



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4824 Name Samuel Abbott Corps S.A

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Samuel Abbott
- 2. What is your full Address? 2. Bonaville
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 26 Years 4 Months
- 5. What is your Trade or Calling? 5. Fisherman
- 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

Samuel Abbott 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.

A Samuel Abbott SIGNATURE OF RECRUIT.
1.5.18 Frank J. J. J. J. Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Samuel Abbott 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 explored, as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John on this 1 day of May 1918

Signature of Attesting Officer James Smith

†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 1 1918 }
Place St John } 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 Samuel Albert
 Apparent age 26 years 4 months. Height 5 feet 5 1/2 inches.
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Agnes Alice Albert
Bonaventure | Relationship Mother

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 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 1-5-1918
 Joined at St John's on May 1-1918
Discharged July 7/1919
 Embarked St John's train to Halifax N.S. 6/18
 Embarked for Wales 26-10-18
 Re-embarked France 26-10-18
 Joined Battalion 2-11-1918
 Transferred from Rover 22-4-19 Arrived Amberley 23-4-1919
 To be employed for demobilization 22-5-1919
 Arrived to enforce law 1-6-1919
Demobilization St John's 7/1919

Total Service forfeited as above.....

Total Service towards Engagement to 7-7-1919 (date of discharge) 1 years 68 days
 " " Pensions " " " " " " " "

2
C.R.

4824

Extract from Daily Orders part II, Unit the Royal
Newfoundland Regiment dated July 9th, 1919.

The discharge of the undernoted on demobilization has
been **C O N F I R M E D** by Officer i/o Records on noted date

#4824 Pte. Saml. Abbott.

7-7-19.

C.R.

C.R. 4824

Extract from Daily Orders Part II Royal Newfoundland Regiment.

Depot St. John's June 15th 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 25/6/19.

4824, Pte. S. Abbott.

C.R. 4824

Extract from Daily Orders Part 11 Depot, St. John's,

Date 12-6-19.

4824 Pte. S. Abbott

Reported at Headquarters 1-6-19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4824

Extract from Daily Orders Part II Unit The Royal W.M.S. Regt
By Lt. Col. F.C. Nathan, D.S.O. 1st Batta, 4-11-18.

The following joined No. 5-11-18

4824 Pte. S. Abbott

A Coy.

C.R. 4824

Extract from Animal Cell Re-enforcement Draft No. 85 Market Folkestone
26/10/18 from 2nd Batta., Royal Newfoundland Regiment, Haslewood
Camp, Winchester, to 1st Batta., Royal Newfoundland Regiment B.L.F.

4824 Pte. Abbott, S.

C.R. 4824

Extract from Nominal Roll 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Reven Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4824 Pte. S. Abbott.

C.R. 4824

Extract from Daily Orders Part 11. from Unit The Royal Mtd.,
Regiment, St. John's, dated June 14th 1918.

4824 Pte. S. Abbott.

Embarked for Overseas with draft 11-6-18.

C.R. 4824

Extract from Daily Orders par 11, from U 11 The Royal Field
Regt. St. John's, dated 2nd, 1918.

#4824 Pte. Samuel Abbott.

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

Reg. No. 4824 Rank Pte. Name Abbott. Samuel
Attested 1-5-18 Address Newman's Cove B. B.
Allotment 60¢ Allotee Mrs. Alice (Elizabeth) Abbott. (Mother)
Date of Allotment 1-6-18 Returned from Overseas
Embarked for Overseas 11-6-78. Cause A.C.

1 Dec 10 5/18 2nd Dec 4 6/18 3rd Dec 4 6/18

S. Abbott

C.R.

4824

P. H. P. G.

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* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *44824* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Abbott Samuel* (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday. *26*
6. Posted for duty on *May 1/18* at *P. I. J. I. I.* 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 (if any)
- (b) Where
- (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
- | | | | | | |
|--|-------|---------------------|-------|-------------------|-------|
| (i) Service during the present war | | (a) attributable to | | (b) aggravated by | |
| (ii) Previous active service | | } | na | } | |
| (iii) Climate in pre-war service | | | | | |
| (iv) Ordinary military service before the war | | | | | |
| (v) Serious negligence or misconduct on the man's part | | | | | |
| 14 (a). If not due to any of these causes, to what specific condition do you attribute it? | | | | | |

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

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

no complaint of no disability

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
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? *na*
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? *na*

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.E. Weemier - Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hazley Bour*

Date *29/4/19*

* 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

TO,- The Chief Paymaster,
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 1st July 1918.

Regtl. No.	Rank,	Name	Amount	Signature,
4588 4624	Pte	Abbott	\$250	S Abbott

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

Date

July 1/18

S Abbott

Abbott, S

4824

Ray Sept.

