



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4642 Name William Benmore 6 of 6

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

1. What is your name? ..... 1. William Benmore
2. What is your full Address? ..... 2. Heavy Tree Road,  
St John's
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. Labourer
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, William Benmore do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

A  
23-4-18

William Benmore  
James A. B. B. Signature of Witness.

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

I, William Benmore do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 23 day of April 1918

Signature of Attesting Officer James A. B. B.

### † 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) .....

Report 1-5-18



# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Benmore  
 Apparent age 21 years 0 months. Height 5 feet 5 1/2 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Benmore Heavy Tree Road  
St John's | 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve 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 23-4-18

Joined at St John's on April 23-1918

Discharged August 21-1919

To report for duty 1-5-1918

Embarked St John's train to Halifax N.S. 11-6-18

Remained at Halifax N.S. in Hospital ex draft #20 7-7-1918

To Rtd for demobilization 24-6-1919

Arrived Newfoundland for 1-7-1919

Demobilization St John's 2-8-1919

Total Service forfeited as above.....

Total Service towards Engagement to 28-1919 [date of discharge] 1 years 94 days

Pensions



C.R.

4642

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 8th 1919.

The discharge of the undernoted an demobilization has been  
CONFIRMED by Officer i/c Records from noted date  
2-8-19.

4642, Pte. W. Benmore.



C.R. 4642

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated July 22nd 1919.

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

4642, Pte. Wm. Benmore.



C.R. 4642

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

4642 Pte. W. Benmore.

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



C.R. 4642

Extract from Preliminary report of a Medical Board  
held on Thursday evening July 17th the following  
was the finding.

Recommended discharge from the Army.

ADMISSION N. & M. CONVALESCENT HOSPITAL.

4642, Pts. Wm. Benmore.



CR 4642

Extract from Subj's Medical Board held on Thursday July 17th,  
1919.

4642 Pte. Wm. Benmore.

Recommended Discharge from the Army.

ADMISSION N & M CONVALESCENT HOSPITAL.



C.R. 4642

**Extract from Nominal Roll of Casualties from C.C. Embarkation  
Casualty Section, No. 6 District Depot, Halifax, Canada.**

4642 Pte. W. Normore, R<sup>g</sup> reported from Aldershot 15-8-18 Overseas  
8-9-18.

**MM.**



C.R. 4642

Extract of Casualties from O.C.Draft, Royal Newfoundland Regiment,  
to D.O.C., H.Q., dated 24/6/18

4642 Pte. W. Benmore

In Hospital, particulars forwarded, A.F'S B. 178a, with medical authorities  
all other documents in charge of Adjutant Casualty Company, Wellington ~~Street~~  
Barracks, Halifax



C.R. 4642

Extract from Daily Orders Part 11. from Unit<sup>y</sup> The Royal Nfld.,  
Regiment, St. John's, dated June 14th 1918.

4642 Pte W. Benmore.

Embarked/ for Overseas with draft 11-6-18



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

#4642 Pte. William Benmore.

Attested for General Service with the Royal Nfld. Regt.  
from 23/4/18 To report 1/5/18.



C.R. 4642

July 3rd 1918.

Mr. James Benmore,  
Heavy Tree Road.

Sir,

Regret to inform you that the following information  
has just been received by mail that your son 4642 Pte William  
Benmore who left here with last draft, is now at Station  
Hospital, Halifax, suffering from Fleuraŕsy.

Yours faithfully,

Lieut.  
for Lieut. Colonel.



D. Denmore

C.R. 11642

1120



**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Newfoundland*
2. Regt., No. *4642* 3. Rank. *Pls.*
4. Name *Bennison Wm*  
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Labourer*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regt. Nos.
- (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When  
(b) Where  
(c) Opinion of Court
- (d) Particulars of Pension or Gratuity (if any)

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 n (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 .....  
(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 radiograph 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.)

*He complains 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?

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

*Repatriation*

Station *Hagley Down* .....

Date *1-4-19* .....

