



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5049 Name Frank Clark Corps Cpl

Questions to be put to the Recruit before Enlistment

- | | |
|--|-----------------------------------|
| 1. What is your name? | 1. <u>Frank Clark</u> |
| 2. What is your full Address? | 2. <u>Burgess Laporte</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Sailor</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 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. <u>Yes</u> |

Frank Clark 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.

Frank Clark SIGNATURE OF RECRUIT.
Raymond Signature of Witness.

TO BE TAKEN BY RECRUIT ON ATTESTATION.
 I, Frank Clark 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 recorded 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 10 day of May 1915.

Signature of Attesting Officer Geo. L. Clark - 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 May 15 1915
 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)

C.R. 5049,

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

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

5049, Pte. Frank Clarke.

C.R. 5049

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

The discharge of the undersigned on demobilisation has been
APPROVED by G.O. Discharge Depot with effect from 13-7-19.

5049 Pte. F. Clark.

C.R. 5049

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

5049 Pte. S. Clarke.

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

C.R. 5049

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

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

#5049 Pte. Frank Clarke.

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 16th, 1918.

#5049 Pte. F. Clarke.

Attested for General Service with the Royal Hfld. Regt.
from 15.5.18

S. Clarke

C.R.

5049

S. 110

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 Field Artillery 7. Former Trade } Sailor
or Occupation }
2. Regtl. No. 5049 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name Clarke Frankie
(Surname) (Christian Names)
5. Age last birthday... 23
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 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.
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? }

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

15. What is his present condition?

(A note should be made as to weight in all cases when it is likely to afford evidence of the progress of the disability.)

No complaints of no 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?

Repatriation

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.

W. Procunier Capt Rame
Medical Officer in charge of case.

Station *Hazley Down*

Date *1/4/19*

* 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

Clarke. J.

5049

Hayes

August 11th 1919.

Mr. Frank Clarke,
Burgoo.

Dear sir:

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

Yours truly,

Capt. &
Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th. 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..... *Frank* 2. Surname..... *Carro*
3. Rank..... *Able* 4. Regtl. No..... *5049*
5. Address in full to which future payments of gratuity are to be forwarded..... *Burgeo. West Coast*
6. Date of enlistment in the Regiment..... *May 15/18*
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 Hfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Fourteen months*
- 1. 2

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

No

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

No

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

No

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.? If not give:- (a) Date of discharge. (b) Reason for discharge.

No
July 18/19
Remobilization

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: *Frank Clarke*
 Place of Residence: *Burgeo West Coast*
 Declared before me at: *St Johns*
 This *7* day of *June* 19*19*....

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

POST DISCHARGE PAY.			War Service Gratuity.	Net amount due
Date paid	Paid Soldier.	Paid Dependant.		
.....
.....
Certified correct.		

August 4th 1919.

#5049, Pte. Frank Clarke.

Burgeo.

Dear Sir:

Enclosed please find Discharge Certificate # 3341.

Yours truly,

Capt.^{cc} Paymaster.

RS-.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5049 Rank. Pvt. Name. Clarke Frank
 Intended place of residence. Burgess

2. Occupation. Sailor
 Classification of soldier. E 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

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 7 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date 7-7-19

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 15-5-18 No. of days on Military
 Discharged from service. 21-7-19 Plus 14 days Service. 447

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

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 4/1919

[Signature]
 Officer in Records
 The Royal Newfoundland Regiment

2013079/3341

The Royal Newfoundland Regiment

Class for Demobilization:

B6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *4.7.19*

Regimental No. *5049*

Name *Clark* *Frank* *Pte*

Address *Bungeo*

Present Medical Category..... *A1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

RH Last Major
O.C. Discharge Depot.

H. Watson
Senior Medical Officer

L. C. Berdick
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5049 Rank Plt Name Clarke Frank
 Date of Enlistment 15-5-18 Address Bungro District Bungro
 Occupation Sailor Classification for Discharge FL Medical Category A
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3404	B 122	Board Ist	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	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 1-7-19 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am _____ in a position to resume civilian occupation.

Frank Clarke

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. **82194** to his home at **Bunges** and Release Certificate No. **3248** issued.

