGE'S.

Dear Sir:

J. B. [unclear]

I enclose cheque for
\$58.06, balance of War Service Gratuity due
you.

Yours truly,

Major
Paymaster

R
LM-
Enc.

3960

Post Mistress,
Bank Head,
Bay St. George,

Dear Madam:-

Referring to your letter of
April, 18th., I beg to state, that the letter
from this Department addressed to Mrs. Mary
K. Young, is intended for the mother of Pte.
Francis Young, #3960 of the Royal Nfld. Regt.

Yours faithfully,

Capt. & Paymaster.

ST. JOHN'S, July 14th /19

Royal Newfoundland Regiment.

Billeting Account,

To M^{rs} D. Connely

Quadr. Fidi

Billeting Soldiers as undermentioned

from July 1st /19 to July 15th /19

<u>3960</u>	<u>W. F. Young</u>	<u>15 50</u>
-------------	--------------------	--------------

ACCOUNT	<u>BVM</u>
CH. NO.	<u>2992</u>
IND. LEDGER	<u>EW</u>
PAY LEDGER	<u>EW</u>
GEN. LEDGER	<u>30</u>

Certified correct for

W. Blouston

R. J.

Young

Billeting Officer.

C.R. 3960

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name. *Francis J. Young*

Date. *27.1.19..*

Place *Bank Head... S. George*

C.R. 3960

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO. 3960.....NAME. Francis Young

DATE 18.1.1920

PLACE. Bank Head.....

St Georges

1581

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here



[P.T.O.]

SEP 28 1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Francis Young

in respect of his service as No. 3960m Rank Pte

Name B. Young

Royal Nfld. Regt.

1st Bn. Canadian Corps

Receipt of the same should be acknowledged hereon.

Received _____

Signature Francis Young

Date Oct 10 1921

Address Bank Head

[P.T.O.]

Receipt for Army Book 64

*No. 3960 Name F. Young

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

Name Francis Young

Date Sept 10, 1920

Place Bank Head Hfld

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

[Handwritten initials]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

1st Newfoundland

Number of Sheet

First

Signature of O. C. Company

Wiley J. W.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Young Francis</i>	Age on	<i>19 years 6 months</i>	<i>Lombardian</i>	
<i>3960</i>		Place and Date of Enlistment	<i>St. Johns</i>	Religion	
Joined Date		<i>1-10-17</i>	Place of Birth	<i>R.C.</i>	
Joined Date		Period of	with Colours	<i>3 1/2 years.</i>	
Joined Date			with Reserve	<i>3 3/5 years.</i>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St. Johns, 11-8-17</i>					

To be carried over

The Royal Newfoundland Regiment

23960

DEMOBILIZATION OF

Reg. No. 3960 Rank Pr Name J. Young
 Date of Enlistment 1-10-17 Address St. George's District St. George's
 Occupation Lumberman Classification for Discharge F Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 12-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

J. Young

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 14-7-19.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2409 to his home at Bay St George and Release Certificate No. 3580 issued.

Date 14-7-19 Demobilization Officer [Signature]

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-8-19

Date 14-7-19 Depot Paymaster [Signature]

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	3 Form B
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 14-7-19 Demobilization Officer [Signature]

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 O. C. Discharge Depot [Signature]

Received the above noted documents from O. C. Discharge Depot.
 Date Aug 7/19 [Signature]

Reg. No. *3960* Rank *9E* Name *Young F*

Attested Address *Bank Head B. St. Geo*

Allotment Allottee *JUL 1 1919*

Date of Allotment Returned from Overseas

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

14 7 19
28 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION.

C.R.

Form B. 179A

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 (vi.), King's Regulations, when the soldier has sustained 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. *3960* 3. Rank... *Pvt*
- 4. Name *Young* *Francis*
(Surname) (Christian Names)
- 5. Age last birthday... *21*
- 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.
- (b) Date of Discharge ;
- (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)
- 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

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. *W*
- 12. Place of origin of disability. *Me*
- 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. *W*

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

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

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

He complains of no disability

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

20. Do you recommend—

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

Repatriation

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

W. E. Prosser *Captn*
 Medical Officer in charge of case.

Station *Hazely Down*
 Date *23/4/19*

* 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