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

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



# FORM K

Nº 4043 *cu*



# 1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, William Bennett Semmes, Regl. No. 4642

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 1st June 1942

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2910	Aunt	Mrs Kate Clark	Bennet St near Street St Johns	
			Total Allotment, £	6

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.)

James Kent

Officer Commanding

Company

May 16th 1918

(Sig.)

William x Benmore  
Ed - mark

(Rank)

Witness:  
James Arklie  
Witness



From:

O. C.,  
B. Coy.,

Vice

To:

Chief Paymaster  
Pay & Record Office,  
58, Victoria Street  
London.

Versa

WF/MN.

H.D.Camp, Winchester.

Pay & Record Office. <sup>20258/P&A.</sup>

Dec. 2nd., 1918.

10th. December, 8.

4642.Pte. W. Benmore.

Please forward duplicate  
copy of allotment form K  
for above mentioned man at  
your earliest convenience.

Herewith, please.

(Signed) W.J.Long, Capt.,  
O.C. B.Coy. 2nd.BN.R.  
Newfoundland Regt.

Chief Paymaster & O.I/c Records.,  
Major.,

10428  
3/12/18



No. 1781/259/P.&A

06 7090  
N.F.P./79.

From: NEW FOUNDLAND 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 Wfld Regt.  
Winchester.

3rd February 1919.

4642 Pte. W. Benmore.

With reference to the following telegram from the Minister of Militia 29/1/19 (937)

"Pay to- 4642 Pte. W. Benmore.

£7/0/0

Cheque £7/0/0 is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

Chief Paymaster & O. i/c Records.

February 3rd 1919

Receipt hereunder

K. Benmore  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commandg 2nd Batt'n.

Received the sum of Seven pounds

in respect of

telegraphic remittance from the  
Minister of Militia.

K. Benmore  
No. 4642 Rank Private  
Witness M. Rockett



Benmore, W

H642

Gay Sept.



August 2nd 1919.

#4642, Bte. W. Benmore,  
Mount Pearl,  
St. John's. West.

Dear Sir:

Enclosed please find Discharge Certificate

# 34522

Yours truly

Capt. & Paymaster.

RS/.





## 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 *William Benmore*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4642*

Intended address *Mount Quil's Hill*

Height on discharge *5 Feet 6*

Color of hair on discharge *dark*

Complexion *dark*

Color of eyes *blue*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father *James*

Christian name of Mother *Beard*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Mount Quil's Hill 1847 - age 22 - 1897*

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)

*W Benmore*

(Rank) *Plt*

Station

*ST. JOHN'S.*

Date

*Feb 14/1919*

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



Station

Date

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





# Department of Militia, Newfoundland

## Medical Department

### Medical Report on an Invalid

#### NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

#### STATEMENT OF CASE

Station.....**St. John's**.....

Date.....**July 15/19**.....

1. Unit **Royal Newfoundland**

5. Age last birthday **22**

2. Regimental No. **4642.**

6. Enlisted on **April 1913.**

3. Rank **Pte.**

at **St. John's.**

4. Name **Benmore Wm.**

7. Former trade or occupation **Farmer.**

8. Disability

**Fleurisy.**

While on way to Halifax, to cross seas was taken with pain in R. Side was put in Hp in Halifax for 6 Months went to England but never reached trenches Felt pain in side & occasionally when on parade.

9. History



10. What is his present condition?

**Well nourished Heart normal. No adventitious sounds in Lungs. He complains**  
(This is the important question. Be brief—the clearer the case the less of pain in R. Side when taking long  
need be written. Read note f above). **walks.**

11. Was <sup>sanatorium</sup> advised and refused? **No**  
operation

12. Do you recommend discharge as permanently unfit? **Yes.**

Signature (SGD) S.E. KEAN, CAPT.

Rank or Qualification

Remarks if any by Officer in Charge Hospital.

