



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5989 Name Richard Young Corps R. L.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Richard Young</u> |
| 2. What is your full Address? | 2. <u>St. John's Pt. Cape George</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Farmer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 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. <u>Yes</u> |

I, Richard 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.

Richard Young, SIGNATURE OF RECRUIT.

P. H. D. Dowden, Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Richard 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... 12 day of August, 1918.

Signature of Attesting Officer, P. B. 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

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

Date, 13-8, 1918

Place, St. John's

..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5989

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

Name Richard Young
Apparent age 22 years months. Height 5 feet 7 inches
Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 8 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Young
Le Marchu Pt Cape George 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.

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 <u>12.8.18</u>									
Joined at <u>Mkhis</u> on <u>August 12.1918</u>									
<u>Discharged August 8/1919</u>									
<u>Embarked Mkhis train to Halifax NB 22.9.18</u>									
<u>To the front line for demobilization 27.6.19</u>									
<u>Arrived Halifax 1.7.19</u>									
<u>Demobilization 8.8.19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-8-1919 [date of discharge] 362 years days
Pensions " " " " " "

Reg. No. 5989 Rank. Pfc Name Young Richard
Attested 12-8-18 Address Le Mans Cape St Geo
Allotment bo Allottee Thomas Young (father)
Date of Allotment 1-9-18 Returned from Overseas
Embarked for Overseas 22-9-18 Cause

1st Lt 978
L. leave 2-9-18 to 11-9-18. Ret 6-9-18.

C.R. 5989

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated Aug. 19th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 8-8-19

5989, Pte. R. Young.

C.R. 5989

Extract from Daily Orders Part 11 Unit The Royal Field.

Regt. St. John's, July 18-7-19.

The discharge of the undernoted on demobilization has been
APPROVED by D.C. Discharge Depot with effect from 25-7-19.

5989 Pte. M. Young.

C.R.

5989

Extract from Daily Orders Part 11 Lt. Col. B.J. Barton,
D.S.O. Commanding 2nd Battn. Royal Nfld. Regt. 10-12-18.

The following having reported back from Hospital
is taken on the strength and posted to "C" Company.
from 19-12-18.

5989 P ts. R. Ypung

NEWFOUNDLAND POSTAL TELEGRAPHS.

C.R. 5989

**Cable Connection with all the World****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

Dated **Oct. 17th, 1918**To **Thomas Young Marchese Point, Cape St. George**

Regret to inform you that Record Office, London,
officially reports **No. 5882, Private Richard Young**
at Military Hospital Devonport England suffering from
pneumonia severe

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

J.R. Bennett

Minister of Militia.

FOR TYPEWRITER

C.R. 5989

Extract from Daily Orders Battalion Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5989 Pte. R. Young.

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

C.R. 5989

Extract of Casualties received from the Pay & Record
Office, London, dated Dec.30th 1919.

The undermentioned was discharged from Military
Convalescent Hospital Plymouth 18/12/18

5989 Pte .R.Young

C.R. 5989

Extract of Casualties received from the Pay & Record
Office, London, dated Dec. 30th 1919.

The undermentioned was discharged from Military
Convalescent Hospital Plymouth 18/12/18

5989 Pte .R. Young

C.R. 5989

Extract from General Roll Entitled St. John's for Overseas.

Sept. 22, 1918. "K".

5989 Pte. Young Richard.

C.R. 5989

Extract from Nominal Roll of Sick and Wounded admitted to Military
Hospital, Devonport, 11/10/18. (Re-inforcements from Nfld.)

Dated October 16th. 1918.

5989 Pte. R. Young

R.Nfld. Regt..... Pneumonia severe.

R. Young

C.R.

5989

~~P. H. O.~~

Young, R

5989

Ray Sept.

August 8th 1919.

#5989, Pte R. Young,
LeMarche's Pt. St. Geo.

Dear Sir:

Enclosed please find Discharge Certificate
3615.

Yours truly,

Capt. &
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5989 Rank Pte. Name Young R.
 Intended place of residence Le Marche St. Georges
 2. Occupation Fisherman
 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 11 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 11 1919
 Signature of soldier R. Young Pte.
 Signature of witness J. Bowley Capt.

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 11 1919
 Signature of soldier Richard Young
 Signature of witness James Newman

STATEMENT OF SERVICE

7. Enlisted for service... 12-8-18 No. of days on Military
 Discharged from service... JUL 25 1919 Plus 14 days Service... 362

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 25 1919
 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 8/1919
 Officer in Records
 The Royal Newfoundland Regiment

Handwritten note at bottom: C/25 2074/3615

The Royal Newfoundland Regiment

Class for Demobilization: 6.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.7.19

Regimental No. 5989

Name Young Richard

Address Francis Pond

Present Medical Category A1

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board {

Ret Lt Major
O.C. Discharge Depot.

