



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4758 Name Marble Christy Corps RC

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

1. What is your name? ..... 1. Marble Christy
2. What is your full Address? ..... 2. Wilton Bay
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 19 Years 4 Months
5. What is your Trade or Calling? ..... 5. Boatman
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. Yes 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, Marble Christy 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.

Marble Christy SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Marble Christy 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..... on this 27 day of April 1911.

[Signature] Signature of Attesting Officer

### CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

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

Date April 27 1911

Place [Signature] } 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).....





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4758 Name Armsstrong, M. Corps RC

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Martin Armsstrong</u>        |
| 2. What is your full Address? .....  | 2. <u>W. Allen Bay</u>             |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>4</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Bookkeeper</u>               |
| 6. Are you Married? .....  | 6. <u>No</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....                     |
|  | Corps .....                        |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                     |

Report 1-5-18

I, Martin Armsstrong.....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.

Martin Armsstrong.....SIGNATURE OF RECRUIT.

James G. G. G......Signature of Witness.

A  
27.4.18

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Martin Armsstrong.....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.....

on this 27 day of April.....1918

Signature of Attesting Officer James G. G. G.

36  
18  
349

### †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 April 27.....1918

Place St. John's..... } Approving Officer.

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

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, 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 Martin Armstrong  
 Apparent age 19 years 4 months. Height 5 feet 5 3/4 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Martin Armstrong  
Wilton Bay | Relationship Father  
Ferryland Dist. 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. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>27-4-18</u>									
Joined at <u>St John's</u> on <u>April 27 1918</u>									
				<u>Wounded</u>	<u>April 11 1919</u>				
				<u>To report for duty</u>	<u>1-5-1918</u>				
				<u>Admitted Barracks Hospital</u>	<u>30 10/18</u>				
				<u>Discharged Barracks Hospital</u>	<u>5-11-1918</u>				
				<u>Demobilization</u>	<u>St John's 11-4-1919</u>				
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-4-1919</u> (date of discharge) _____ years <u>347</u> days									
Pensions _____ ( " " ) _____ " _____									

C.R. #758

Extract from Daily Orders part II, Depot St. John's  
dated April 15th., 1919.

The discharge of the v/n on demobilization has been  
CONTAINED by Officer i/c Records on 11-4-19.

#4758 L/C. Martin Armstrong.

C.R. 4758.

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND  
REGIMENT DEPOT ST. JOHN'S DATED MARCH 18th/19.

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The Discharge of the undernoted on Demobilization has  
been APPROVED by O.C. Discharge Depot from noted date.

4758 L/C. M. Armstrong.

14/3/19.

C.R. 4758

Extract from Daily Orders part 11, Depot. St. John's  
Dated November 6th., 1918.

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DISCHARGED FROM BARRACKS HOSPITAL. 5/11/18.

4758 L/Crpl. M. Armstrong.

EG.

CR 4758

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt, St. John's, dated July 13, 1918.

#4758 Pte. M. Armstrong.

To be Lance-Corporal from July 13, 1918.



Extract from Daily Orders part 11, from Unit The Royal Nfld.<sup>n</sup>  
Regt. St. John's, dated April 29, 1918.

#4758 Pte. M. Armstrong.

Attested for General Service with the Royal Nfld. Regt.  
from 27/4/18 to report 1/5/18

Armstrong, M

4758

May 2 sept.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4758 Rank L/C Name Wm Armstrong Master  
 Date of Enlistment 27-4-18 Address Wetherby District Fryland  
 Occupation Barman Classification for Discharge C Medical Category IAI  
 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	2	do 2nd.	" 3	3
B 179	D 400B	Form L		do 3rd.	" 4	
B 179a	D 400C	Form K	1	do 4th.	" 5	
B 179b	B 103	ME 2	1		" 6	
B 179c	B 120	M 93				

Date 12/12/18

Wm Armstrong  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Wm 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 #60.00
- (b) Clothing Supplied Leint

Date 14-3-19

Wm Armstrong  
O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R754 to his home at Witless Bay and Release Certificate No. 1520 issued.

Date 14-3-19 Roberts 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 20-#-19

Date 14-3-19 H. Mears  
Depot Haymaster.