Place Signature

Date Rank



## Opinion of the Medical Board

In para. 13. the President should write "may" or "cannot" at x  
Erase inapplicable words

13. For pension purposes, the disability x be considered as aggravated by:—  
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service  
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

**Temp. Normal .Pulse 88. Dullness R. Axillary region, & posteriorly Weight 152  
Tenderness over intercostal area breath sounds diminished over R. Chest  
Bronchial accompaniments over both Apices. Accompaniments present at base of  
R. Lung.**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

**Total while in Hp.**

- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage)

**Total.**

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation is:— (a) Reasonable  
sanatorium (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to General Hospital  
Naval and Military Convalescent Hospital. **For Observation**  
~~Naval and Military Convalescent Hospital.~~

20. We recommend discharge from the Army  
retention in

Remarks if any:—

(SGD) L. A. PATERSON, MAJOR.....  
President

Signatures " J. S. TAIT.....

" J. B. O'RIELLY, CAPT.....

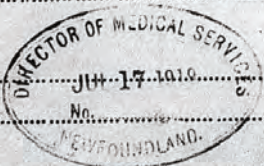
Place St. John's.

Date 17/2/19.

APPROVED

Station ..... JH 17.10.19

Date ..... No.



(SGD) CLINTY MACPHERSON, MAJOR.....  
Administrative Medical Officer.



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. L. B.*
2. Regtl. No. *1444*
3. Rank. *P. 6*
4. Name *Benmore*  
(Surname) *W. E.*  
(Christian Names)
5. Age last birthday. *24*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *labourer*
- 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) Where  
(c) Opinion of Court
- (b) Date of Discharge ;  
(c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity  
(if any)

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

### Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*



14. State whether the disabilities are
- |  | (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 reversibility*

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

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

*Refutation*

*W. E. Proctor*  
*Call Name*  
 Medical Officer in charge of case.

Station *Hoyekyham*

Date *2-4-19*

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



# The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

18-7-19

Regimental No. 4642

Name

Bennett. Wm

Address

Mount Pearl St Johns

Present Medical Category

F

Recommended for:—

(a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board

O.C. Discharge Depot.

W. Parker  
Senior Medical Officer

See Burdett

M.O. Depot



W.F.

Army Form B. 121.

W. Peffer Capt.

[illegible]

Army Form B. 121.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4642 Rank Pvt. Name Bennett W.  
 Intended place of residence Mount Pearl St John
2. Occupation Labourer  
 Classification of soldier B Medical Category E
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 19 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 19-7-19

*[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 19-7-19

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

## STATEMENT OF SERVICE

7. Enlisted for service 23-4-18 No. of days on Military  
 Discharged from service 19-7-19 Plus 14 days Service 467

## 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 19 1919

*[Signature]*  
 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 2/1919

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

*[Handwritten note]*  
 AUG 20 1919



# The Royal Newfoundland Regiment

## DEMOLIBIZATION OF

Reg. No. 1012 Rank Pvt Name Bennett, W. J.  
 Date of Enlistment 23.11.18 Address Mount Pearl District St. John's  
 Occupation Laborer Classification for Discharge B Medical Category 1  
 Recommendation S.M.B. 3 months Disability Rating Total White with  
 Passed to Demobilization Officer with following documents:—

N.F. F/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.
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 28.7.19

O. C. Discharge Depot.

## PARTICULARS FOR DEMOLIBIZATION

### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied

Date 19-7-19

O i/c. Re-clothing.



### 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
at Mount Pearl and Release Certificate No. 3749 issued.

Date 19-7-19

Amelobman  
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 2-8-19

Date 19-7-19

H. M. H.  
Depot Paymaster.

Discharge approved for 19-7-19

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		

Date 19-7-19

Amelobman  
Demobilization Officer.

### APPROVED.

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 19 1919

**L. R. COOPER, CAPT.**

O. C. Discharge Depot.

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

Date \_\_\_\_\_



## Civil Re-establishment Committee



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

To resume former Occupation.

in Benmore

Signature of Man.

*A. M. Clouston*

Signature of the Vocational Officer or his Representative.

