



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5604 Name Peter Antle Corps RC

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Peter Antle
2. What is your full Address? ..... 2. Wurks Cove 17 Bay
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years ..... Months
5. What is your Trade or Calling? ..... 5. Yachtsman
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, Peter Antle 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.

Peter Antle SIGNATURE OF RECRUIT.  
J. Baymond Signature of Witness.

4/16/15 DATE TO BE TAKEN BY RECRUIT ON ATTESTATION.  
I, Peter Antle 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 Wurks Cove on this 14 day of June 1915.  
Signature of Attesting Officer C.B. Dicks 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 ..... 191 .....  
Place ..... } 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

5604

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

Name Peter Antle

Apparent age 21 years ..... months. Height 5 feet 9 3/4 inches

Chest Measurement { Girth when fully expanded 34 inches  
Range of expansion 4 inches

Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Frank Antle  
Turks Cove Bay | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
(c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>14-6-18</u>									
Joined at <u>Malta</u> on <u>June 4<sup>th</sup> 1918</u>									
<del>Discharged</del> <u>August 4/1919</u>									
<u>Embarked Malta S.S. Kostasella to Halifax No. 22/18</u>									
<u>Wife for demobilization 24-6-19</u>									
<u>Arrived Liverpool 1-7-1919</u>									
<u>Demobilization Malta 4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 [date of discharge] 1 years 62 days

" " Pensions " [ " " ] " " " "

Reg. No. 5604 Rank *Pvt* Name *Artley P.*

Attested *4-6-18* Address *Turks Cove I.B.*

Allotment *60<sup>4</sup>* Allottee *Rhodajana Artley Marley Co*

Date of Allotment *15-7-18.* Returned from Overseas

Embarked for Overseas *JUL 22 27 1918* Cause

*13/6/18, 1st Groe Vacc 5-6-18 and Groe 27/6/18 3rd Ina #17/18*

*9C 16-6-18 to 24-6-18.*

*24/6/18 Returned from leave & reported Hdqrs. Outpost*

Extract from Casualties received from P.&R.Office London,  
Aug.20th,1918.

The undermentioned man was admitted to Central Hospital, Chatham,  
(from Major Carty's draft from Nfld.) and discharged from Hos-  
pital on 19-8-18, reported at their office same date and was  
sent direct to Depot, Winchester.

5604 Pte.Antle,P.

Authority: Officer i/c. Records Nfld.Reg't.

C.R. 5604

Extract from Daily Orders Part II Royal Newfoundland  
Regt. Depot St. John's dated 4-8-19.

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c records from noted date  
4-8-19.

5604, pte. Peter Antle.

C.R. 5604

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated July 11th 1919.

The discharge of the undernoted on demobilization  
has been APPROVED by O.C. Discharge Depot with  
effect from 21-7-19.

5604, Pte. Peter Antle.

C.R. 5604

Extract from Daily Orders Part III Unit The Royal Rifle Regt.  
St. John's, July 3rd 1919.

5604 Pte. P. Antle.

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

C.R. 5604

Extract from Daily Order no part 11, from Unit The Royal  
H.Q. 1st. St. John's, dated July 25th, 1918.

The following men embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#5604 Pte. Peter Antle.



C.R. 5604

Extract from Daily Orders part 11, from Unit The Royal  
Mfld. Regt. St. John's, dated June 6th, 1918.

#5604 Pte. P. Antle.

Attested for General Service with the Royal Mfld. Regt.  
from 4.6.18

Antle, P.

C.R. 5604

P. & R. Co.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Peter Antle, Regl. No. 1254  
hereby agree, until further notification by me, and in similar official form to make an Allotment of 5  
12 Dollars and 46 Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person 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 July 15 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4553</u>	<u>Mother</u>	<u>Rhoda Jane Antle</u>	<u>Lark's Cove</u> <u>Parry Bay</u>	<u>60c</u>
Total Allotment, \$				

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

(Sig.) R. G. James 2/H  
Officer Commanding  
PI/Olus Company  
June 27th 1918.

(Sig.) Peter Antle  
(Rank) P/C

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 Artillery* 7. Former Trade or Occupation } *Refrigerator*
2. Regtl. No. *5604* 3. Rank. *prv* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Amble* *Peter* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *22*
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 (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.)

*No disability claimed*

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 ?

*Reputation*

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. S. Spencer, Capt. R. G. G. G.*  
 Medical Officer in charge of case.

Station *Hoylake, Mersey*

Date *28-3-19*

\* 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

Cutler, A

5604

Hay Sept


August 11th 1919.

Mr. Peter Antle,  
Turk's Cove. T.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 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..... *Peter* ..... 2. Surname..... *Antle* .....  
3. Rank..... *Private* ..... 4. Regtl. No..... *504* .....  
5. Address in full to which future payments of gratuity are to be forwarded..... *Quads Lane* .....  
*Unity Bay* .....  
6. Date of enlistment in the Regiment..... *9/16/18* .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*Not Applicable* .....  
8. Relationship of such dependents..... *Not Applicable* .....  
9. Address in full of such dependents..... *Not Applicable* .....  
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..... *Overseas* .....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *One year 19 days* .....