July 8, 1919

#4824 Pte. Samuel Abbott,
Bonaville, B.B.

Dear Sir:

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

Yours truly

Captain
S. J. Masto & Co. i/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name *Samuel* 2. Surname *Abbott*
3. Rank *Pte* 4. Regtl. No. *4874*
5. Address in full to which future payments of gratuity are to be forwarded..... *Bonaveta, P.B.*
6. Date of enlistment in the Regiment..... *May 1/18*
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.....
.....
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 May 1/18 to June 9/19*
- 1. $\frac{1}{2}$

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? *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 Regt.? *No*. If not give? - (a) Date of discharge. *June 9/19* (b) Reason for discharge. *Demobilization*

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, Belgium & Germany - From Nov. 15/18 to April, 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.

Signature of Applicant: *Samuel Abbott*
 Place of Residence: *Rosavinta B.B.*
 Declared before me at: *N. John, Nfld*
 This *9th* day of *June* 19*19*.....

John W. Carthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

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

July 7, 1919

#4824 Pte. Samuel Abbott,

Bonavista.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2713.

Yours truly

Captain,
Paymaster & O.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4524 Rank Pte Name Abbott S.
 Intended place of residence Bonaville
 2. Occupation Fisherman
 Classification of soldier u 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 JUN 9 1919 *H. News H.*
 for 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 and date ST. JOHN'S
JUN 9 1919
S. Abbott
 Signature of soldier
J. A. Shaw Capt.
 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 and date ST. JOHN'S
JUN 9 1919
S. Abbott
 Signature of soldier
W. J. Eaton Dr.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No of days on Military
 Discharged from service JUN 23 1919 Plus 14 days Service 433

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
 Date JUN 23 1919
R. A. At 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, Nfld
 Date July 7/1919
M. Bowley Capt.
 Officer in Charge Records
 The Royal Newfoundland Regiment

297079/2713

The Royal Newfoundland Regiment

Class for Demobilization: 107

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 7.6.19

Regimental No. 4824

Name Allen 5' Rank _____

Address Bonaville

Present Medical Category A7

Recommended for: — (a) Immediate discharge _____
(b) Standard Medical Board _____

Members of Board

R.H. Hart Capt
O.C. Discharge Depot.

Paterson
Senior Medical Officer

W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 1504 Rank Plt Name Albott, J. Samuel
 Date of Enlistment 1.5.18 Address Bonaville District Bonaville
 Occupation Fisherman Classification for Discharge E Medical Category A.I.
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 131	/	N.F. Med.	D.F. 1	/
B 178	W 349A	B 122	/	Board 1st.	" 2	
B 178a	D 400A	B 1915	/	do 2nd.	" 3	M
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 7-6-19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Albott

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 9-6-19

O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P. 1713..... to his home at Bonavista and Release Certificate No. 2531..... issued.

Date 9-6-19 *J.A. Snow Capt*
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 7-7-19

Date 9-6-19 *H. M. W. Sgt*
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	/	N.F. Med.	D.F. 1	/
F 178	W 3494	B 122	/	Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 9-6-19 *J.A. Snow Capt*
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 JUN 23 1919 *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former occupation

S. Alcott

Signature of Man.

J. A. Snow Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. *4824*

Place

St Johns

Date

11th 9 1919

191

The Royal Mtd. Regiment

DEMOBILIZATION

No. 41824 Rank

Name Abbott H. S

Warned for demobilization on

JUN 8 1919

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

MEDICAL HISTORY

Surname Abbott

OF

Christian Name Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish Bona Vista

County Nfld

	SPECIAL RESERVE		REGULAR ARMY			
	on	day of	day of	191		
Examined	on <u>1st</u>	day of <u>May</u> 191 <u>8</u>	on	day of	191	
	at <u>St John's</u>	<u>Nfld</u>	at			
Declared Age... ..	<u>26</u>	years	—	days	years	days
Trade or Occupation	<u>Fisherman</u>					
Height	<u>5</u>	feet	<u>5 1/2</u>	inches	feet	inches
Weight			<u>116</u>	lbs.		lbs
Chest (Girth when fully expanded)...			<u>35</u>	inches		inches
Measure-ment (Range of Expansion)			<u>4</u>	inches		inches
Physical Development... ..						
Vaccination Marks	Right	Left	Right	Left		
	Arm					
	Number					
When Vaccinated						
Vision	R.E.—V=	<u>6/24</u>	R.E.—V=			
	L.E.—V=	<u>6/24</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>Samuel Paterson</u>					
(Rank)	<u>Major</u>		Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's</u>	<u>Nfld</u>	at			
	on <u>1st</u>	day of <u>May</u> 191 <u>8</u>	on	day of	191	
	Corps.	Regtl. No.	Corps	Regtl. No.		
Joined on Enlistment...	<u>The Royal</u>	<u>4824</u>				
	<u>Nfld Regt,</u>					
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 Newfoundland* Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4824* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Abbott* *Samuel* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *26*
6. Posted for duty on *May 1/18* at *St. John's* 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 (if any)
(b) Where
(c) Opinion of Court

