



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5209 Name Joseph Ainsworth Corps Inf

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1 Joseph Ainsworth
2. What is your full Address? 2 Police Head Regt York
3. Are you a British Subject? 3 yes
4. What is your age? 4 33 Years Months
5. What is your Trade or Calling? 5 Laborer
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

Joseph Ainsworth 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.

Joseph Ainsworth SIGNATURE OF RECRUIT.

20/3/18

W.D. Daymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Joseph Ainsworth 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 20 day of May 1918

W.D. Daymond Signature of Attesting Officer W.D. Daymond 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 May 20 1918 } Approving Officer.
Place St John's

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).....

C.R. 5209.

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 6th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c records from noted date 30-7-19.

5209, Pte. J. Ainsworth.

C.R. 5209

Extract from Daily Orders Part 11 Unit The Royal Wfla.
Regt. St. John's, July 19th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 16-7-19

5209 Pte. J. Ainsworth

C.R.

5209

Extract from Daily Orders Part II Unit The Royal Field Artillery, Regt.
St. John's, July 2nd 1919.

5209 Pte. J. Ainsworth.

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

C.R. 5209

Extract from Daily Orders part 11, from Unit The Royal
H.M. Regt. St. John's, dated July 26, 1918.

The following ~~4500~~ man embarked for overseas on H.M.S.
"Columbella" July 28, 1918.

#5209 Pte. Joseph Ainsworth.

C.R. 5207

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 21, 1918

#5209 Pte. J. Answorth

Attested for General Service with the Royal Nfld. Regt.
from 20.5.18 to report 24.5.18

J. Ainsworth

C.R. 5209

1850

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 N.F.S.D.* 7. Former Trade or Occupation } *Latamer*
2. Regtl. No. *5209* 3. Rank. *plie* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Linworth Joseph* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *34*
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;
9. If a Court of Inquiry was held on an injury state:— (c) Cause of Discharge.
- (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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil.
nil
nil

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

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

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

No complaint of no disability

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

Reparation

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

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

W. J. Proemier Capt. R. G. 26
 Medical Officer in charge of case.

Station *Hazledene*
 Date *25-3-19*

* 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

Crisworth J

5209

Hay sept

July 30th 1919.

#5209, Pte. J. Ainsworth,
Water Street, W.

Dear Sir:

Enclosed please find Discharge Certificate
#5271.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5209 Rank. P6- Name. Ainworth J
 Intended place of residence. Water St. West - St. John's

2. Occupation Labourer
 Classification of soldier. E Medical Category A 2

3. The above named man is discharged in consequence of

DEMobilIZATION ELIGIBLE FOR WAR SERVICE CREDIT

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 17 1919

Mrs H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date 16-7-19

J. Ainworth
 Signature of soldier

W. L. ...
 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 16-7-19

J. Ainworth
 Signature of soldier

J. ...
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 20-5-18 No. of days on Military
 Discharged from service. 16-7-19 Plus 14 days Service. 437

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 16 1919

D. R. Cooke Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date July 30/1919

M. Bowley Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

217B 20791 3271

The Royal Newfoundland Regiment

Class for Demobilization: 8.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 15/19

Regimental No. 5209

Name Ausworth Joseph

Address Waterloo

Present Medical Category A 1/2

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

Members of Board

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

W. Basman
Senior Medical Officer

Revised
M.O. Dept.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. 5209 Rank Plt Name Armstrong J. J.
 Date of Enlistment 20-5-18 Address Water St. W. District St. John's
 Occupation Labourer Classification for Discharge E1 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 1915.....	do 2nd.....	" 3.....	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..... 15-7-19.....

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

J. Armstrong

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$16.00.....
 (b) Clothing Supplied Amble.....

Date 16-7-19.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
at Waterbury, West and Release Certificate No. 3653 issued.

Date 17-7-19

Ambleton
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 30-7-19

Date 17-7-19

J. M. H.
Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	2 Form B
E 178	W 3494	B 122	Board 1st	" 2	
R 178a	D 400A	B 1915	do 2nd	" 3	
H 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 17-7-19

Ambleton
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 16 1919

M. R. Cooper
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.

J. Ainsworth
Signature of Man.

Reg. No. 8908

W. M. Clonster
Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

16-7-18

191

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

MEDICAL HISTORY

Surname

Crawford

OF

Christian Name

Joseph

Table I.—GENERAL TABLE

Birthplace:—Parish

St. John's County


Nfld

SPECIAL RESERVE

REGULAR ARMY

Examined	on	20	day of	May	1918	on	day of	191
	at	St John's				at		
Declared Age		32	years		days		years	days
Trade or Occupation		Labourer						
Height		5	feet	24	inches		feet	inches
Weight				118	lbs.			lbs.
Chest Measurement	Girth when fully expanded			35	inches			inches
		Range of Expansion		3	inches			inches
Physical Development								
Vaccination Marks	Arm		Right		Left		Right	Left
	Number							
When Vaccinated								
Vision	R. E.—V=			6/6		R. E.—V=		
	L. E.—V=			6/6		L. E.—V=		
(a) Marks indicating congenital peculiarities or previous disease			(a)				(a)	
(b) Slight defects but not sufficient to cause rejection			(b)				(b)	
Approved by (Signature)								
(Rank)								
Enlisted	at	St John's				at		
	on	20	day of	May	1918	on	day of	191
Joined on Enlistment		The Royal		1209				
		Med Regt						
Transferred to								
Became non-effective by								
(Signature)	on		day of		191	on	day of	191
(Rank)								

