

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5682 Name Eli Bowers Corp Meth.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Eli Bowers
- 2. What is your full Address? 2. Indian Burying Place
- 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. 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. Yes
- 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. Yes

I, Eli Bowers 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.

Eli Bowers SIGNATURE OF RECRUIT.

Pte Bowers Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Eli Bowers 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 11 day of June 1915

Signature of Attesting Officer [Signature]

†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 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)

E. Bowers

C.R.

5682

1110

N.D. C

No. 19613/621

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
Royal Wfld. Regt.

B. C. F.

30th November 1918

12-2-1919

Subject: 5682, Pte. E. Bowers,

ANSWER.

With reference to the following telegram (10282) from the Hon. Minister of Militia, received

15782 Pte. E. Bowers

Pay to 5682 Bowers £5:0:0

The man wishes this amount retained to the credit of his account please

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

A. A. Minshall Maj.

Chief Paymaster & O. i/c Records.

Bowers, Eli.

5682

Ray Sept.

July 12, 1919

#5682 Pte. Eli Bowers,

Indian Burying Place, N.D.B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of the war service Gratuity.

Yours truly

Captain,
Paymaster & U.i/c Records

July 11 1919

#5682 Pte. Eli Bowers,

Indian Burying Place, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate F2957.

Yours truly

Captain,
Sergeant & O.i/c Records

The Royal Field. Regiment

DEMOBILIZATION

No 5617 Rank

Name Bowers

Warned for demobilization on

JUN 13 1919

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. *Ch* 2. Surname. *Bowen*
3. Rank. *Pte* 4. Regtl. No. *5682*
5. Address in full to which future payments of gratuity are to be forwarded. *Indian Burying Place*
Note Same Bay
6. Date of enlistment in the Regiment. *18/5/184*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.
Not applicable
8. Relationship of such dependents. *Not applicable*
9. Address in full of such dependents.
Not applicable
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
11. Were you on active service only in field, if so, give dates and particulars of such service.
France Belgium Germany
1918 - 1919
12. Give total length of time which you served on active service, whether in field or Overseas.
One year *1 1/2*

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

Not applicable

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

Not applicable

15. Have you been issued with a War Service Badge? *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.

Not applicable

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? *Not applicable*

19. Are you now serving in the Rest? *No.* If not give - (a) date of discharge. *13/6/19* (b) Reason for discharge.

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 applicable

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee? *Not applicable*

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

Ed Bowers

Signature of Applicant:

Place of Residence:

Indian Burjig Place, N.D.
St. John's, N.D.

Declared before me at:

This *13th* day of *June* 19*19*

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

John M. Carthy
J.P.

POST DISCHARGE PAY.

Date paid

Paid
Soldier.

Paid
Dependent

War Service
Gratuity.

Net amount
due

Certified correct.

Paymaster

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

Eli Bower

Signature of Man.

Reg. No. *5682*

J. H. Snowcroft

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

13-6-19

191

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. Regtl. No. *5682*
3. Rank. *Pte.*
4. Name *Bowers* (Surname) *E.* (Christian Names)
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
5. Age last birthday. *22*
6. Posted for duty on *18/5/18* at *St. John's* 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) 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 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."
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? } *na.*

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.)

See explanation for disability

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
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? *na*
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? *na*

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.

Repatriation
W. P. ...

Station *Hazley Down*

Capt. Rams
 Medical Officer in charge of case.

Date *4/1/19*

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

Demobilisation Form 2.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5682 Rank Pvt Name Bowers Eli
 Intended place of residence Indian Bury Place
 2. Occupation Fisherman
 Classification of soldier R Medical Category AF

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 JUN. 13 1919
 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
JUN 13 1919
 Signature of soldier Eli Bowers
 Signature of witness W. B. Conston

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
13-6-19
 Signature of soldier E. Bowers
 Signature of witness W. B. Conston

STATEMENT OF SERVICE

7. Enlisted for service 11-6-18 No of days on Military
 Discharged from service 27-6-19 Plus 14 days Service 396

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
JUN 27 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's Nfld
 Date July 11 1919
 Officer in Charge
 The Royal Newfoundland Regiment

at Bury 19/3057

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

MEDICAL HISTORY

OF

Surname

Bowers

Christian Name

Eli.

Table I.—GENERAL TABLE.