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

.....  
..... Not Applicable .....

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.....

..... Not Applicable .....

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.....

..... Not Applicable .....

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?..... Not Applicable .....

19. Are you now serving in the Regt.?..... If not give:- (a) date of discharge 4/8/19 (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....

..... Shrewsbury Nov 11<sup>th</sup> 1918 .....

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..... Not Applicable .....

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.

*Peter antle*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*7th*

day of

*Purk's Cove, I B,  
St. John's, Nfld.  
July 1919*

*John W. Cooney*

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 Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Raymaster

August 4th 1919.

#5604, Pte. Peter Antle.

Turks' s Cove. T.B.

Dear Sir:

Enclosed please find Discharge Certificate

# 3312.

Yours truly,

Capt. & Paymaster.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5604 Rank Pte. Name Antle Peter  
 Intended place of residence Inks Cove  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

**DEMobilIZATION**  
**Eligible for War Service Gratuity**

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

Place, ST. JOHN'S

Date JUL 7 1919

*[Signature]*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 7 1919

*[Signature]*  
 Signature of soldier  
*[Signature]*  
 Signature of witness

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

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date 7-7-19

*[Signature]*  
 Signature of soldier  
*[Signature]*  
 Signature of witness

27  
31  
4  
5

## STATEMENT OF SERVICE

7. Enlisted for service 4-6-18 No. of days on Military  
 Discharged from service 21-7-19 Plus 14 days Service 427

## 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 21 1919

*[Signature]*  
 for 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 4/1919

*[Signature]*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*[Handwritten note]*  
 and B 2079/3318

# The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 11.7.19

Regimental No. 5604

Name Antle Peter

Address Lurks Cove

Present Medical Category A.7

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

Members of Board

R.H. Lait Major  
O.C. Discharge Depot.

Spatorson  
Senior Medical Officer

Frederick  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 36014 Rank Pte Name Antle Peter  
 Date of Enlistment 4-6-18 Address Sturkes Lane District St. John's  
 Occupation Postman 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	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	1	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		1917 1	" 6	
B 179c	B 120	M 93				

Date 4-7-19 O. C. Discharge Depot H.M. #1

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

*Antle Peter*

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 Antle Peter

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *B 2188* 830 to his home at *Jinks bore* and Release Certificate No. *3250* issued.

Date *7-7-19* *J.A. Snowball*  
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 *4-8-19*

Date *7-7-19* *J.A. Snowball*  
Depot Paymaster.

Discharge approved for *21-7-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
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	<i>1914-1</i>	" 6
B 179c	B 120	M 93		

Date *7-7-19* *J.A. Snowball*  
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 21 1919* *R. R. Cooper Capt*  
O. C. Discharge Depot.

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

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.

*Peter Antle*

Signature of Man.

*J. H. Shawkopf*

Signature of the Vocational Officer or his Representative.

Reg. No. 5604

Place

*St. Johns*

Date

*7-7-19.*

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

# MEDICAL HISTORY

Surname Aulse OF Christian Name Peter

Table I—GENERAL TABLE.

Birthplace:—Parish St. John's Cove N.B. County Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	<u>St. John's</u>	at	
Declared Age	<u>21</u> years	<u>June</u> 191 <u>8</u>	years	days
Trade or Occupation	<u>Fisherman</u>		years	days
Height	<u>5</u> feet	<u>9 3/4</u> inches	feet	inches
Weight		<u>138</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>34</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm	<u>18 cuts</u>		
	Number			
When Vaccinated	<u>4 weeks ago</u>			
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. Munro</u>			
(Rank)	<u>Major</u>			Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	<u>June</u> 191 <u>8</u>	on	day of 191
Joined on Enlistment	Corps.		Corps	
	Regtl. No.	<u>Royal Nfld. 1604</u>	Regtl. No.	
Transferred to	<u>Regiment</u>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick 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				
Port Pitt Chatham	8	8	18	19	8	18	<i>Mumps.</i>	11	<i>No complications</i>	<i>C. Edward</i> CAPT. R.A.M.C.