Table II.—Only for admission 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 Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
	2	1	19	6	1	19	Headache	4	Serum as 9th. Noting further headaches? Error of refraction. To be by 2-1-19.	S. Wealehead CAPT., R.A.M.C.

[P.V.O.]

CH



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 *Joseph Ainsworth*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5209*

Intended address *Water St W*

Height on discharge *5* Feet *3"*

Color of hair on discharge *light Brown*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks

Figure on discharge *short*

Christian name of Father *Wm*

Christian name of Mother *Theresa*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *St John's 1885 Nov 15th*

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) *J Ainsworth* (Rank) *Plt*

Station *ST. JOHN'S!* Date *July 14th 1919*

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



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

Station

Date

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 Artillery*
2. Regtl. No. *2209* B. Rank. *Pte*
4. Name *Anderson* (Surname) *J. S.* (Christian Names)
5. Age last birthday. *34*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Sabotier*
- 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.
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
(d) Particulars of Pension or Gratuity (if any)

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. *nil*

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

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

15. What is his present condition?

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

No complaint of no sensibility

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 on Foreign Stations.

Refatuation

W. E. Proemier *W. E. Proemier*

Medical Officer in charge of case.

Station *Hassledun*

Date *1-4-19*

* 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

August 1st 1919.

Mr. J. Ainsworth,
West End Post Office
City.

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 Ser-
vice Gratuity.

Yours truly,

Capt. & Paymaster.

RS/.

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... *Joseph* 2. Surname... *Ainsworth*
3. Rank... *private* 4. Regtl. No. *5209*
5. Address in full to which future payments of gratuity are to be forwarded... *West End Post Office*
6. Date of enlistment in the Regiment. *24th May 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *None*
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? *No*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *England*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *Fourteen months*
..... 1.

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.

..... *Sixty Three dollars and eighty cents paid acct. at Depot*

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? *no*

19. Are you now serving in the R.A.F.? *no* If not give: (a) date of discharge *July 17th 1917*; Reason for discharge *Demot*

20. Did you at any time serve at sea front in an actual theatre of War? If so give particulars of places, and dates of such service. *no*

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: *J. Anandharth*
 Place of Residence: *Natal at West St Johns*
 Declared before me at: *St Johns*
 This *17th* day of *July* 19*.19*....

Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of Affidavits.

Wm. James W.P.

POST DEDUCTIONS PAID.					Net amount
Date paid	Sold	Sold	War Service		due
	Soldier.	Dependents.	Gratuity.		
.....
.....
.....
Certified correct.					Registrar

ST. JOHN'S, July 17th 1919

Royal Newfoundland Regiment.

Billiting Account,

To Mr. J. Ainsworth

Billiting Soldiers as undermentioned

from July 1st 1919 to July 16th 1919

5209. Mr. J. Ainsworth 16 60

ACCOUNT	<u>57m</u>
CH. NO.	<u>3564</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 16 60

A. M. Blaxter

Billiting Officer.

R. J.

J. Ainsworth

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 [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5209</u> <u>Winsworth, Joseph</u>	Age on	33	years		
Joined		Date	Place and Date of Enlistment	months		
Joined		Date	}	<u>St John's</u>		}
Joined		Date	}	<u>20.5.18</u>		}
Joined		Date	}	<u>1 7/8</u>	}	
		Period of	with Colours	years.	Place of Birth	
		}	with Reserve	<u>3/4</u>	<u>St John's N.F.</u>	
				Trade		
				Religion		
				Place of Birth		

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 St John's 30 7 19</u>					

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5709 Rank Plt Name Chamsworth, J. J.
 Date of Enlistment 20-5-18 Address Water St. W. District
 Occupation Laborer Classification for Discharge H 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 15 7 19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with—

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

Date 16-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
at Hatfield, Mass. and Release Certificate No. 3653 issued.

Date 17-7-19 Ambler
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 30-7-19

Date 17-7-19 Miss H
Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.	2 Form B
F 178	W 3494	B 122	Board 1st	" 2.	
F 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 17-7-19 Ambler
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 15 1919 H.R. Coope Capt.
O. C. Discharge Depot.

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

Date July 28 1919

Reg. No. *1209* Rank *Plt* Name *Quasworth J.*
Attested Address *Black Star Road*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

16-7-19
16-7-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.