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | } <i>na</i> | } |
| (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? } *na*

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.)
- The Complaint of his disability*

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
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? *na*
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? *na*

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

Repatriation

Station *Stazely D. Camp*

Date *29/4/19*

W.E. Proemin Capt R.A.M.C.
 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

Receipt for Army Book 64

No. 4824 NAME S. Abbott

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

Date Aug 18/20 Name Samuel Abbott
Place Ronovata

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



FORM K

No 4042



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I Samuel Abbott, Regl. No. 4824

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and sixty 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3909	mother	Mrs Alexander	(Elizabeth) Abbott Bonaville	
			Total Allotment, \$	<u>60¢</u>

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.) James [Signature]
 Officer Commanding
John's A Company
May 16th 1918

(Sig.) Samuel Abbott
 (Rank) Pte

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet 111

Regiment of Royal Newfoundlands

Signature of O. C. Company Wm. Churchill Sewell

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4211</u> <u>Albert H. Sewell</u>	Age of <u>26</u> years <u>6</u> months	<u>Soldier</u>	
Joined	Date	Place and Date of Enlistment } <u>St John's 1.5.14</u>	Religion	
Joined	Date		<u>S.A</u>	
Joined	Date	Period of } with Colours / <u>6</u> years.	Place of Birth	
Joined	Date			with Reserve / <u>3 1/2</u> years.

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>Demobilized</u>	<u>St John's</u>	<u>7/19</u>			

To be carried over

Casualty Form - Active Service.

Regiment or Corps B14 ROYAL NEWFOUNDLAND REGT.

Rank Private Surname Abbott Christian Name Samuel

Religion S.A. Age on Enlistment 26 years 4 months

Enlisted (a) 1/5/18 Terms of Service (a) DURATION Service reckons from (a) 1/5/18

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

Extended 5 Re-engaged Qualification (b)

Occupation Fisherman J. M. Emma Capt. or Corps Trade and Rate Signature of Officer

Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.218, Army Form A.20, or other official documents.
Date	From whom received			
		Embarked	26 OCT 1918	
		Disembarked	July 18	
		Joined Battalion		
		Arrived in UK		24/3/19

(1) In the case of a man who has been discharged or enlisted into the Reserve of Army Reserve, past failures of such re-engagement or enlistment will be entered in the latter. Next of kin Mrs Wm. Abbott W. 1945 - M2754 200001 B. 17 (20611) C. 1 & S. Ltd. Form B/103 A/107. P.T.O.

mother

Honourable Newfoundland.

The Royal Newfoundland Regiment

9
1824

DEMobilIZATION OF
 Reg. No. 4824 Rank Plt Name Abbott, Samuel
 Date of Enlistment 1-5-18 Address Bonaville District Bonaville
 Occupation Tradesman Classification for Discharge E7 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. F36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1916	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	E 103	ME 2		" 6
B 179c	B 120	M 93		

Date 7-6-19 for O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

x. Civil Re-Establishment.

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

J.S. Abbott

Particulars passed to Vocational Officer for information and action.

Date _____

a. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. #60.00
 (b) Clothing Supplied [Signature]

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1713 to his home at Bonavista and Release Certificate No. 2531 issued.

Date 9-6-19 J.A. Law
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 7-7-19

Date 9-6-19 J.A. Law
Depot Paymaster.

Discharge approved for 25-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
E 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		

Handwritten notes: 2 Form B

Date 9-6-19 J.A. Law
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 JUN 23 1919 R.H. Sait Capt.
O. C. Discharge Depot.

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

Date June 19/19 James Math. J.A.
for O.C. Discharge Depot

Reg. No. *4824*, Rank *Pfc* Name *Abbott S.*

Attested Address *Bonauvia*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Corsican* Cause *Discharge*

7.6.19
23.1.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION



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 Office 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 *Abbott S.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4824.*

Intended address *Bonaivente*

Height on discharge *5* Feet *6*

Color of hair on discharge *Light Brown*

Complexion *Fair.*

Color of eyes *Blue.*

Descriptive Marks
Figure on discharge *Short*

Christian name of Father
Christian name of Mother *Elizabeth*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Bonaivente 12-12-1892*

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) *Samuel Abbott*

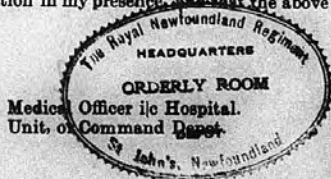
(Rank)

Station **ST. JOHN'S.**

Date

5/6/19

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.



Station

Date