



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4445 Name Arch Boyle Corps Roff

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Arch Boyle
2. What is your full Address? 2. Torbay P.O. City
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 11 Months
5. What is your Trade or Calling? 5. Farmer
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, Arch Boyle 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

Archibald Boyle SIGNATURE OF RECRUIT.

16.4.18

Francis James Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Arch Boyle 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 16 day of April 1918

Signature of Attesting Officer Geo. Hart, Major

↑CERTIFICATE OF APPROVING OFFICER.

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

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

Date April 16 1918

Place St. John's } Approving Officer.

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

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

Report 18.4.18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Arch Bayley
 Apparent age 18 years 11 months Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Henry Bayley
105 St John | 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	Egt. or L'epot	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>16-4-18</u>									
Joined at <u>St John's</u> on <u>16-1-18</u>									
Discharged <u>July 29, 1919</u>									
To report for duty <u>18-4-1918</u>									
Special duty <u>Coke Coy 1478</u>									
Embarked <u>St John's</u> train to <u>Halifax N.S.</u> <u>22 7/18</u>									
To Newfoundland for demobilization <u>24-6-1919</u>									
Arrived Newfoundland <u>1-7-1919</u>									
Demobilization <u>St John's</u> <u>29-7-1919</u>									
No Active Service									

Total Service forfeited as above _____

Total Service towards Engagement to 29-7-1919 (date of discharge) 1 years 105 days

Pensions _____

C.R. 4445

Extract from daily orders part II Royal Newfoundland Regiment
Sept. St. John's dated Aug. 1st 1919.

~~SECRET~~

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/o Records from noted date 29-7-19

4445, Pte. A. Boyles.

C.R. 4445

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 19th 1919.

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

15-7-19.

4445, rte. A. Boyles.

C.R. 4445

Extract from Daily Orders Regt. 11th. Unit The Royal Rifles,
Regt. St. John's, July 3rd, 1919.

4445 Pte. A. Boyles.

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

C.R. 4440

Extract from Orders by Ly. Col.. B. J. BARTON, commanding 2nd.,
Battalion of the Newfoundland Regiment dated 16th. November 1918.

THE UNDERMENTIONED WILL PROCEED TO JOIN THE NEWFOUNDLAND FORESTRY
CORPS, ON MONDAY the 18th November on Probation.

#4445 Pte. A. Boyles.

EG.

C.R. 4445

Extract of Orders by MAJOR H.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,

19/11/18.

The undermentioned having arrived back from the 2nd Battn.
Royal Newfoundland Regiment is attached to the strength
and posted to the following Company.

4445 Pte. A. Boyles.

"B" Company.

C.R. 4445

Extract from Nominal Roll Entrained at St. John's foby
Overseas Sept. 22, 1918. "B"

4445 Boyle Arch.

C.R. 4445

Extract from Daily Orders part 11 Depot, St. John's dated
September 16th 1918.

4445 Pte. A/ Boyle

The above mentioned soldier returned from Special Duty
at Cape Ray 14-9-18.

C.R. 4445

Extr

Extract from Daily Orders Part 11 from depot St. John's Aug. 30/1918.

4445 Pte. A. Boyle.

The following N. C. Os and men proceeded to Cape Ray on Special Duty
From 16-7-18.

C.R. 4445

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 16/18.

#4445 Pte. A. Boyle.

Attested for General Service with the Royal Newfoundland
Regiment, from 16/4/18. To report 18/4/18.

A Boyle

C.R.

4445

~~Bill~~

2

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 Hampshire Regt*
2. Regtl. No. *4444* 3. Rank. *Plt*
4. Name *Boyle* *Arch.*
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Farmer*
- 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 ?
- (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 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

See 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.B. Proemier *Cap Rame*

Station .. *Mazley Barr*

Medical Officer in charge of case.

Date .. *9/4/19*

* 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

No. 6459/921

C. Boyle 2 rapt.



N.F.F. / 70.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Field Regiment
Winchester.