Discharge approved for 14-3-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 14. 3. 19 R. B. Roberts Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

Date MAR 14 1919 R. H. Sait Capt.  
O. C. Discharge Depot.

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

Date .....

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4758 Rank R/Cpl Name Armstrong Martin  
 Intended place of residence Witless Bay, Newfoundland  
 2. Occupation Brakeman  
 Classification of soldier C Medical Category AH

3. The above named man is discharged in consequence of... DEMOBILIZATION!

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

Place .....

Date MAR 14 1919

H. Mews Lt  
 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

14-3-19

M. Armstrong  
 Signature of soldier

Joseph A. Snowling  
 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

14. 3. 19

M. Armstrong  
 Signature of soldier

J. J. [Signature]  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 27-4-18

Discharged from service 14. 3. 19 Plus 28 days

No of days on Military

Service 356 28 days

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S

Date MAR 14 1919

R. H. [Signature] 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 n.s.d.

Date April 11/1919

M. Howley Capt  
 Officer i/c Records  
 The Royal Newfoundland Regiment

C. B. 2097/1864

April 18th., 1919

#4758 L/Cpl. Martin Armstrong,

Witless Bay,

Ferryland Dist.

Dear Sir: --

Please find enclosed "Discharge Certificate

No. 1864."

Yours truly

Captain  
Paymaster & O.i/c Records

96

Ferryland

Demobilization Form 1

400A

# The Royal Newfoundland Regiment

Class for Demobilization:— <p style="text-align: center;">C</p>
--

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date NOV 29 1918

Regimental No. 4758

Name Armstrong Martin L/C

Address Whittles Bay, Ferryland

Present Medical Category A.II

Recommended for:—

- (a) Immediate discharge .....
- (b) ~~Standing Medical Board~~ .....

Members of Board

- R.H. East Capt. O.C. Discharge Depot.
- H. Paterson Senior Medical Officer
- J.W. Burdett M. O. Depot

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

# MEDICAL HISTORY

Surname Armstrong OF Christian Name Walter

Table I.—GENERAL TABLE.

Birthplace:—Parish Willesdon Bay Ferryland County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>27</u> day of <u>April</u> 191 <u>8</u> at <u>St John's, Nfld.</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>19</u> years _____ days		_____ years _____ days	
Trade or Occupation	<u>Gradesman</u>		_____	
Height	<u>5</u> feet <u>5 3/4</u> inches		_____ feet _____ inches	
Weight	<u>134</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>36</u> inches		_____ inches	
	Range of Expansion... <u>3 1/2</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm _____		Arm _____	
	Number... <u>1 Scar</u>		Number... _____	
When Vaccinated	<u>1 wk ago</u>		_____	
Vision	R.E.—V= <u>6/20</u>		R.E.—V= _____	
	L.E.—V= <u>6/20</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>Tammot Paterson</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's, Nfld.</u> on <u>27</u> day of <u>April</u> 191 <u>8</u>		at _____ on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Nfld Regt.</u>	<u>4758</u>	_____	_____
Transferred to	_____		_____	
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Signature)	_____		_____	
(Rank)	_____		_____	



Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
<p>23.5.18  <del>27.4.18</del>                      4.5.18 }                      25-5-18 }                      3-9-18 }</p>	<p>Vac 2P                      T.A.B. 2P                      T.A.B. 2P                      T.A.B. 2P</p>
	<p>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as <u>C</u> for Discharge on Demobilisation. Medical category <u>A II</u></p> <p>29.11.18  <small>Date of T.M.B.</small></p> <p><i>[Signature]</i>  <small>Captain                      Medical Officer                      Discharge Depot - New Zealand</small></p>

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

## 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 work at home

M. Armstrong

Signature of Man.

C. Wick-App.

Reg. No.

4758

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

14 3 1919



## 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 *Armstrong Martin*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *4758*  
 Intended address *Willen Bay Ferryland Dis.*

Height on discharge                      Feet  
 Color of hair on discharge *Dark*  
 Complexion *Dark*  
 Color of eyes *Grey*  
 Descriptive Marks —  
 Figure on discharge *normal*  
 Christian name of Father *Martin*  
 Christian name of Mother *Bridget*  
 Wife's maiden name in full  
 Date and place of marriage  
 Christian names of children

Place and date of soldier's birth. *Dec 5<sup>th</sup> 1898 Willen Bay*  
 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) *Armstrong Martin*

(Rank) *Left*

Station

Date

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.