## Casualty Form—Active Service.

Regiment or Corps 11th Buffs 8  
 Regimental No. 163 Rank Plt Name Laauth  
 Enlisted (a) 11/2/14 Terms of Service (a) one year Service reckons from (a) \_\_\_\_\_  
 Date of promotion to) 10.3.17 Date of appointment) 27.2.17 Numerical position on) \_\_\_\_\_  
 present rank to lance rank roll of N.C.Os.) \_\_\_\_\_  
 Extended \_\_\_\_\_ Re-engaged 6/8/15 Qualification (b) \_\_\_\_\_

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 85, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 86, or other official documents.
		Embarked St. John's, Nfld.		3/2/15.	
		Disembarked Alexandria		1/9/15.	
		Embarked Gallipoli		13/9/15.	
		Emb'd Port Suez		14/3/16	
		Disemb'd MARSEILLES		27/3/16.	
		Went forward 7th Coy, 11th Buffs	France	17/3/16	O 1810 6.5.16. (63)
		With Battalion	"	4.7.16	B 213.
			With BATT. 23. I. IV		
55.		Appointed Lance Corporal Unit		27.2.17.	O 1810, 12 c, 17.5.17.
56.		Promoted Corporal Do		10.3.17	O 1810, 13 c, 24.3.17.
57.		Appointed A/Sergeant Do		10.3.17	Do Do
58 T.M.B.		Do 14 Coy. Reinforce camp		2.5.17	B 213, 4.8.17.
		Leave taken		23/2/17 to 6/6/19	O 1810. 490.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc., also special qualifications in technical Corps duties.

(P.T.O.)

Final 28.6.18

NEWSPRINTING CO. LTD.  
 56, VICTORIA ST.  
 LONDON, E.C. 1.  
 16 APR 1918  
 PRINTED & RECORDED

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 W. F. Lk*
2. Regtl. No. *5604* 3. Rank *Pvt.*
4. Name *Smith* *Robert*  
(Surname) (Christian Names)
5. Age last birthday *22*
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity  
 (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *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 complaints 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?

*Repetitions*

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.

*E. P. Premier* *Call Name*  
 Medical Officer in charge of case.

Station .. *Harley Street* ..  
 Date .. *1-1-19* ..

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



# Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Peter Antle.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5604*  
Intended address *Lucks Cove*

Height on discharge *5* Feet, *11*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue.*

Descriptive Marks *—*  
Figure on discharge *Tall*

Christian name of Father *Philip*

Christian name of Mother *Rhoda.*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Lucks Cove, 5th November, 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)

Station *St John's*

*Peter Antle*

Date *4-7-19*

*Pl*  
(Rank)

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

FORM K

No 6049



# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Peter Antle, Regl. No 3604

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and 5124 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz :

Allotment begins July 15 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4553	Mother	Rhoda Jane Antle.	Lurks' Cove Lorrey Bay.	60/c
Total Allotment, \$				

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.) R. G. James R/H  
 Officer Commanding  
PI/plus  
 Company  
June 27<sup>th</sup> 1918

(Sig.) Peter Antle  
 (Rank) R/C



Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S, Nfld.***

---

Fold Here

OCT 15 1921.

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

Peter Antle

in respect of his service as No. 5604 Rank Pte.

Name P. Antle Royal Nfld. Regt.  
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received October 20<sup>th</sup> 1921

Signature Peter Antle

Date November 10<sup>th</sup> 1921

Address Turk's Cove Trinity Bay

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet One

Regiment of The Royal Newfoundland.

Signature of O. C. Company C. Dicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Peter Antle</u>	Age on <u>21</u> years <u>11</u> months		<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<u>Seymour</u> <u>14-6-18.</u>		<u>R.C.</u>	
Joined	Date	Period of	with Colours <u>1 1/2</u> years.	Place of Birth	
Joined	Date		with Reserve <u>3 1/2</u> years.	<u>St. John's Cove, N.B.</u>	

Place	Date of Offence	Rank	Grade or Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John 4 5 19</u>					

To be carried over.

*AN 604*  
Demobilisation Form 2

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. *56021* Rank *Plt.* Name *Antley Peter*  
 Date of Enlistment *14-6-18* Address *Charles St. St. John's* District *St. John's*  
 Occupation *Postman* Classification for Discharge *1* Medical Category *A1*  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	/	N.F. Med.	D.F. 1	/
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	/ D 400A	/ B 1915	/	do 2nd	" 3	<i>u</i>
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	/ D 400C	Form K		do 4th	" 5	
B 179b	B 103	/ ME 2		<i>1914</i> 1	" 6	
B 179c	B 120	M 93				

Date *4-7-19* O. C. Discharge Depot *H. H. H.*

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Antley Peter*

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 *Antley Peter*

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2188  
830 to his home  
 at Lunks bore and Release Certificate No. 3250 issued

Date 7-7-19  
*J.A. Snowball*  
 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 4-8-19

Date 7-7-19  
 Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	/	N.F. Med.	D.F. 1	/
F 178	W 3494	B 122	/	Board 1st	" 2	/
F 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	/	1914-1	" 6	
B 179c	B 120	M 93	/			

Date 7-7-19  
*J.A. Snowball*  
 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

JUL 21 1919

Date .....  
*J.R. Cooper Capt*  
 O. C. Discharge Depot

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

Date July 21 1919

Reg. No. *1604* Rank *1st Lt* Name *Arthur P.*

Attested ..... Address *Surf Cove.*

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas *JUL 1 1919*

Returned on S S. *Cassandra* Cause *Sickness*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION.**