



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4872 Name W. B. Young Corps R.E.

Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Wm Young Pvt
2. What is your full Address? ..... 2. Port aux Port
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 22 Years ..... Months
5. What is your Trade or Calling? ..... 5. Gunner
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, W. B. 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.  
 Wm Young SIGNATURE OF RECRUIT.  
 J. Daymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, W. B. 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 bravely 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 on this 1st day of May 1915.  
 Geo. L. Hart Mgrd Signature of Attesting Officer

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 May 1st 1915  
 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, 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 W E Young  
 Apparent age 26 years \_\_\_\_\_ months. Height 6 feet 6 inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Andrew Young  
Fort Cox Fort | 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 L'epot	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>1-5-18</u>									
Joined at <u>St. John's</u> on <u>May 1-1918</u>									
<u>Discharged August 11-1919</u>									
<u>Embarked St. John's train to Halifax N.S. 22-9-1918</u>									
<u>to the hospital for demobilization 24-6-1919</u>									
<u>Arrived the hospital 1-7-1919</u>									
<u>Demobilization St. John's 11-8-1919</u>									

Total Service forfeited as above \_\_\_\_\_

Total Service towards Engagement to 11-8-1919 (date of discharge) 1 years 103 days  
 Pensions " " " " " " " " " " " "

4872  
C.R. 5872

Extract from Daily Orders Part II Unit The Royal Rifle Regt.  
St. John's, July 30th 1919.

4872 Pte. W. Young.

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

C.R. 4872

Extract from Daily orders Part II Royal Newfoundland Regiment  
Depot St. John's dated Aug. 21st 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by officer i/c Records from noted date 12-8-19.

4872, Pte. Wm. Young.

C.R. 4872

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

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

4872 Pte. W. Young.

C.R. 4872

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated May 2nd, 1918.

#4872 Pte. William Young.

Attested for General Service with the Royal Hfld. Regt.  
from 1/5/18



W Young

C.R.

4872

~~W R D~~





No. 1570/130 P&A.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To: *J. J. [Signature]*  
Officer Commanding,  
2<sup>nd</sup> Bn. Royal Nfld. Regt.,  
Winchester.

27th January, 1919

Subject: 4872, Pte. W. Young,

With reference to the following telegram (848 ) from the Hon. Minister of Militia, received

"Pay to 4872, Young, £5.5.0.

Draft £5:5:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. A. [Signature]*  
Chief Paymaster & O. i/c Records.

Feb. 16<sup>th</sup> 1919

Receipt hereunder.

*J. J. [Signature]* LIEUT. COLONEL  
COMMANDING IN CHIEF, ROYAL NEWFOUNDLAND REGT.,  
Royal Newfoundland Regiment.

Received the sum of £ 5 . 5 . 0

Five Pounds five Shillings on account of cable remittance from Newfoundland.

W. Young  
No. 4872 Rank Pte

Witness Cpl R. J. [Signature]

Young, W

#872

Ray Sept.

August 14, 1919

#4872 Pte. William Young,  
Port au Port.

Dear Sir:-

Please find enclosed Discharge Certificate #3723.

Yours truly,

Captain & Kaymaster.

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

# MEDICAL HISTORY

Surname Young OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Port au Port County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	12 <sup>th</sup> day of May 1918	St John's, Nfld	day of	191
Declared Age	27 years		years	days
Trade or Occupation	Fisherman			
Height	5 feet	5 inches	feet	inches
Weight	127 lbs.			lbs
Chest Measurement	Girth when fully expanded	37 1/2 inches		inches
	Range of Expansion	3 1/2 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/10	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>Leland Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at St John's, Nfld		at	
	on	12 <sup>th</sup> day of May 1918	on	day of 191
	Corps.	Regtl No.	Corps	Regtl. No.
Joined on Enlistment	The Royal Nfld Regt. 4872			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





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 Zealand* ..... 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4872* 3. Rank. *4/E* ..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Young* ..... (a) Former Regts. or Corps ;  
(Surname) *William* (Christian Names) with Regtl. Nos.
5. Age last birthday. *33* .....
6. Posted for duty on ..... at .....  
in category (or grade) .....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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, 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.)

*The Complaint 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.

*Repatriating*

*W. Provenier. Capt RMC*

Station *Hazebrouck*  
 Date *10/14/19*

Medical Officer in charge of case.

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



## 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 *William Young*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4842*

Intended address *Port au Port*

Height on discharge *5* Feet *6*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *-*

Figure on discharge *medium*

Christian name of Father *Andrew*

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 *Port au Port, Mar 9<sup>th</sup>; ~~18~~ 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) *William Young* *PLK.*  
*marks* (Rank)

Station *St John's* Date *5-2-19*

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 18, 1919

Mr. William Young,  
Port au Port.

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 *William* 2. Surname *Young*

3. Rank *Plt* 4. Regtl. No. *487*

5. Address in full to which future payments of gratuity are to be forwarded *Post on Post*

6. Date of enlistment in the Regiment *Nov 11 1918*

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 *—*

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 *no Overseas*

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

..... 1.2

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.

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.

*July 28/19*

*no*  
*Removal*

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.

*England*

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: *William J. Young*

Place of Residence: *Post on Post.*

Declared before me at: *St. Johns,*

This *14* day of *July* 19*19*....

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Registrar





# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.