Reg. No. 4642

Place

21-john

Date

19-7-19.

191



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

# MEDICAL HISTORY

OF

Surname

*Bennett*

Christian Name

*William*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Free Road & Idus*

County

*Nflda*

	SPECIAL RESERVE.		REGULAR ARMY.	
Examined .....	on <i>23</i> day of <i>apr</i> 191 <i>8</i>	at <i>S. John's</i>	on .....	day of 191 <i>1</i>
Declared Age .....	<i>21</i> years	<i>—</i> days	years	days
Trade or Occupation .....	<i>Labourer</i>			
Height .....	<i>5</i> feet	<i>5 1/4</i> inches	feet	inches
Weight .....		<i>134</i> lbs.		lbs.
Chest (Girth when fully expanded) .....		<i>37</i> inches		inches
Measurement (Range of Expansion) .....		<i>3</i> inches		inches
Physical Development .....				
Vaccination Marks {	Right	Left	Right	Left
Arms .....				
Number .....				
When Vaccinated .....				
Vision .....	R.E.—V= L.E.—V=	<i>6/15</i> <i>6/15</i>	R.E.—V= 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 <i>[Signature]</i> (Rank)	<i>Lamont P. [Signature]</i> Major Medical Officer.		Medical Officer.	
Enlisted .....	at <i>S. John's</i>	on <i>23</i> day of <i>apr</i> 191 <i>8</i>	at .....	day of 191 <i>1</i>
Joined on Enlistment .....	Corps.	Regt. No.	Corps.	Regt. No.
Transferred to .....	<i>Rehored #642</i> <i>Nflda Regt</i>			
Became non-effective by .....	on .....	day of 191 <i>1</i>	on .....	day of 191 <i>1</i>
(Signature)				
(Rank)				



Table II.—Only for admission to hospital or to the sick list in cas

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, syphilis, admissions and re-admissions, of treatment out of
	Day	Month	Year	Day	Month	Year			
Station Hospital Halifax	17	6	18	19	7	18	Pleurisy	31	All the abscesses displaced dry, improvement in phases
Prin Hill Halifax	19	7	18	10	8	18	Convalescent Pleurisy	22	Let to duty.



along to the sick list in case of Warrant Officers treated in quarters.

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 hospital 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

All the signs of pleural effusion  
at right base except cardiac  
displacement, puncture  
dry. Made considerable  
improvement and was transferred  
to Knickerbocker Hospital to convalesce  
fit to rejoin his unit for light  
duty.

Blaney  
Capt

John Cameron  
Capt  
C.A.M.C.







O.G.,

Royal Newfoundland Regiment,  
Winchester.

DD

No. 4642 Pte. W. Benmore reported at this Office this morning that he had arrived from Halifax, N.S. this morning and stated that he had been given a Railway Warrant from Tilbury Docks to Ayr to join his Regiment. This was apparently a mistake and I issued him with Warrant No. 70/830039 dated 26/9/18, Ayr to Winchester.

Attached documents were in the possession of Pte. Benmore :-

Medical History Sheet and Case History Sheets (2), Certificate by O i/c Military Hospital, Halifax and Certificate by O.C. Embarkation Casualty Section, Halifax.

Please acknowledge.



*P. J. ...*

CAPTAIN,  
ASST. PROVOST MARSHAL



Albidge Station to  
Kings Cross  
St Pancras to

Apex

(Possibly change of  
Kilmarnock)



4642

~~S. H.~~ = W Benmore  
N J L P

holding Warrant  
Selbury Parks to  
Apr here per

7-45 am <sup>at Station</sup> per N. York

advised to report at  
Apr Barracks to obtain  
a Warrant to take  
him to Newfound-Land Depot  
at Warcheslee all <sup>into</sup> <sub>herst</sub>



Halifax, N.S. Sept. 8th, 1918

To:  
O.C. Royal Wfld. Regt.



#4642 Pte. Benmore W.

The marginally noted man  
who was a casualty at the Embarkation  
of his unit has been found fit for  
overseas service and is sent forward  
to join his unit.