Shannon
Senior Medical Officer

De Berdee
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2989 Rank: Plt Name Young R
 Date of Enlistment 12-8-18 Address March St District St George
 Occupation Fisherman Classification for Discharge F Medical Category H
 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 10-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

but Fisherman

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

(b) ~~Clothing~~ Supplied

Date 11-7-19

O. i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 3483 to his home

Le Marchis pt

and Release Certificate No. 3483 issued.

Date

11-7-19

J.A. Howlett
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 8-8-19

Date

11-7-19

J.A. Howlett
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
R 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

Date

11-7-19

J.A. Howlett
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 25 1919

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,

Young R

Signature of Man.

Reg. No. *3987*

J. A. Snowlapt

Signature of the Vocational Officer or his Representative.

Place

Algonquin

Date

11-7-15

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

MEDICAL HISTORY

OF

Christian Name

Surname

Young

Richard

Table I.—GENERAL TABLE

Borough		Parish <i>St. John's</i>		County <i>Newfoundland</i>	
		SPECIAL RESERVE		REGULAR ARMY	
Examined		on <i>17</i> day of <i>Aug.</i>	19 <i>18</i>	on	day of 191
		at <i>St. John's</i>		at	
Declared Age		<i>29</i> years	days	years	days
Trade or Occupation		<i>Yeoman.</i>			
Height		<i>5</i> feet	<i>7</i> inches	feet	inches
Weight			<i>148</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<i>39</i> inches		inches	
	Range of Expansion	<i>3</i> inches		inches	
Physical Development					
Vaccination Marks		Right	Left	Right	Left
When Vaccinated		<i>R.E.-V= 4/9</i>		<i>R.E.-V=</i>	
Vision		<i>L.E.-V= 6/9</i>		<i>L.E.-V=</i>	
(a) Marks indicating congenital peculiarities or previous disease		<i>(a)</i>		<i>(a)</i>	
(b) Slight defects but not sufficient to cause rejection		<i>(b)</i>		<i>(b)</i>	
Approved by (Signature)		<i>Laminé Paterson</i>		Medical Officer	
(Rank)		<i>Major</i>		Medical Officer	
Enlisted		at <i>St. John's</i>		at	
		on <i>17</i> day of <i>Aug.</i>	19 <i>18</i>	on	day of 191
Joined on Enlistment		Corps	<i>Regtl. No.</i>	Corps	<i>Regtl. No.</i>
Transferred to		<i>Royal Newfoundland Regiment</i>			
Became non-effective by		on	day of	191	on
(Signature)					
(Rank)					

[P.T.O.]

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps Royal Newfoundland
2. Regtl. No. 5989 3. Rank Plat
4. Name Young Richard
(Surname) (Christian Names)
5. Age last birthday 33
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } Fisherman
- 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. 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? }

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

15. What is his present condition?

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

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?

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

Repotiation

W. E. Proctor, Capt RMC
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *10/4/19*

* 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 *Young, Richard*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5989*

Intended address *Regts. Unit Cape St George*

Height on discharge *5 Feet 7*

Color of hair on discharge *Dark brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *Scar Right Hand*

Figure on discharge *Medium*

Christian name of Father *Richard Thomas*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Regts. Unit 9-1-1896*

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) *Richard X Young* (Rank) *Private*

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

Station _____ Date _____

August 19, 1919

Mr. Richard Young,
Marche Point,
Bay St. George.

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 & RECORDS OFFICE, ST. JOHN'S.

Christian name... *Richard* 2. Surname... *Young*

3. Rank... *Pte* 4. Regtl. No. ... *5989*

5. Address in full to which future payments of gratuity are to be forwarded... *Marche Point, Bay St George*

6. Date of enlistment in the Regiment... *Aug 12/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents... *no*

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 field, if so, give dates and particulars of such service... *Overseas*

12. Give total length of time which you served on active service, whether in field or Overseas... *Eleven months*

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

no

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

no

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

no

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

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 Res? *no*. If not give: (a) date of discharge *Aug 25/19* (b) Reason for discharge *Demob*

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.

Camp L...

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.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5989 Rank Plt Name Young R
 Date of Enlistment 12-8-18 Address March St District St John's
 Occupation Soldier Classification for Discharge F Medical Category A
 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 10-7-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. R. Young
Soldier

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 11-7-19 O i/c. Re-clothing.

Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
 at Le Marche pt and Release Certificate No. 3483 issued.

Date 11-7-19 J.A. Howlaff
 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 8-5-19

Date 11-7-19 J.A. Howlaff
 Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19 J.A. Howlaff
 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 25 1919 N.R. Cooper Capt.
 O. C. Discharge Depot.

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

Date Aug 7/19 [Signature]

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5989* 3. Rank. *pl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Young Richard* } (a) Former Regts. or Corps ;
(Surname) (Christian Names) } with Regtl. Nos.
5. Age last birthday. *23*
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 ?
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.
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.)

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?

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

Repatriation

W. B. Proctor *Capt Rame*
 Medical Officer in charge of case.

Station *Hazley, Devon*

Date *10/4/19*

* 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

Temporary

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B, 178^a to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Young Christian Name R

TABLE I.—General Table.

Birthplace { Parish
County

Examined { on day of 191...
at

Declared Age years days.

Trade or Occupation

Height: feet inches

Weight lbs.

Chest Measurement { Girth when fully Expanded inches
Range of Expansion inches

Physical Development

Vaccination Marks { Arm RIGHT LEFT
Number

When Vaccinated

Vision { R E.—V =
L E.—V =

Remarks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection—

Approved by
Rank
Medical Officer.

Enlisted { at
on day of 191...

Joined on enlistment	Corps	Regtl. No.
	<u>Royal Newfoundland</u>	<u>5989</u>
Transferred to	<u>Regt.</u>	

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

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
<u>10.7.19</u>	<u>It is hereby certified that this soldier has been before a 1-rolling Medical Board and has been considered fit for Discharge on Invalidation. Medical category</u> <u>[Signature]</u> Discharge of 10/7/19

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
MILITARY HOSPITAL, DEVONPORT	11	10	18.	12	11	18.	Influenza Par Bronchitis Pneumonia	33	No documents with patient: cough with purulent sputum later blood-stained sputum. Necessity has been noted of general condition is much improved.	W. H. Finlayson Capt. Raine
Serriford No. 6. H. Plymouth	12	11	18	19	12	18	Ditto (21) and (413)	38	To duty	David Capt. Pearce

East Boston

July 21-31

St. John Newfoundland
Pension Commissioners



Gentlemen: - The enclosed was received after writing the Pension Dept in Canada in regard to obtaining aid for the family of a British Ex Soldier.

My brother Richard Young was born in Newfoundland Jan 9 - 1896
Father Thos. Young Mother Rose
He enlisted in the Army in the summer of 1915 went across and was several months in a hospital in England. Since then he has failed in health especially during the last few years and has been unable to work for the last 6 months. on account of failing health. About June 9th 31 he had a severe nervous breakdown and the Police Officers

took him to the Boston Ophthalmic
Hospital for observation. After 10
days they removed him to the
Medfield State Hospital Medfield
Mass. He has a wife who needs an
operation since the birth of her
child but has not the means to have
it performed and an infant child
less than a year old.

Knowing the government provides
for the destitute families of soldiers
I am making application for a pension
I am his brother and was in the ^{Russian} Navy
during the war. His official number
was Pe - # 5988.

You can verify this statement
by writing the Medfield State
Hospital (Insane) Medfield Mass.

Respectfully

Alexander Young
51 Maverick Square
East Boston
Massachusetts



L-5989

August 10th., 1931.

Mr. Alexander Young,
51, Maverick Square,
East Boston, MASS.

Dear Sir:-

With reference to your communication of July 21st., regarding a pension for your brother, Richard, whom you say has recently had a nervous breakdown, I have to advise you that our Medical Adviser has given the matter careful consideration but has decided that your brother has no claim for pension in respect of such a condition at this late date.

Yours very truly,

Secretary.

BT:

June 19th., 1934.

Mr. George Adams,
Dominion Secretary,
GREAT WAR VETERANS' ASSOCIATION,
City.

Dear Sir:-

With reference to your letter of June 9th., regarding #5989, R. Young, I have to inform you that the first Claim received from this man was in July 1931, when it was agreed that his Claim could not be admitted at such a late date.

On looking through his PAY & RECORD FILE I find that he was discharged under demobilization, August 8th., 1919, as 'A 1'. He complained of no disability.

Might I suggest that if he considers he has a disability due to War Service, and will forward a Medical Certificate giving full particulars of same, I will take the case up with the Board.

Yours very truly,



Secretary.