Number of Sheet 1

Regiment of Royal Newfoundland

Signature of O. C. Company W. M. Churchill

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4872 Young</u>	Age on	<u>27</u> years <u>0</u> months	<u>Isleman</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's</u> <u>1.5.18</u>	Religion <u>R.C.</u>	
Joined	Date	Period of	with Colours <sup>102</sup> years. with Reserve <sup>365</sup> years.	Place of Birth <u>Port au Port</u>	
Joined	Date				

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
<u>Hazeley Down</u>	<u>19.3.19</u>	<u>Pte</u>		<u>absent from 3. P.M. Parade</u>	<u>L.D.M. Galagey</u>	<u>4 days</u>	<u>14.3.19</u>	<u>Lieut P Lomasania</u>	<u>J.M.G.</u>
<u>" " "</u>	<u>12-5-19</u>	<u>"</u>		<u>" " 23-5-19 " 12-5-19 to 23-5-19 "</u>	<u>" " "</u>	<u>2 "</u>	<u>14.5.19</u>	<u>Lieut P Lomasania</u>	<u>P.M.</u>
				<u>Demobilized</u>	<u>St John's</u>	<u>11</u>	<u>8-19</u>		

To be carried over

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4872 Rank Pte Name Young W.  
 Intended place of residence Port au Port.
2. Occupation Insiderman  
 Classification of soldier E Medical Category A1
3. The above named man is discharged in consequence of

### DEMOBILIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place, ST. JOHN'S .....  
 Date JUL 14 1919 .....  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
- Place, ST. JOHN'S .....  
 Date JUL 14 1919 .....  
 Signature of soldier  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place, ST. JOHN'S .....  
 Date JUL 14 1919 .....  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 ..... No. of days on Military  
 Discharged from service 28-7-19 ..... Plus 14 days Service 468

### 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 .....  
 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 .....  
 Officer in Charge  
 The Royal Newfoundland Regiment

31  
30  
31  
11  
03

*W.B. 207 4/37 23*

## 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 w*

Signature of Man.

*M. Blouster*

Signature of the Vocational Officer or his Representative.

Reg. No. 4872

Place

ST. JOHN'S.

Date

14-7-19

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# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 872 Rank Plat Name W. Young  
 Date of Enlistment 1-2-19 Address Port of Spain District St. George's  
 Occupation Fisherman Classification for Discharge E 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	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	5
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 \_\_\_\_\_

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*W. Young*  
*max*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. £6.00

(b) Clothing Supplied \_\_\_\_\_

*Chiblast*

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



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. **R2383** to his home at **Portsmouth** and Release Certificate No. **3587** issued.

Date **14-7-19**

*Alfred Winstanley*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to **11-5-19**

Date **14-7-19**

*Wm. H. [unclear]*  
Depot Paymaster.

Discharge approved for **28-7-19**

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1.	1
E 178	W 3494	B 122	Board 1st.	" 2.	2
R 178a	D 400A	B 1915	do 2nd.	" 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**

*Alfred Winstanley*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents:

**Eligible for War Service Gratuity**

Date **JUL 28 1919**

*D.P. Cooper Capt.*  
O. C. Discharge Depot.

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

Date .....



# 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. *4872*

Name

*Young, H.*

Address

*Port-au-Port.*

Present Medical Category

*A1*

Recommended for: — (a) Immediate discharge

(b) Standing Medical Board

*H. R. Cooper Capt.*  
O. C. Discharge Depot.

Members of Board

*J. Paterson*  
Senior Medical Officer

*W. E. Borden*  
M. O. Depot

# The Royal Newfoundland Regiment

4877

## DEMOLIBIZATION OF

Reg. No. 872 Rank Plt Name Young, W  
 Date of Enlistment 1-2-18 Address Port au Port District St. George's  
 Occupation Fisherman Classification for Discharge E7 Medical Category F.1  
 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 12-7-19

O. C. Discharge Depot.

## PARTICULARS FOR DEMOLIBIZATION

## 1. Civil Re-Establishment.

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

*W. Young*  
*W. Young*

Particulars passed to Vocational Officer for information and action.

*11/12/19 0317722*

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.e. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2383 to his home  
 at Port Antonio and Release Certificate No. 3587 issued.

Date 14-7-19 Demobilization Officer

4. Pay and Allowances.

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

Date ..... Depot Paymaster

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st.	" 2	
B 178a	D 400A	B 1915	do 2nd.	" 3	2
B 179	D 400B	Form L.	do 3rd.	" 4	Form B
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

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

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

Date Aug 7/19

Reg. No. 4872 Rank Pl Name Young Wm

Attested ..... Address Port aux Basques

Allotment ..... Allottee .....

Place of Allotment ..... Returned from Overseas 16/11/1919

Returned on S.S. Cassandra Cause Discharge 1919

147 19  
287 19

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION.**

C.R. 4872

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 352 (1st or 2nd) of King's Regulations, and in cases of discharge under para. 362 (vi.), King's Regulations, when the soldier has suffered impairment of health since his entry into military service, or in cases of transfer to Class F., 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. *4872*
- 3. Rank. *plie*
- 4. Name *Young* *Willis*  
(Surname) (Christian Name)
- 5. Age last birthday. *33*
- 6. Posted for duty on..... at.....  
in category (or grade).....
- 7. Former Trade or Occupation } *Drillman*
- 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 (d) Particulars of Pension or Gratuity (if any)  
(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 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.

*Repatination*

*G. E. Procter* Capt. R. M. C.  
 Medical Officer in charge of case.

Station *Hoveley 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