

Chapman, W^d

7 5563

Ray Sept.

7
August 4th 1919.

#5563m Pte. Wm. Chapman,
Recontre, H.B.

Dear Sir:

Enclosed please find Discharge Certificate
3358.

Yours truly,

Capt. & Paymaster.

RS/.

Reg. No. 5563 Rank *Pvt* Name *Chapman W.*
Attested *1-6-18* Address *Kennerly*
Allotment *60* Allottee *Mrs James Chapman (Mother)*
Date of Allotment *1-8-18* Returned from Overseas
Embarked for Overseas **JUL 22 1918** Cause

3 1/8 Vacc *2nd Unit 11-7-13*
136 1/8 1st - 2nd
AL 23 6/18 - 37/18 R.L. 6-7-18

C.R. 5563

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

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

#5563 Pte. Wm. Chapman.

C.R. 5563

Extract from Daily Orders Part II Unit The Royal WFLD.
Regt. July 10th, 1919 (St. John's.)

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

5563 Pte. Wm. Chipman.

C.R. 5563

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated June 5th 1918.

#5563 Pte. W. Chapman.

Attested for General Service with the Royal Mfld. Regt.
from 1.6.18

C.R. 5563

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 24th 1919.

5563 Pte. W. Chapman

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

C.R. 5563.

Extract from Daily Orders Part II Royal Newfoundland Regiment.
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 4-8-19.

5563, Pte. Wm. Chapman.

C.R. 5563

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal 1914-1919.

Name .. *W. Chapman*

Date *Dec. 7*

Place .. *Penrith*

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15 1921 1921.

The accompanying ~~Victory Medal~~ and/or British War Medal
is/are forwarded herewith to

William Chapman

in respect of his service as No. 5563 Rank Pte.

Name W. Chapman Royal Nfld. Regt.
Minor Forestry Corps.

Receipt of the same should be acknowledged hereon

Received October 25th 1921.

Signature William Chapman.

Date October 25th

Address William Chapman - Rencontre West

August 11th 1919.

Mr R.W.Chapman,
Rencontre, Burgeo, Dist.

Dear Sir:

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

Yours truly,

Capt. &
Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1918.

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..... *W. Chapman*
3. RANK..... *Rte* 4. Regt. No..... *5563*
5. Address in full to which future payments of gratuity are to be forwarded..... *Rencontre, Bourgeois, Bostwick*
6. Date of enlistment in the Regiment..... *June 11, 1918*
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 dependants.....
9. Address in full of such dependants.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*
11. Were you on active service only in field. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in field or Overseas..... *Thirteen months*
- 13.

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?

16. Have you, during the present war, served in the Imperial Forces?

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

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?

19. Are you now serving in the Regt.? no If not give - (a) Date of discharge. July 2, 1919

(b) Reason for discharge. 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.

England

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.

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: *W. Chapman*
 Place of Residence: *Renouville, Barre Dist*
 Declared before me at: *in John's used*
 This *1st* 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 C. Cooney

POST DISCHARGE PAY.

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

.....
.....
.....

Certified correct.

Signature

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5563 Rank Pte. Name C. Lapreau Wm
 Intended place of residence Renouville
2. Occupation Sailor
 Classification of soldier B 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 7 1919

A. Mous H.
 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

W. Chapman
 Signature of soldier
W. J. Eaton
 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

W. Chapman
 Signature of soldier
W. J. Eaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-6-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 430

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~~ ¹⁴ eight days from date.

Place, ST. JOHN'S

Date JUL 21 1919

J. R. Cooper Capt
 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

M. Bowley Capt
 Officer in Records
 The Royal Newfoundland Regiment

W. J. Eaton 791 3558

The Royal Newfoundland Regiment

Class for Demobilization:—

1
7

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 4-7-19

Regimental No. 5563

Name Chapman D M

Address Rencontre

Present Medical Category A-1

Recommended for:— (a) Immediate discharge

(b) Standing Medical Board

R H Lat Maxin

O. C. Discharge Depot.

Members of Board

Watson
Senior Medical Officer

DeBurdese
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5563 Rank Pr Name Chapman William
 Date of Enlistment 16/11 Address Renouf's District Fortune
 Occupation Sailor Classification for Discharge 16 Medical Category A.I.
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	1	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 108	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.

W. E. Chapman

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied _____

Date 7-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 9844 to his home at Rancourt and Release Certificate No. 3246 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 4-8-19

Date 7-7-19

H. M. ...
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		

3 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

H.L. Coode Capt
for O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

W. Chapman.

Signature of Man.

Reg. No. *5563*

J. H. Shaw Capt.

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

191

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

MEDICAL HISTORY

OF

Surname Chapman

Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Rencontre St. Mary County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	June		191
	at	St. John's.	at	
Declared Age	29	years		days
Trade or Occupation	Sailor			
Height	5	feet 4-4		inches
Weight		126		lbs.
Chest Measurement	Girth when fully expanded	35		inches
	Range of Expansion	4		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.F.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	Lamm Peterson			
(Rank)	Major			
Enlisted	at	St. John's	at	
	on	1 day of June	on	day of 191
Joined on Enlistment	Corps.	Royal Nfld. Regiment.	Corps.	
	Regtl. No.	2563	Regtl. No.	
Transferred to				
Became non-effective by				
(Signature)	on	day of 191	on	day of 191
(Rank)				



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Chapman, Regl. No. 5563.