CCO/BT:



The Great War Veterans' Association of Newfoundland

(INCORPORATED)

DOMINION COMMAND



TELEPHONE 609
CABLE "WARVETS"

IN REPLY REFER
TO GEA:MOG

ADDRESS
DOMINION SECRETARY
G. W. V. A.
ST. JOHN'S, NFLD.

June 9th, 1934.

Secretary,
Board of Pension Commissioners,
City.

Dear Sir:

I am enclosing herewith a letter which I received from Mr. D. T. Goode, respecting Richard Young whose Regimental Number is, I think 5989, and his address La Manche.

I would ask you to be kind enough to place this before your Board for consideration, and advise me of their decision.

Please return the enclosed communication.

I am,

Yours truly,
GREAT WAR VETERANS' ASSOCIATION, INC.

G. W. V. A.
DOMINION SECRETARY.



THE BOARD OF
PENSION COMMISSIONERS
FOR CANADA



IN REPLY REFER TO

P&NH - 1989-R
NO.

Ottawa, Ontario,
July 17th, 1931.

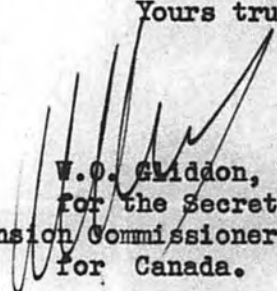
Mr. A. Young,
51 Maverick St.,
East Boston, Mass.
U.S.A.

Re: # 5988 - YOUNG, Richard.

Dear Sir:-

Replying to your letter of June 23rd,
1931, you are advised that any information you desire for
your brother may be obtained by communicating with the
Board of Pension Commissioners, St. John, Newfoundland.

Yours truly,


W.O. Gliddon, M.D.
for the Secretary,
Board of Pension Commissioners
for Canada.

WOG:LO

*No claim for Pension
Can be admitted as
this date. W.O. Gliddon*

BOARD OF PENSION COMMISSIONERS FOR CANADA
MEDICAL ADVISOR.

THE BOARD OF
PENSION COMMISSIONERS
FOR CANADA



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[Handwritten Signature]
W.O. Gliddon, M.D.
for the Secretary,

Board of Pension Commissioners
for Canada.

WOG:LO

*No claim for Pension
Can be admitted as
this date. W.O. Gliddon*

BOARD OF PENSION COMMISSIONERS FOR CANADA
MEDICAL ADVISOR.

Sept. 11. S. B. 1013.

3634



Royal Newfoundland Regiment

Medical Examination held at Park and Park

1. Name Richard Young Age Declared 22 years
(A) Apparent ..

2. Do you know of anything wrong with you? No
What severe illness have you had? No

3. Height 68 1/2 Height 148

4. Eyesight (a) left Normal (b) Right Normal

5. Physical Defects (Examine after strenuous exercise) No

6. Examination of Lungs
Measurement (a) Expiration 34 (b) Inspiration 50 1/2

7. Examination of Heart Normal

EXAMINED AT
HEADQUARTERS ON
August 12th 1918.
AND PLACED IN
CLASS A II

8. Examination of Urine Normal

9. Examination of Mouth (Defective Speech) Normal
Teeth Good Throat Normal Nose Normal Ears (Deafness, Otosclerosis) Normal

10. Have you been successfully vaccinated, and when? Vaccinated 7 years ago.

11. Name and address of Kin Thomas Young (father)

Remarks

We consider this man ~~Temporarily unfit for Military Service~~
~~Permanently unfit for Military Service~~
Fit
H. J. M. D.
Medical Examiners

ROYAL NEWFOUNDLAND REGIMENT.

Duplicate

Medical Examination Held at Loganville on Aug. 2 1918

1. Name Richard Young Age (a) Declared 22
(b) Apparent

2. Do you know of anything wrong with you? no

5989

What severe illnesses have you had? none

*John Brown
John Clark
male*

5989

3. Height 5-7 Weight 148
4. Eyesight (a) Left 6/9 (b) Right 6/9
5. Physical Defects (Examine after strenuous exercise) n

6. Examination of Lungs n
Measurement (a) Expiration 36 (b) Inspiration 39

7. Examination of Heart n

8. Examination of Urine n

9. Examination of Mouth—(Defective Speech)
Teeth
Throat
Nose
Ears—(Otorrhea)
(Deafness) n

10. Have you been successfully vaccinated, and when? Yes 7 years ago

11. Name and address of next of kin Father James Le Marchant

REMARKS—

A 11

Sgt Arch East
D. W. Bureau

Robert Sevy