

# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5619 Name Thomas Banks Corps C of C

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

- 1. What is your name? ..... 1. Thomas Banks.
- 2. What is your full Address? ..... 2. Middle Arm  
White Bay
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 19 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. Fisherman
- 6. Are you Married? ..... 6. no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. no
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
- 9. Are you willing to be enlisted for General Service? ..... 9. ....
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. .... Name .....  
Corps ..... Yes.
- 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. ....

I, Thomas Banks 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 by me.

Thomas Banks SIGNATURE OF RECRUIT.  
Pte R. Power Signature of Witness.

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

I, Thomas Banks 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 answered 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 7 day of June 1915.

Signature of Attesting Officer ..... A. B. Dicks

### † 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 rank of Private.

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

Date ..... 1915 } Approving Officer.  
Place .....

† 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

5619

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

Name Thomas Banks  
 Apparent age 19 years        months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 32 1/2 inches  
                           Range of expansion 3 inches  
 Distinctive marks       

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Alfred Banks  
Middle Arm | Relationship Father  
White Bay 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>7-6-18</u>									
Joined at <u>Albion's</u> on <u>June 7<sup>th</sup> 18</u>									
<del>Discharged August 5 1919</del>									
Embarked <u>Albion's</u> <u>S. C. Umbrella</u> to <u>Halifax N.S.</u> <u>22-7-18</u>									
I. Re-embarked for demobilization <u>24-6-19</u>									
Arrived Re-embarked <u>1-7-19</u>									
Demobilization <u>Albion's</u> <u>5-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 5-8-1919 (date of discharge) 1 years 60 days  
 " " Pensions " " " " " " " " " " " "

Reg. No. 5619 Rank Pte Name Banks, J

Attested 7/6/18 Address Middle Arin W.B

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

Date of Allotment ..... Returned from Overseas .....

Embarked for Overseas JUL 22 1918 Cause .....

2/4/18 Vacc

H.L. 15/18 - 23/18

25/7/18 Messy red back come now very sick havent ben out doors yet

2/8/18 " " Messes no doctor here.

Returns from leave 20-7-18



C.R. 5619.

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 14th 1919.

The discharge of the undernoted on demobilization has  
been CONFIRMED by officer i/c Records from 5-8-19.

5619, Pte. Thos. Banks.

C.R. 5619

Extract from Daily Orders Part II Unit The Royal W.M. Regt,  
StJohn's, July 14th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 22-7-19

5619 Pte. T.Banks.

C.R. 5619

Extract from Daily Orders Postmail Unit The Royal Wfld.  
Regt. St. John's, July 3rd, 1919.

5619 Pte. P.Banks.

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



C.R. 5619

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 25, 1918

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

#5619 Pte. Thomas Banks.

CR 5619

Extract from Daily Orders Part 2, from Unit, The Royal Nfld.  
Regiment, St. John's, dated June 8th 1918.

5619, Pte. T. Banks.

Attested for General Service with The Royal Nfld. Regt.,  
from 7/6/18.



Banks, T.

C.R. 5619

P.Y.R.O.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Banks, Regl. No. 5619

hereby agree, until further notification by me, and in similar official form to make an Allotment of — Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <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 August 1/1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6612	father	Alfred Banks	Middle Arm White Bay	60
Total Allotment, \$				60

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.) W. H. H. -  
Officer Commanding

(Sig.) Thos Banks  
(Rank) Private

St Johns Co  
July 20 1918

Witness Alfred Edwards  
estd

No. 4474/661

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2/Bn. Royal Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.

20th March 1919

March 22<sup>nd</sup> 1919

5619 Pte. Banks T.

With reference to the following  
telegram from the Minister of  
Militia / / ( 84 )

"Pay to- 5619 Banks,  
£5. 15. 0.

Cheque £ 5. 15. 0 is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

*B.A. Minniss*  
Chief Paymaster & O. i/c Records.

Receipt hereunder

*Cham*  
LIEUT. COLONEL,  
COMMANDING 2ND Bn. ROYAL NEWFOUNDLAND REGT.  
Officer Commanding *2nd Bn.*

Received the sum of Five pounds  
fifteen Shillings in respect of  
telegraphic remittance from the  
Minister of Militia.