29th April 1919

May 2nd 1919

4445 Pte. A. Boyle

160
30
With reference to the follow-
ing telegram from the Minister of
Militia (145)

"Pay to 4445 Pte. A. Boyle

Receipt hereunder
J. Seymour LIEUT. COLONEL.
COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.
Officer Commanding 2nd Batt'n.

£7-0-0

Received the sum of £7.0.0.

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

Seven pounds in respect of
telegraphic remittance from the
Minister of Militia.

A. D. Minard

Chief Paymaster & O. i/c Records.

A. Boyle

No. 4445 Rank Pte.

Witness G. W. Perry

Boyles, A

4445

Ray Sept

July 29th 1919.

#4445, Pts. A.Boyles,
Torbay Road,
St. John's.

Dear Sir:

Enclosed please find Discharge Certificate # 3291

Yours truly,

Capt. & Paymaster

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4445 Rank Pte Name Boyle, A
 Intended place of residence Sorby Rd. St Johns
 2. Occupation Farmer
 Classification of soldier E Medical Category A1

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 15 1919

L. M. Smith
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 15 1919

A. Boyle
 Signature of soldier
M. C. ...
 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

JUL 15 1919

Archibald Boyle
 Signature of soldier
W. ...
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 16-4-18 No. of days on Military
 Discharged from service JUL 15 1919 Plus 14 days Service 470

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date

JUL 15 1919

J. R. Coode Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date

July 29/1919

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

15
21
20
19
105

Ans B 2049/2291

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

July 11/19

Regimental No. *4445*

Name

Boyles Arch.

Address

Lorbay Road.

Present Medical Category

A-1

Recommended for:—

(a) Immediate discharge

(b) Standing Medical Board

Members of Board

J.R. Lodge Capt.
O.C. Discharge Depot.

H. Paterson
Senior Medical Officer

Geo. Borden
M.O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. ~~xxxxxx~~ Rank *A/C* Name *Boyle, A. J.*
 Date of Enlistment *16* ~~xx~~ *8* Address *St. John's* District *St. John's*
 Occupation *Farmer* Classification for Discharge *E-1* Medical Category *F. 1*
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. Pj36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date *14-7-19* O. C. Discharge Depot *[Signature]*

PARTICULARS FOR DEMobilIZATION

i. Civil Re-Establishment.

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

Archibald Boyle

Particulars passed to Vocational Officer for information and action.

Date *14-7-19*

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable *\$60.00*
 (b) Clothing Supplied *[Signature]*

Date *14-7-19* O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 8913 to his home
 at For Bay and Release Certificate No. 3610 issued AMC Conston
 Date 15-7-19 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 29-7-19
 Date 15-7-19 Depot Paymaster.

Discharge approved for 15-7-19
 Forwarded with following documents to O.C Discharge Depot.

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
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 15-7-19 Demobilization Officer. AMC Conston

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 16 1918 N.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.

A. Boyles

Signature of Man.

W. B. Constan

Signature of the Vocational Officer or his Representative.

Reg. No. 4445

Place ST. JOHN'S.

Date 15-7-19

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

MEDICAL HISTORY

Surname Bayles OF Christian Name Arch.

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Johns County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	16 th day of April 1918	St. Johns		
Declared Age	16 years	days		
Trade or Occupation	Farmer			
Height	5 feet 7 inches			
Weight	147 lbs.			
Chest Measurement	Girth when fully expanded	37 1/2 inches		
	Range of Expansion	4 1/2 inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arms			
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)	<u>James Bayles</u>			
(Rank)	Major			
Enlisted	at	St. Johns	at	
	on	16 th day of April 1918	on	
Joined on Enlistment	Corps.		Corps.	
		The Royal Wiltshire		
		2nd Regt		
Transferred to				
Became non-effective by	on		on	
	day of	191	day of	191
[Signature]				
[Rank]				



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 *Archibald Boyles*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4445*

Intended address *Torbay Rd, St John's*

Height on discharge *5 Feet 8*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Henry*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St John's 1899 May 4th 19*

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) *Archibald Boyle* (Rank) *R/6*

Station **ST. JOHN'S.** Date *July 10/19*

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 _____

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 of 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 Newfound*
2. Regtl. No. *4445* 3. Rank..... *R/S*
4. Name *Byles* *Arch*
(Surname) (Christian Names)
5. Age last birthday..... *20*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Former*
- 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 (d) Particulars of Pension or Gratuity
(b) Where (if any)
(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. *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 (7). 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.)

