



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5720 Name Robert Brown Corps CofC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Robert Brown
2. What is your full Address? 2. Gambos.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 23 Year..... Months
5. What is your Trade or Calling? 5. Laborer.
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, Robert Brown 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.

Robert Brown SIGNATURE OF RECRUIT.
Pte Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at.....
on this... 7.8 day of... June..... 1918

Signature of Attesting Officer W.D. Dickson Lieut.

†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... June 29th 1918
Place... Pruncho Bank } R.H. Last Capt Approving Officer.
acting O.C. Repat

† 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).....

Reg. No. 5720 Rank Pte Name Brown Robert
 Attested 293-09 Address Gambo.
 Allotment 50 Allottee Mrs John Brown (Mother)
 Date of Allotment 1-9-18 Returned from Overseas.....
 Embarked for Overseas SEP 22 1918 Cause.....

29⁶18 vac 4/17/18 1st Proc 2nd Proc 11-7-18
 3 " 14-9-18

Returned from leave 22-9-18

17-8-18 adm - to ~~hospital~~ Hosp. ^{on I.S.}

7-9-18 discharged from M. I. S.

C.R. 5720,

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

The discharge of the undernoted on demobilization has
been CONFIRMED by officer i/c Records from noted date ⁴ 8-8-19.

5720, Pte. R. Brown.

C.R. 5720

Extract from Daily Orders Part II Unit The Royal Welch
Regt. St. John's, July 19th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 21-7-19.

5720 Pte. R. Brown.

C.R. 5720

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 31st 1919.

5720 Pte. R. Brown.

Reported at Headquarters 157219 on "Cassanite" which sailed
Glasgow 24th June, 1919.

C.R. 5720

Extract from Nominal Roll of Soldiers for Overseas Entrained

At St. John's Sept. 22, 1918. "B"

Pte. 5720 Brown Robert.

C.R. 5720

Extract of Orders by MAJOR H.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

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

#5720 Pte. R. Brown.

"B" Company.

C.R. 5720

~~Settled~~ from Daily Orders Part 11 Unit September 7th 1918.

#5720 Pte. R. Brown

DISCHARGED FROM M. I. D. HOSPITAL FROM 7/9/1918.

C.R. 5720

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated August 17th, 1918.

5720 Pte. R. Brown.

Admitted to Barracks Hospital 17-8-18.

C.R. 5720

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment St. John's, dated June 29, 1918

#5720 Pte. Robert Brown.

Attested for General Service with the Royal Newfoundland
Regiment, from 29/6/18.

R. Brown

C.R. 5720

PAID

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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* Former Trade } *Chamberman*
or Occupation
2. Regtl. No. *5720* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name *Brown* *Robert*
(Surname) (Christian Names)
5. Age last birthday... *24*.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
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 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. *a*
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.)

No Complaints of no disability

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

20. Do you recommend—

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

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

Repatriation

W. E. Crocunier *Capt/RMC*
 Medical Officer in charge of case.

Station *Mozley Barr*

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. 2765/1486

C

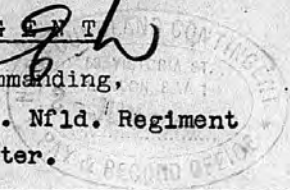
PT 099880

N.F.P. 179.

From: NEWFOUNDLAND CONTINGENT

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

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



16th May 1919

5720 Pte. R. Brown

With reference to the following telegram from the Minister of Militia / / 19 (186):

"Pay to 5720 R. Brown
£5. 0. 0.

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

[Signature]
Chief Paymaster & O. i/c Records.

May 29th 1919.

Receipt hereunder.

[Signature] LIEUT. COLONEL,
COMMANDING 2ND BN. RYAL NEWFOUNDLAND REGT.

Received the sum of £5. 0. 0

Five Pounds in respect of telegraphic remittance from the Minister of Militia.

R. Brown
No. 5720 Rank P.

Witness: H. White.

No. 2624/417.

067406

NEWFOUNDLAND CONTINGENT
N.E.P./79.
27 FEB 1919

From: NEWFOUNDLAND CONTINGENT

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

Officer Commanding,
2nd/Bn. Ryl Nfld Regt.
Winchester.

20th February 1919

Feb. 21st 1919

5720. Pte Brown

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia. / / (36)

J. J. Brown

LIEUT. COLONEL,

"Pay to- 5720. Brown

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

£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.

R Brown

H. J. Marshall
Chief Paymaster & O. i/c Records.

No. 5720 Rank Pte.

Witness

Geo. Perry etc

2524/417.

2nd/Bn. Ryl Nfld Regt.

Winchester.

20th February 9

5720. Pte Brown

36

5720. Brown

£7.0.0.

7.0.0.

Brown, R

5720

Ray Sept.

August 11th 1919.

Mr. R. Brown,

Gamp.

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 Ser-
vice 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..... *Robert* 2. Surname..... *Brown*

3. Rank..... *Cpl* 4. Regt. No..... *5720*

5. Address in full to which future payments of gratuity are to be forwarded..... *Gambro*

6. Date of enlistment in the Regiment..... *June 28/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No*

8. Relationship of such dependents..... *No*

9. Address in full of such dependents..... *No*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*

11. Were you on active service only in Hfd. If so, give dates and particulars of such service..... *England only*

12. Give total length of time which you served on active service, whether in Hfd. or Overseas..... *1 year 1 month*

..... 1. $\frac{3}{4}$

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 Lodge? *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?

(b) If so, was such reversion in consequence of misconduct or inefficiency? *No*

19. Are you now serving in the Army? *No* If not give: (a) Date of discharge. *July 7/19* (b) Reason for discharge. *Demob*

..... *Temp*

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.