J Banks  
No. 5619 Rank Private  
Witness W. Barnes

B



**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.Lit* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5619* 3. Rank... *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Banks* *John* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *20*
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 ?
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 .. .. .                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service.. .. .                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service .. .. .                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war .. .. .     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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 complaint of no serviceability*

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?

*Refuted*

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.E. Proctor, Capt R.A.M.C.*  
Medical Officer in charge of case.

Station *Haysley Hill*

Date *1.7.19*

\* 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

Banks, T.

5619

Hay Dept.



August 5th 1910.

#5619, Pte. T. Banks,  
Middle arm, St. Barbe.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3401.

Yours truly,

Capt.  
Officer I/C Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3619 Rank Pvt Name Banks T. Los  
 Intended place of residence Middle Arm ST John's

2. Occupation Fisherman  
 Classification of soldier E Medical Category A-1

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 8 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 8-7-19

*[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 8-7-19

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 7-6-18 No. of days on Military  
 Discharged from service 2-2-7-19 Plus 14 days Service 425

### 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 22 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 5 1919

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

*[Handwritten Signature]*  
 2079/3401

# The Royal Newfoundland Regiment

Class for Demobilization:       

*Plc*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*7.7.19*

Regimental No

*5619*

Name

*Frank Thomas*

Rank

*Plc*

Address

*Middle Arm*

Present Medical Category

*A 7*

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

*R.H. Lant Major*  
O.C. Discharge Depot.

*S. Peterson*  
Senior Medical Officer

*G.W. Borden*  
M. O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5149 Rank PL4 Name Banks J  
 Date of Enlistment 7.6.19 Address Trinity Road District St. John's  
 Occupation Labourer Classification for Discharge 6 Medical Category A.I.  
 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 <u>3</u>
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 7.7.19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*W. J. Brennan*  
*John X Banks*

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

*W. J. Brennan*

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9857 to his home at Middleham and Release Certificate No. 3320 issued.

Date 8-7-19 *J.A. Knowlton*  
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 5-8-19

Date 8-7-19 *H. H. H.*  
Depot Paymaster.

Discharge approved for 22-7-19

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		" 6
B 179c	B 120	M 93		

*2 Form B*

Date 8-7-19 *J.A. Knowlton*  
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 22 1919 *J.R. Cooble Capt*  
for 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 <sup>Discharge Department and</sup> Occupation.

Thomas Banks

Signature of Man.

J. H. Newcomb

Signature of the Vocational Officer or his Representative.

Reg. No. 3619

Place St. Johns

Date 8-7-19



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

# MEDICAL HISTORY

Surname Danks OF Christian Name Thomas

Table I.—GENERAL TABLE

Birthplace:—Parish St. John's St. John's County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at <u>St. John's</u>	<u>9<sup>th</sup></u> day of <u>June</u> 191 <u>8</u>	at	day of 191
Declared Age	<u>19</u> years	days	years	days
Trade or Occupation	<u>fisherman</u>			
Height	<u>5</u> feet	<u>7</u> inches	feet	inches
Weight	<u>120</u>	lbs.		lbs.
Chest Measure-ment	Girth when fully expanded	<u>32 1/2</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>✓</u>	<u>✓</u>		
When Vaccinated				
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 Paterson</u>			
(Rank)	<u>Major</u> Medical Officer.			Medical Officer.
Enlisted	at <u>St. John's</u>	on <u>4<sup>th</sup></u> day of <u>June</u> 191 <u>8</u>	at	day of 191
Joined on Enlistment	<u>Royal Nfld. Regiment</u>	<u>5619</u>		
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Artillery*
2. Regtl. No. *5619* 3. Rank. *Plt*
4. Name *Banks* *Thos*  
(Surname) (Christian Names)
5. Age last birthday *20*
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade or Occupation } *Jackman*
- 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.  
 (d) Particulars of Pension or Gratuity (if any)
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

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.