Birthplace:—Parish

Indian Burying Place County Newfoundland

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|-----------------------------|-----------------------------------|------------------|------------|
| | on | day of | on | day of |
| Examined | 11 th | June 1918 | | 191 |
| at | <i>Explois.</i> | | at | |
| Declared Age | 21 | years | | days |
| Trade or Occupation | <i>Fisherman.</i> | | | |
| Height | 5 | feet 4 ^{1/2} inches | | |
| Weight | 123 | lbs. | | |
| Chest Measurement | Girth when fully expanded | | 35 | |
| | Range of Expansion | | 4 | |
| Physical Development | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | / | | / | |
| When Vaccinated | | | | |
| Vision | R.E.—V= | 6/6 | R.E.—V= | |
| | L.E.—V= | 6/6 | L.E.—V= | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) | | (a) | |
| (b) Slight defects but not sufficient to cause rejection | (b) | | (b) | |
| Approved by (Signature) | <i>Lammolaton</i> | | | |
| (Rank) | <i>Major</i> | | | |
| | Medical Officer. | | Medical Officer. | |
| Enlisted | at | <i>Explois.</i> | at | |
| | on | 11 th day of June 1918 | on | day of 191 |
| | Corps. | | Corps. | |
| | Regtl. No. | | Regtl. No. | |
| Joined on Enlistment | <i>Royal New. Regiment.</i> | | | |
| | <i>5682.</i> | | | |
| Transferred to | | | | |
| Became non-effective by | on | day of 191 | on | day of 191 |
| (Signature) | | | | |
| (Rank) | | | | |

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5682 Rank Pr Name Dawson Eli
 Date of Enlistment 11-6-18 Address Indian Bnyng District St. John's
 Occupation Postman Classification for Discharge A Medical Category A
 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 |
| 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 12-6-19 O. C. Discharge Depot. H. H. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

E. Dawson

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £6.00
- (b) Clothing Supplied Y. A. Snowcap

Date 13-6-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1760 to his home at Prohan, Bunningsplace Release Certificate No. 2694 issued.

Date 13-6-19

J.A. Snowball
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-7-19

Date 13-6-19

H. H. News
Depot Paymaster.

Discharge approved for 27-6-19

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 |
| B179c | B 120 | M 93 | | |

2 Form B

Date 13-6-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 27 1919

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

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

Date

The Royal Newfoundland Regiment

Class for Demobilization: E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 17.6.19

Regimental No 5682

Name Brewers, Eli Rank Pte.

Address Indian Bunting Place N.S.B.

Present Medical Category A1

Recommended for:— (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R.H. Jant Capt

O.C. Discharge Depot.

A. Peterson

Senior Medical Officer

J. Burden

M.O. Depot

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* 7. Former Trade or Occupation } *Fisher*
2. Regtl. No. *5682* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Bowers E.*
 (Surname) (Christian Names)
5. Age last birthday *22*
6. Posted for duty on *18.5.18* at *St John's*
 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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil
nil
nil
nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | } na | |
| (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? } na.

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.)

He complains of no disability.

16. Was an operation performed? If so, when and what was its nature? na
17. If not, was an operation advised and declined? na
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? na
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? na.

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.

Repatriation

W. J. Procurier Cap Home
 Medical Officer in charge of case.

Station Headley Down Camp
 Date 29. 11. 19.

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

Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full

Eli Bowers

Regiment from which discharged

Royal Newfoundland

Regimental number

5682

Burying

Intended address

Indian Burying Place. N.S.B.

Height on discharge

5 Feet 7

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

—

Figure on discharge

medium

Christian name of Father

Francis

Christian name of Mother

Sarah

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Indian Burying Place, Jan 16th 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)

Eli Bowers

Pte

(Rank)

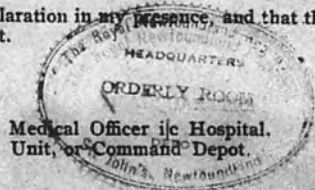
Station

ST. JOHN'S.

Date

11-6-19

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.



Station

Date

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5682 Rank Pr Name Bowers Eli

Date of Enlistment 11-6-18 Address Indian Bay District St. John's

Occupation Fulcrum Classification for Discharge 4 Medical Category A1

Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

| | | | | |
|----------|--------|--------|------------|--------|
| N.F. 136 | 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 108 | ME 2 | | " 6 |
| B 179c | B 120 | M 93 | | |

Date 12-6-19 O. C. Discharge Depot. H. H. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation:

Eli Bowers

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

(b) Clothing Supplied £10

Date 13-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *R.1760* to his home at *7.11.11. Bunningplace* and Release Certificate No. *2694* issued.

Date *13-6-19* *J.A. Knowlton*
Demobilisation 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 *11-6-19*

Date *13-6-19* *J.A. Knowlton*
Depot Paymaster.

Discharge approved for *27-16-19*
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 |
| B179c | B 120 | M 93 | | |

2 Form B

Date *13-6-19* *J.A. Knowlton*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 27 1919* *R.J. [Signature]*
O. C. Discharge Depot.

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

Date *June 30/19* *[Signature]*

Receipt for Army Book 64

No. 5682 Name Bowers

To Certify that I have received the AB 64 of the above
named Soldier.

Name Eli Bowers

Date 11/7/28

Place D. B. Place

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"