Date **7-7-19****J.A. Shawcraft**
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 **8/19/19**

Date **7-7-19****J. H. Winst**
Depot Paymaster.Discharged approved for **21-7-19**

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

N.P. 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
B179c	B 120	M 93		

2 Form B

Date **7-7-19****J.A. Shawcraft**
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 GratuityDate **JUL 21 1919****J.P. Coogan**
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.

Frank Clarke

Signature of Man.

J. A. Knowlton

Signature of the Vocational Officer or his Representative.

Reg. No. 5745

Place

St. Johns

Date

7-7-19

191

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

MEDICAL HISTORY

Surname

Clark

OF

Christian Name

Frank

Table I.—GENERAL TABLE.

Birthplace:—Parish

Burgoo

County

Neda

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on 15 day of May 1918	at S. Johns	on _____ day of _____ 191	at _____
Declared Age....	24 years	_____ days	_____ years	_____ days
Trade or Occupation....	Sailor			
Height	5 feet 3 1/2 inches		_____ feet	_____ inches
Weight	141 lbs.			_____ lbs
Chest Measurement {	Girth when fully expanded....	38 inches		_____ inches
	Range of Expansion..	4 inches		_____ inches
Physical Development..				
Vaccination Marks {	Arm			
	Number	1 scar		
When Vaccinated	4/12/20			
Vision	R.E.—V=	66	R.E.—V=	
	L.E.—V=	66	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)	Samuel Peterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at S. Johns		at _____	
	on 20 day of May 1918		on _____ day of _____ 191	
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment....	The Royal 20-19			
	Nfld. Regt.			
Transferred to..				
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

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 F., 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 Artillery* 7. Former Trade or Occupation } *Sailor*
2. Regtl. No. *5049* 3. Rank..... *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Robert* *Frank* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *23*
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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

(i.) Service during the present war

(ii.) Previous active service

(iii.) Climate in pre-war service

(iv.) Ordinary military service before the war

(v.) Serious negligence or misconduct on the man's part. }

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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 sensibility

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.

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?

Repatration

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.

W.E. Proctor, M.D.
Medical Officer in charge of case.

Station *Stages, Hampshire*

Date *7-11-19*

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet one

Regiment of Royal Newfoundland

Signature of O. C. Company W. Dicks Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5049 Clarke rank</u>	Age on	22 years / months	Sailor	
Joined	Date	Place and Date of Enlistment	15.5.18	Religion	
Joined	Date			C of A	
Joined	Date	Period of	with Colours / 82 years. with Reserve / 363 years.	Place of Birth	
Joined	Date			Burgos	

Place	Date of Office	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award of order disposing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>Johns</u>	<u>4</u>	<u>19</u>		

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

5049

DEMOBILIZATION OF

Reg. No. 5049 Rank Plt Name Clarke Frank
 Date of Enlistment 15-5-18 Address Burgin District Burgin
 Occupation Sailor Classification for Discharge F. 1 Medical Category A. 1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 148	B 208	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 108	ME 2		" 6
B 179c	B 120	M 93		

Date 7-19 O. C. Discharge Depot. W. H. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Frank Clarke

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 Amelous

Date 7-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B2194 to his home at Bunges and Release Certificate No. 3248 issued.

Date 7-7-19J.A. Snow
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 7-7-19.

Date 7-7-19J.A. Snow
Depot Paymaster.Discharge approved for 21-7-19

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 Ist.	" 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		

Date 7-7-19J.A. Snow
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 GratuityDate JUL 21 1919J.R. Lodge Capt.
O. C. Discharge Depot.

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

Date July 21 1919

Reg. No. *1049* Rank *Plt.* Name *Clarke, J.*
Attested Address *Burgco.*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Canada* Cause *Siebaugl*

47 19

PASSED TO DEMOBILIZATION OFFICER

26 7 19

DISCHARGE APPROVED BY DEMOBILIZATION.



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

Clark, Frank

Regiment from which discharged

Royal Newfoundland

Regimental number

5049

Intended address

Burgeo.

Height on discharge

5 Feet 4

Color of hair on discharge

Brown

Complexion

Fair

Color of eyes

Brown

Descriptive Marks

Figure on discharge

Redun.

Christian name of Father

Thomas

Christian name of Mother

—

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Burgeo 28-9-1896

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)

Frank Clarke

(Rank)

He

Station



Date

JUL 4 1919

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

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

Station

Date