..... *England - 10 months*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*

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

Signature of Applicant: *R Brown*

Place of Residence: *Gambro*

Declared before me at: *St Johns*

This *7th* day of *July* 19*19*.....

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate,
Notary Public, Justice of the Peace,
or Commissioner of affidavits. *John P. Carthy J.P.*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.			Paymaster

August 4th 1919.

#5720, Pte.R.Brown.

Gambo.

Dear Sir:

Enclosed please find Discharge Certificate # 3345.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5720 Rank. Pte Name Brown R.
 Intended place of residence. Gambo
 2. Occupation Labour
 Classification of soldier. B Medical Category. AI

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 7 1919

H. M. St.
 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 7 1919

R. Brown
 Signature of soldier
W. J. Seaton
 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 7-7-19

R. Brown
 Signature of soldier
W. J. Seaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 28-6-18 No. of days on Military
 Discharged from service. 21-7-19 Plus 14 days Service. 403

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

H. M. St.
 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 4/1919

H. Bowley Capt
 Officer in Records
 The Royal Newfoundland Regiment

28 6 18 79 / 3345

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 4.7.19

Regimental No. 5720

Name Brown Robert

Address Gamb

Present Medical Category Ai

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board {

R. J. Last
O.C. Discharge Depot

J. Paterson
Senior Medical Officer

J. W. Borden
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5720 Rank Plt Name Brown J
 Date of Enlistment 28-6-18 Address Lamb's District Bonaville
 Occupation Labour Classification for Discharge E Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 1/36	B 268	B 121	N. F. Med	D. F. 1	
B 178	W 3494	B 122	Board 1st	" 2	1
B 178a	D 400A	B 1915	do 2nd	" 3	5
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 4-7-19 O. C. Discharge Depot. _____

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

R. Brown

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable Also 50
- (b) Clothing Supplied _____

W. C. Baxter

Date 7-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B2184 to his home at Yambo and Release Certificate No. 3240 issued.

Date 7-7-19

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 4-5-19

Date 7-7-19

J. Must
Depot Paymaster.

Discharged approved for 21-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	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 7-7-19

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 JUL 21 1919

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.

R. Brown

Signature of Man.

J. J. Lawless

Signature of the Vocational Officer or his Representative.

Reg. No. 3720

Place

21 Johns

Date

7-7-18.

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

MEDICAL HISTORY

Surname Brown Christian Name Robert

Table I.—GENERAL TABLE

Birthplace:—Parish

Gander County St. John's, Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <u>28</u> day of <u>June</u> 191 <u>8</u>	on	day of	191
	at <u>St. John's</u>	at		
Declared Age	<u>23</u> years	days	years	days
Trade or Occupation	<u>Labourer</u>			
Height	<u>5</u> feet <u>54</u> inches		feet	inches
Weight	<u>137</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>36</u> inches		inches
	Range of Expansion	<u>1 1/2</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>—</u>	<u>—</u>		
When Vaccinated				
Vision	R.E.—V=	<u>6/9 6/9</u>	R.E.—V=	
	L.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 (Signature)	<u>L. M. Atkinson</u>			
(Rank)	<u>Major</u>	Medical Officer		Medical Officer
Enlisted	at <u>St. John's</u>	at		
	on <u>28</u> day of <u>June</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>Royal Nfld. Regiment</u>	<u>5720</u>		
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				

hospital or 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 hospitals 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

Discharged cured

Archie Galt

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 Newfound Land*. Former Trade or Occupation } *Lumberman*
2. Regtl. No. *5720* 3. Rank *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Brown* *Robert* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *24*
6. Posted for duty on at in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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*

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* Former Trade } *Xumberman*
or Occupation }
2. Regtl. No. *5720* 3. Rank. *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Brown* *Robert* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *24*
6. Posted for duty on at
in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
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 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, 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 new 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. G. Pocumie ^{Capt} *Rame*

Medical Officer in charge of case.

Station *Hazley Barr.*

Date *9/1/19*

* 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



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

Robert Brown

Regiment from which discharged **Royal Newfoundland**

Regimental number

5720

Intended address

Gambo

Height on discharge

5 Feet *5*

Color of hair on discharge

Black

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Figure on discharge

Medium

Christian name of Father

John

Christian name of Mother

Frances

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Wesleyville, 20th Sept. 1895

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)

Robert Brown

Pte

(Rank)

Station

St John's

Date

4-7-19

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

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

Station

Date

5720

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5720 Rank Private Name Brown J
 Date of Enlistment 28-6-18 Address Gambier District Parsons
 Occupation Labourer Classification for Discharge E Medical Category A1
 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 83		

Date 11-7-19 O. C. Discharge Depot. Minto H

PARTICULARS FOR DEMOBILIZATION

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 A 60.00
- (b) Clothing Supplied M. C. Baster

Date 7-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2184 to his home at Gambro and Release Certificate No. 324-D issued.

Date

7-7-19

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

Date

7-7-19

4-5-19
H. M. [unclear]
Depot Paymaster.

Discharge approved for

21-7-19

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 349A	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

7-7-19

J.A. Snowball
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

JUL 21 1919

H.R. Cooper Capt.
for O. C. Discharge Depot.

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

Date

July 22/19

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Signature of O. C. Company [Signature]

Regiment of Royal Newfoundland Regt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5420 Robert Brown</u>	Age on	23 years months	<u>Labour</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's 29.6.18</u>	Religion	
Joined	Date	Period of	with Colours <u>1³⁶/₃₆</u> years.	Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Cases of Disobedience	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 4/19</u>					

To be carried over.

Army Form B. 121.