14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | 7                   |                   |
| (ii.) Previous active service.. .. .                       | 7                   |                   |
| (iii.) Climate in pre-war service .. .. .                  | 7                   |                   |
| (iv.) Ordinary military service before the war .. .. .     | 7                   |                   |
| (v.) Serious negligence or misconduct on the man's part. } | 7                   |                   |
- 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?

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

*Repatriation*

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

*W. E. Proctor* Capt Rame  
 Medical Officer in charge of case.

Station *Hazley Hill*  
 Date *28-3-14*

\* 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 *Thomas Banks*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5619*

Intended address *Middleton White Bay*

Height on discharge *5 Feet 8*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks  
*—  
—  
medium*

Figure on discharge  
*alfred*

Christian name of Father  
*—*

Christian name of Mother  
*—*

Wife's maiden name in full  
*—*

Date and place of marriage  
*—*

Christian names of children  
*—*

Place and date of soldier's birth *Middleton White Bay 1899 Oct 22<sup>nd</sup>*

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) *Thomas Banks* witness *W. Carmichael* (Rank) *Private*  
*mark* *CSM*

Station *St John's* Date *14.7.19*

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

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

Station \_\_\_\_\_ Date \_\_\_\_\_

August 11th 1919.

Mr. T. Banks,  
Middle Arm,  
White Bay.

Dear Sir:

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

Yours truly,

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... *Thomas* ... 2. Surname... *Banks*  
3. Rank... *Pte* ... 4. Regt. No... *5619*  
5. Address in full to which future payments of gratuity are to be forwarded... *Middle Arm White Bay*  
6. Date of enlistment in the Regiment... *June 7/18*  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *No.*  
8. Relationship of such dependents... *No.*  
9. Address in full of such dependents... *No.*  
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 *field*, if so, give dates and particulars of such service... *Ireland only*  
12. Give total length of time which you served on active service, whether in *field* or Overseas... *1 year*  
..... 1.1

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. *No*

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 Regt.? *No* If not give:- (a) Date of discharge. *July 8/19* (b) Reason for discharge. *Desert*

*Leam Aug. 5/19*

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. *No England only*

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: *his*  
*Thos. Banks*  
*mark*

Place of Residence: *Middle Arm White Bay*

Declared before me at: *St Johns -*

This *8th* day of *July* 19*19*...

*John M. Carthy*  
*J.P.*

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

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

Registrar

Signature of Applicant:  
 Place of Residence:  
 Declared before me at:  
 This .....

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

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

Registrar



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet One

Signature of O. C. Company C. B. Drake Lieut

Regiment of Royal Newfoundland

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.		Age on	years	months			
<u>5619.</u>	<u>Thomas Batts.</u>	<u>19.</u>					
Joined	Date	Place and Date of Enlistment		Religion			
Joined	Date	<u>St. John's</u>		<u>Catholic</u>			
Joined	Date	Period of		Place of Birth			
Joined	Date	with Colours	60	years.			
		with Reserve	365	years.	<u>Middle Arm, White Bay.</u>		

Place	Date of Offence	Rank	Cause of Discharge HERE	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 5/19</u>					

To be carried over.

# The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5619 Rank Private Name Banks  
 Date of Enlistment 7.6.18 Address Middleton District St. Barbe  
 Occupation Fisherman Classification for Discharge 6 Medical Category A.I.  
 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 <u>3</u>
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 7.7.19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

[Signature] Flo. X Banks  
[Signature] mark

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 [Signature]

Date 8-7-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9857 to his home at Middleham and Release Certificate No. 3320 issued.

Date 8-7-19

*J.A. Snowcraft*  
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 5-8-19

Date 8-7-19

*J.A. Snowcraft*  
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 8-7-19

*J.A. Snowcraft*  
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 22 1919

*V.R. Loober Capt*  
for O. C. Discharge Depot.

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

Date July 22 1919

*[Signature]*



Reg. No. *5649* Rank *Pte.* Name *Banks J.*

Attested ..... Address *Middle Arm 2 B.*

Allotment ..... Allottee ..

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

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

*87* 19  
~~*25*~~ 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.