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins August 1st / 18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4731	Mother	Mrs James Chapman	Rencontre Hermitage Bay	60
Total Allotment, \$				60c

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) H. G. James
 Officer Commanding
F. Company

St. John
Aug 1st 1918.

(Sig.) William Chapman
 (Rank) Pte.

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 A.F.S.B.* 7. Former Trade } *Sailor*
or Occupation }
2. Regtl. No. *5. 66. 3.* 3. Rank. *P. 10* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name *Chapman W.P.*
(Surname) (Christian Names)
5. Age last birthday. *21*
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, &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 necessity

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 invalidated at Foreign Stations.

Repatricated

W.E. Proenier
 Medical Officer in charge of case.

Station *Horsleydown*
 Date *1-14-19*

* 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 *Wm. Chapman*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5863*

Intended address *Rencontre*

Height on discharge *5'* Feet *7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks —

Figure on discharge *kidney*

Christian name of Father *JAMES*

Christian name of Mother *Elizabeth*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Rencontre, 25th Nov, 1898*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *W. Chapman*

Pte.
(Rank)

Station *Sgt John's*

Date *4-7-18*

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

W Chapman

C.R.

5563

~~P.P.O.~~

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 W. F. L.*
2. Regtl. No. *53.63* 3. Rank. *Plt.*
4. Name *Chapman Wm*
(Surname) (Christian Names)
5. Age last birthday. *29*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Sailor*
- 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 (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.
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*

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? }

*The complainant
of no disability*

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.)

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 invalidated at Foreign Stations.

W. E. Prosser. Capt R.A.M.C.

Station *Wexley Down*

Medical Officer in charge of case.

Date *11/4/19*

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

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5563 Rank Plt Name Chapman, William
 Date of Enlistment 1.6.18 Address Renegades District Fortune
 Occupation Sailor Classification for Discharge 16 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	<input checked="" type="checkbox"/>	N.F. Med	D.F. 1	<input checked="" type="checkbox"/>
B 178	W 3494	B 122	<input checked="" type="checkbox"/>	Board 1st	" 2	
B 178a	D 400A	B 1915	<input checked="" type="checkbox"/>	do 2nd	" 3	<input checked="" type="checkbox"/>
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 4.1.19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W. E. Chapman

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

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

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 9844 to his home at Ranconter and Release Certificate No. 3246 issued.

Date 7-7-19

J.A. Snowcraft
Demobilization Officer

4. Pay and Allowances.

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

Date 1-7-19

J.A. Snowcraft
Depot Paymaster.

Discharge 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 3404	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		

3 Form B

Date 7-7-19

J.A. Snowcraft
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

L.R. Coole
for O. C. Discharge Depot.

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

Date July 21 1919

[Signature]

Reg. No. *1113* Rank *Plt* Name *Chapman*
Attested ... Address *Reverton*
Allotment ... Allottee ...
Date of Allotment ... Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

2719
2719

~~DISCHARGE APPROVED ON DEMOBILISATION~~
DISCHARGE APPROVED ON DEMOBILISATION.

Date of Enlistment - June 1, 1918
Date of Discharge - August 4, 1919

R 5

DEPARTMENT OF FINANCE



Superannuation Number N-75-583

April 30, 1954

Director War Service Records, Department of Veterans Affairs, Ottawa, Ontario.

Re: Chapman William G. Reg. No. 5563
(Surname) (Christian Names)
Date of Birth November 25, 1897
Branch of Service Army

To enable the Department of Finance to determine the eligibility of the above named, to count his service on active service in the forces in World War I for the purposes of the Public Service Superannuation Act, I have to request that you furnish the following information.

Anatole Gagnon
Anatole Gagnon
Chief, Superannuation Branch.

DVA. 95-9-4 (WSR 5)

May 6, 1954.

- Did the above serve on active service in the forces during World War I? **Yes**
(yes or no)
- If the answer to question No. 1 is in the affirmative, state theatres of service. **Newfoundland and Overseas**
- Was the above mentioned a member of the Permanent Force, if so during what period or periods? **No**
- In what Branch of the service did he serve? **Newfoundland Forces**
- Date of enlistment **1 June, 1918**
- Date of discharge **4 August, 1919**
- Reason for discharge **Honourable "Demobilization"**

Remarks:-

NL

H. M. Jackson,
Director,
War Service Records,
Department of Veterans Affairs.

Please return one copy to the Superannuation Branch, Department of Finance, Finance Building, Tunney's Pasture, Ottawa, Ontario.

Regt'l No. 5563 Rank Private

Name William Chapman

Theatres of Service Wld. Overseas

P.F. Service Nil

Branch of Service C.E.F.

Date of Enlistment 1 June 1918

Date of Discharge 4 August 1919

Reason for Discharge Wounded

Date 4-5-34 Clerk's Initials W.