See Complaint 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 at Foreign Stations.

Repatriation

W. J. Noemier *Capt Rame*

Station *Hazelton B.C.*

Medical Officer in charge of case.

Date *9/14/49*

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



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 *Archibald* Surname *Boyle*

3. Rank *Pl* 4. Regtl. No. *41145*

5. Address in full to which future payments of gratuity are to be forwarded. *Post office, St. John's East (Kings Bridge)*

6. Date of enlistment in the Regiment. *Apr 16/18*

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 *Overseas* field, if so, give dates and particulars of such service.....

12. Give total length of time which you served on active service, whether in field or Overseas. *From Apr 16/18 to July 15/19*

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.

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?

19. Are you now serving in the Res? *No* If not give:- (a) Date of discharge *July 15/19* Reason for discharge *Temporary*

Deputization

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.

Archibald Boyle

Signature of Applicant:

Place of Residence:

Declared before me at:

This

15th day of

Post Office St John's East
St. John's Nfld. (Quejstrick)
July 1919

1919

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

John McCarthy

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
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.....
.....
.....

Certified correct.

Paymaster

Royal Newfoundland Regiment

Dr.

To R. Brown Cabman

Driving Pte Boyles from St Johns To Tor Bay..... \$4.00

(As per Warrant Attached)

A.C.P.

ACCOUNT	<i>Trans</i>
CH. NO.	<i>3097</i>
IND. LEGEN	
PAY LEGEN	
GEN. LEGEN	INITIALS

CERTIFIED CORRECT,

McCooper Capt.

R Brown

No. 913

TRAVELLING WARRANT

Date JUL 12 1919

The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. 4445 Rank TG Name Boyles A

From - ST. JOHN'S - To St. John's

The Royal Newfoundland Regiment

DEPOT ST. JOHN'S, N.F.

A. McWinstan
SIGNATURE OF ISSUING OFFICER.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

Discharge Officer
Discharge Depot-Newfoundland

ST. JOHN'S, JUL 15 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pt A. Boyles

Billeting Soldiers as undermentioned,

from

July 1/19 to July 31/19

4445 Pt A Boyles 15.50

ACCOUNT	
GR NO	INITIALS
IND LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS

Boyles
EW

Certified correct for \$ 15.50

A. Boyle O. McElroy
Billeting Officer.

C. Com.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 11115 Rank Plt Name Boyle, Archibald
 Date of Enlistment 16-11-18 Address Torbay, N.S. District St. John's, E.
 Occupation Farmer Classification for Discharge E Medical Category 1
 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 14-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment

I am ✓ in a position to resume civilian occupation.

Archibald Boyle

Part 1 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 14-7-19 O i/c. Re-clothing. [Signature]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2913 to his home at For Bay and Release Certificate No. 3610 issued.

Date 15-7-19

AM Blount
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 29-7-19

Date 15-7-19

AM Blount
Depot Paymaster

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	X.F. Med.	D.F. 1	
E 178	W 3494	B 122	Board 1st	" 2	
B 178a	P 400A	1915	do 2nd	" 3	2 Form B
H 179	D 400B	Form L	do 3rd	" 4	
B 179a	P 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 15-7-19

AM Blount
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 10 1919

A.R. Cooper Capt.
O. C. Discharge Depot

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

Date July 29 1919

AM Blount

Reg. No. ~~4444~~ Rank *PL* Name *Byles R*

Attested Address *202nd St*

Allotment: Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S *Casandra* Cause *Discharge*

15 1 19
15 4 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.