*W. H. Loden*  
Lieut.  
O.C. Embarkation Casualty Section.



Halifax, N.S. Sept. 8th, 1918

To:  
O.C. Royal Nfld. Regt.



The marginally noted man  
who was a casualty at the Embarkation  
of his unit has been found fit for  
overseas service and is sent forward  
to join his unit.

#4642 Pte. Benmere W.

*J. H. Liddell*  
Lieut.  
O.C. Embarkation Casualty Section.



# CASE HISTORY SHEET.

Halifax, N. S. Hospital.

Nine Hill M.C.H.

Station.

No. 4642 Rank Pts. Name W. Bermore Age 21

Unit R. M. 14 Regt Completed years of service 3 months Where and how long

Date of admission 10-7-17 Date of discharge 10-8-18

Diagnosis Conval. Pleurisy Place of origin Halifax, N. S.

CONDITION ON ADMISSION AND PROGRESS OF CASE

He is a slimly built young man who complains of pain in the right side on exertion. There is still dullness over the base Rt. posteriorly due to thickened pleura, as the breath sounds are diminished.

M. F. B.



FAMILY HISTORY None  
(Tuberculosis, mental or nervous diseases.)

TREATMENT General convalescent.  
(Especially any specific or special form.)

CONDITION ON DISCHARGE He is fit to rejoin his unit for light duty. He still complains of subjective pains in the right leg.  
(and disposal made of case.)

Date 10-8-18.

John Cameron, Capt. C.A.M.C.  
Medical Officer i/c case.

5



II  
20 aid IV

LABORATORY OF HYGIENE

MILITARY HOSPITAL, HALIFAX, N. S. July 9<sup>th</sup>

THE THROAT SWAB IN THE CASE OF #4642. Pte. Benmore...

HAS BEEN FOUND TO CONTAIN ..... <sup>no</sup> DIPHtheria BACILLI...

AND THE CULTURE THEREFROM IS... <sup>negative</sup>... FOR DIPHtheria

B. S. Williams

CAPT. A.M.C.

O 1/c LABORATORY HYGIENE



# CASE HISTORY SHEET.

No. 4642 Rank Pb. Name Denmore, W. Category 91 Age 31  
 Unit 1st Inf. Div. Completed years of service 4 1/2 Where and how long 2nd Inf. Div.  
 Date of admission 17.6.18 Date of discharge \_\_\_\_\_  
 Diagnosis Pleurisy Place of origin \_\_\_\_\_

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Quite well until  
3 weeks ago when the "chase" had  
ended in effect "run" set for a week  
and spirit up blood once when  
since then has been pain in right  
chest.  
Exam. Poor, poor nutrition, lungs  
shows dulness on right side, flat  
at base behind, weak BS and  
weak some sounds. Heart not  
displaced, pulse dry.

17/7/18 Very much better  
generally, some dullness at  
base, still coughing in  
morning, after tea.

19 7/18 Transferred to Rine  
Well Convalescent stupor

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

## TREATMENT

(Especially any specific or special form.)

Leucocytes  
x 1000

## CONDITION ON DISCHARGE

(and disposal made of case.)

Rine Well

Date 19/9/18

Medical Officer 1/c case

M. M. M.  
Cap. M. M.  
Station 104. p



Urinalysis

18.6.18.

Straw

neutral

1028

Alb. nil

Sugar. nil

Sed. nil

4.7.18.

Sputum examination  
for Tubercle Bacilli  
is negative.



August 9th 1919.

Mr. W. Benmore,  
Mount Pearl.

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 *William* 2. Surname *Benmore*

3. Rank *He* 4. Regtl. No. *4642*

5. Address in full to which future payments of gratuity are to be forwarded *Mount Pearl St John's,*

6. Date of enlistment in the Regiment *Apr. 23/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in field, if so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in field or overseas..... *from Apr 23/18*

*to July 19/19* 1-2



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

*No*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

*No*

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.