*W. J. [Signature]*  
 Medical Officer in Hospital,  
 Unit, or Command Depot.

Station

Date





This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Martin Armstrong  
aged 19 years conducted at 10 Yesters  
Date: April 29/15 Recruiting Officer: [Signature]

NO OF TEST	FINDING
1	no
2	no
3	no
4	no
5	no
6	no
7	gap
8	gap
9	no
10	"
11	"
12	"
13	"
14	"
15	"
16	"
17	"
18	"
19	6/20 both
20	"
21	"
22	"
23	"
24	"
25	"
26	"
27	"
28	"
29	"
30	"
31	"
32	"
33	yes 1 week ago 1 seen left arm
34	5 ft 5 3/4
35	134 lb.
36	32 1/2 - 36,
37	my father Martin Witches Bay Ireland set
38	
39	no

1158

21

Signature of Medical Examiner: [Signature]



MEDICAL CERTIFICATE

For information of the Separation Allowance  
Department.

1. name and regimental number  
of soldier in respect of whom  
Separation Allowance is claimed. } 4758
2. Name and age of said  
soldier's father } Martin Armstrong
3. Is said father a chronic  
invalid and totally incapacitated } yes
4. Of what nature is disability? } chronic
5. From what date has this total  
incapacity been existent } seven years
6. How long is total incapacity  
likely to continue and what  
will be the effect on earning  
power? } Life time  
not able to work
7. If not totally incapacitated by  
what per in your opinion is capacity  
for work reduced and from what date } Not able to any more  
work
8. Are you the regular attending  
physician? } Yes since last  
year
9. Relationship to soldier of  
applicant. } The father

I certify that the above statements are correct.

Witness my hand and seal at  
.....Place.

Date Aug 27<sup>th</sup> 1918

..... S. A. Christopher M.D.  
Physician.







3932  
Assistant ...  
70th ...

MOTHER

ROYAL NEWFOUNDLAND REGIMENT  
(Separation Allowance Branch)

NOTICE:

THIS STATUTORY DECLARATION is to be filled in correctly in every detail and a complete reply must be given to each question.

Each statement is considered as being made on oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendary Magistrate, Notary Public or Justice of the Peace and returned to:  
THE PAYMASTER

Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. Regt. or Unit. Regt. No.  
*Martin Armstrong* *LCpl* *4758*

---

2. Age of soldier. *19 yrs* Married or single. *single*

---

3. Name in full of Mother. Age. Occupation. Permanent Address.  
*Budge Armstrong* *53* *House work* *Willes Bay*

---

4. Give name of your husband. Age Occupation. Where employed.  
*Martin Armstrong* *63* *Fisherman* *Willes Bay*

---

5. If your husband is not supporting you, state the reason. *Invalid*

---

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)  
*Chronic - connect for tracks*  
*allowments commencing*  
*1st June 1915*  
*WAB*  
*J.P.H.*

---

7. If you are a widow, state date and place of death of your husband.

---

8. Have you married again since death of above mentioned husband. *no*

---

9. Names of your other children. Address in full. Age. Occupation Married or single.  
*John Joseph Armstrong* *Willes Bay* *27* *Fisherman* *single*  
*Annice* *"* *24* *Housemaid* *single*

State amount earned by (a) yourself *nothing*  
(b) your husband. *about \$100<sup>00</sup> per year*