*No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

*No*

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the R.C.A.F.? If not give:- (a) Date of discharge, (b) Reason for discharge.

*July 1919*  
*Temporary*

*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.

*No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

*No*

And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.



-3-

Signature of Applicant:

Place of Residence:

Declared before me at:

This

1906

day of

July

1906

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

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





## 1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

ALLOTMENTS

1. William Benoit Benmore Regl. No. 4642

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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3910	Aunt	Mrs Peter Clara Benmore	No 1 Neil Street St Johns	
Total Allotment, \$				60

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.)

Officer Commanding

**A Company**

(Sig.

(Rank)

Witness:

James Arklie  
Witness





DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

July 28th., 1919.

From:- D. M. S.  
To :- The Paymaster.

4642, Pte. Benmore, Wm

The marginally noted man was sent to me on July 19th. for admission to Hospital but has not reported here since.

Will you kindly send him here if he calls for his discharge papers.

*Cluny Macpherson*

CM-AMB.

Major, D. M. S.



ST. JOHN'S, JUL 19 1919

# Royal Newfoundland Regiment.

Billeting Account,

To *M<sup>rs</sup>. P. Benmore*

Billeting Soldiers as undermentioned

from *July 1<sup>st</sup> /19* to *July 20<sup>th</sup> /19*

*4642 - Pte. W. Benmore* 21 00

ACCOUNT	<i>btm</i>
CH. NO.	<i>3528</i>
INITIALS	<i>[Signature]</i>
THE LODGER	INITIALS
PAY LODGER	INITIALS
GEN. LODGER	INITIALS
TOTAL IS <i>00</i>	

Certified correct for \$ *21.00*

*A.J.*

*[Signature]*  
Billeting Officer.

*mark w. c. w.*



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

William Benmore

in respect of his service as No. 4642 Rank Pte.

Name W. Benmore Royal Nfld. Regt.  
Nfld. ~~Infantry~~

Receipt of the same should be acknowledged hereon.

Received The Medal

Signature W. Benmore

Date 31st Oct.

Address One mil st st Johns.

[P.T.O.]



# The Royal Newfoundland Regiment

## DEMOLIBIZATION OF

Reg. No. 4101 Rank Pvt. Name Bennmore, J.  
 Date of Enlistment 23-11-18 Address Mount Pearl District St. John's  
 Occupation Laborer Classification for Discharge B Medical Category 1  
 Recommendation S.M.B. promoted Disability Rating Total Disablement  
 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
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 28-7-19 O. C. Discharge Depot.

## PARTICULARS FOR DEMOLIBIZATION

### i. Civil Re-Establishment.

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

in Bennmore

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

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



### 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home at Mount Pearl and Release Certificate No. 3749 issued.

Date 19-7-19

Amelobastin  
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 2-8-19

Date 19-7-19

#111434  
Depot Paymaster.

Discharge approved for

19-7-19

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
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 19-7-19

Amelobastin  
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 19 1919

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date Aug 1/19

3/1



Reg. No. *4647* Rank *Plt* Name *Renmore Wm*  
Attested *...* Address *...*  
Allotment *...* Allottee *...*  
Date of Allotment *...* Returned from Overseas *1-6-19*  
Returned on S.S. *Lorison* Cause *Discharge*

*18.7.19* Rec. Discharge from the Army  
Admission to H.M. Convalescent Hosp.

*19*  
*19.4.19* **PASSED TO DEMOBILIZATION OFFICER**

*19.4.19* **DISCHARGE APPROVED ON DEMOBILISATION.**





## DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

July 28th., 1919.

From:- The Director of Medical Services.  
To :- Officer Commanding, Discharge Depot.

4642, Pte. Wm. Benmorey

*Marjorie Ross*

The marginally noted man left your memo of July 19th. at this office in my absence.

He has not returned since for admission to Hospital, neither has he left his address.

If you have sufficient information to trace him will you kindly have him report here.

*Cluny Macpherson*

CM-AMB.

Major, D. M. S.