11. State amount and source of any other income. *none*

12. State value of real property belonging to you and your husband. *About \$200<sup>00</sup>*

13. State value of personal property belonging to you and your husband. *none*

14. If husband is dead state value of real and personal property left by him. *no*

15. Actual amount contributed by soldier during the year prior to enlistment. *about \$600<sup>00</sup> per year*

16. Was this amount contributed weekly or monthly. *yearly*

17. Did this amount include payment of son's Board etc. *no*

18. State your son's trade or occupation prior to enlistment. *Fisherman*

19. State amount of his wages per week. *From \$11 to 12 per week*

20. State name and address of his last employer. *Keed Afflt Co*

21. State amount of monthly support from son since enlistment. *\$21<sup>00</sup> per month*

22. State amount of allotment received by you from son monthly. *\$21<sup>00</sup> " "*

23. State from what date did you receive allotment? *May 17<sup>th</sup> 1918*

24. Actual amount contributed by other children. *Weekly Monthly none*

25. Are any of these children in the employ of you or husband? *no*

26. If not receiving support from other children state cause. Expl. in fully. *got support himself married*

27. With whom are you residing at present. *Husband*

28. Have you made a previous claim for Separation allowance? If not, why? Give particulars. *—*

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *gets only his allot*

37. Are you in receipt of any payment from any Patriotic Fund? If so, how much? *No*

38. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *No*

39. In what capacity and in what place? \_\_\_\_\_

40. Is he in receipt of a salary as much while serving in the Lt. Nfld. Regt.

If so, how much?

~~yes for 1 month~~ *No*  
~~with Rank of Lt. Col~~

I herewith make this solemn declaration conscientiously believe the same to be true and knowing it to be of the same force and effect if made under Oath and in virtue of the Evidence Act.

Signature of applicant..... *Mrs. Budget Armstrong*

Place of Residence..... *Witless Bay*

Declared and subscribed before me at..... *Witless Bay*

this..... *27*..... day of..... *Aug*..... 1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace.

*S. A. Charlesworth Justice of the Peace*

This application must be signed by two responsible Parties of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above soldier first mentioned, is the sole support of the applicant.

Signature of Clergyman..... *P. J. O'Brien P.P.*

Signature of Member of Patriotic Fund Committee.....

*Approved 1/11/18*  
*[Signature]*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
20

Number of Sheet CTM 6

Regiment of Royal Newfoundland

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

Regimental Number and Name		Enlistment		Trade	Good Conduct Badge, Service pay or proficiency pay
No.		Age on	years / months	Prakeman	
Joined	Date	Place and Date of Enlistment		Religion	13-7-18. Promoted To Lance Corporal
Joined	Date			A. C.	
Joined	Date	Period of	with Colours <u>357</u> years. with Reserve <u>365</u> years.	Place of Birth	
				<u>Wilton Bay</u>	

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>Prin</u>				<u>Demobilized</u>	<u>St John's</u>	<u>11</u>	<u>19</u>		

To be carried over

# The Royal Newfoundland Regiment

Reg. No. 4758 Rank L/C Name Armstrong Martin  
 Date of Enlistment 27-4-18 Address Willow Bay District Ferryland  
 Occupation Brahman Classification for Discharge C Medical Category AI  
 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 2494	B 122		Board 1st	" 2	3
B 178a	D 400A	B 1915	2	do 2nd	" 3	
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2	1		" 6	
B 179c	B 120	M 93				

Date 12/12/18

*W. H. Cap...*  
C. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*Mr. Armstrong*

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 Leant

Date 14-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R754 to his home at Witless Bay and Release Certificate No. 1520 issued.

Date 14-3-19

O. Dicks 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 11-4-19

Date 14-3-19

H. News  
Depot Phymaster.

Discharge approved for 14-3-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1	
F 178	W 3494	B 122		Board 1st	" 2	1	<u>Form B</u>
B 178a	D 400A	B 1915	2	do 2nd	" 3	2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	1	do 4th	" 5		
B 179b	B 203	ME 2	1		" 6		
B 179c	B 120	M 95					

Date 14. 3. 19

O. Dicks Capt  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-  
Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

MAR 14 1919

Date .....

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

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

Date 14/3/19

[Signature]  
[Signature]

Reg. No. 4758 Rank Pvt - Name Armatrong Mathis  
 Attested 27-4-18 Address Willas Bay England  
 Allotment 70 Allotee Mrs Bridget Armatrong Mathis  
 Date of Allotment 1-6-18 Returned from Overseas \_\_\_\_\_  
 Embarked for Overseas \_\_\_\_\_ Cause a Co

Go Repair 1-5-18

27-4-18 Vac

27-4-18 to 25-5-18 35-5-18 3-25-9-18

At 25-5-18 to 25-5-18 Retd from leave 25-5-18

13-7-18 Promoted to Lance Corporal

30-10-18 Admitted to Barracks Hoop

5-11-18 Discharged From .. ..

1-2-19

PASSED TO REMOBILIZATION OFFICER

1-3-19

DISCHARGE APPROVED ON RE-MOBILIZATION.