



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4652 Name Herbert Corp's 6 of 6

### Questions to be put to the Recruit before Enlistment.

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Herbert</u>                         |
| 2. What is your full Address? .....  | 2. <u>Patnes Crossing, Bay of Islands</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                             |
| 4. What is your age? .....   | 4. <u>21</u> Years <u>—</u> Months        |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</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>                            |

I, Herbert 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  
24-4-18

Herbert SIGNATURE OF RECRUIT.  
James Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Herbert 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 24 day of April 1918

Signature of Attesting Officer James

### 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.....1918

Place..... } 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).....





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4652 Name Herbert Clark Corps 6 of 6

### Questions to be put to the Recruit before Enlistment.

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Herbert Clark</u>                   |
| 2. What is your full Address? .....  | 2. <u>Retrus Crossing, Bay of Islands</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                             |
| 4. What is your age? .....   | 4. <u>21</u> Years — Months               |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</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>                            |

I, Herbert 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.

A  
24-4-18

Herbert Clark SIGNATURE OF RECRUIT.  
James A. L. ... Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Herbert 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 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 24 day of April 1918.

Signature of Attesting Officer James A. L. ...

### †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 compiled with. I accordingly approve, and appoint him to the .....

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

Date .....

Place .....

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) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Herbert Clark  
 Apparent age 21 years — months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 35½ inches  
 Range of expansion 3½ inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Clark Petros Crossing  
Bay of Islands | 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	Rgt. 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 <u>land</u> engagement reckons from <u>24-4-18</u>									
Joined as <u>S. S. S.</u> on <u>April 24-1918</u>									
<u>Discharged August 5/1919</u>									
<u>Embarked S. S. S. train to Halifax N.S. 11-6-18.</u>									
<u>Remained in Hospital @ Halifax until #20</u>									
<u>to Newfoundland for demobilization 24-6-19</u>									
<u>Arrives Newfoundland 11-7-1919</u>									
<u>Demobilization 5/1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 5-8-1919 (date of discharge) 1 years 106 days  
 " " Pensions " " " " " " " " " " " "

C.R. 4652

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's Aug. 14th 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from 5-8-19.

4652, Pte. H. Clarke.

C.R. 4652

Extract from Daily Orders Part II Unit The Royal WFLA.  
Regt. St. John's, July 18th, 1919.

The discharge of the underented on demobilization has been  
~~approved~~ by C.O. Discharge Depot with effect from 22-7-19.

*approved*

4652 Pte. H. Clarke.

C.R. 4652

Extract from Daily Orders Part II Unit The Royal Rifle Regt.  
St. John's, July 3rd 1919.

4652 Pte. H. Clarke.

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

C.R. 4652

Extract of Casualties from O.C. Draft, Royal Newfoundland Regiment,  
to D.C.G., H.C., dated 24/6/18

4652 Pte. H. Clarke.

In Hospital: particulars forwarded, A.P'S B. 173a, with medical authorities  
all other documents in charge of Adjutant Casualty Company, Wellington Street  
Barracks, Halifax



C.R. 4652

Extract from Daily Orders Part 11. from Unit The Royal Nfld.  
Regiment, St. John's, dated June 14th 1918.

4652 Pte. H. Clarke

Embarked for Overseas with draft 11-6-18.

C.R. 4652

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

#4652 Pte. Herbert Clarke.

Attested for General Service with the Royal Nfld. Regt.  
from 23/4/18. To ~~Report~~

C.R. 4152

July 9th, 18

Mrs. Joseph Clarke,  
Petrie's Crossing.

Dear Madam:-

I am directed to acknowledge receipt of your letter dated 6th July, and in reply I beg to say the nature of your son's illness had not been diagnosed at the time the message was forwarded to this Dept., and therefore we can give you no further information as yet.

With reference to your enquiry concerning his money, I might say that he left an allotment to the amount of 50s per day current commencing June 8th/18, and cheque for this amount was mailed you yesterday.

Yours faithfully,

*W. V. Warner* Lieut.

For Chief Staff Officer.

Petrie's Crossing  
6<sup>th</sup> July 18

C.R. 4652

Dear Sir,

I received the letter yesterday telling  
me of my sons illness. I would very much  
like to know what is the matter with  
him I would be more than obliged to  
you if you would find out from the doctor  
what the trouble is and let me know, as  
I am very anxious about him; I would  
also like to know if I am entitled  
to any of his money; his <sup>share</sup> has been  
gone now going on <sup>three</sup> months and I  
have never seen <sup>nor</sup> heard tell of any of  
his wages; and I am a poor woman  
and he was <sup>our</sup> only help, and my  
husband <sup>not</sup> some now.

allot.  
?

allotment  
per June

Yours Truly  
Mrs Joseph Clarke  
Petrie's Crossing.

P. S.

His number was 4652.

18/10/18  
H652

C.R. 4652

July 3rd 1918.

Mr. Joseph Clarke,  
Petries Crossing,  
Bay of Islands.

Sir,

The following notification has just been received  
that your son 4652 Pte Herbert Clarke, who left here with  
the last <sup>draft</sup> is now in Hospital at Halifax.

Yours faithfully,

Lieut.

for Lieut. Colonel,

J. Clarke

C.R.

4652

P. 90

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 Infd*..... 7. Former Trade or Occupation } *Fisher*
2. Regtl. No. *46 S.R.* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Clarke*..... *Herbert*..... (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday.. *22*.....
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 (b) Date of Discharge ;  
(b) Where (c) Cause of Discharge.  
(c) Opinion of Court (d) Particulars of Pension or Gratuity  
(if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

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

# CASE HISTORY SHEET.

No. 4562 Rank Plt Name H C Clark Age 21  
Unit AWA R Completed years of service            Where and how long  
Date of admission 22-6-18 Date of discharge 5-7-18  
Diagnosis Mumps Place of origin           

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Temperature 98 Pulse 72 Respiration 18

No complications on admission

24-6-18 Swelling subsiding

25-6-18 Oedema developed

27-6-18 Oedema has disappeared

30-6-18 Is up and around but feels weak

6-7-18 Transferred to Riverside Hospital

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Regular

## TREATMENT

(Especially any specific or special form.)

Art. Jomentation

## CONDITION ON DISCHARGE

(and disposal made of case.)

Transferred to Riverside Hospital

Date 5-7-18

J. Gault Cassane  
Medical Officer i/c case.





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 complaints of no disability*

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.)*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, and 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?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

*Repatriation*

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

*W.S. Pocumie*

*Capt Rame*

Medical Officer in charge of case.

Station ... *Hazely, Lower*

Date ... *1/4.6.9* .....

\* 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. 5262/763

N.F.F./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.  
2/Bn. Royal Newfoundland Regiment,  
Hazeley Down Camp,  
Winchester.

3rd April 1919

*Spence J H* 1919

4652 Pte. Clark H.

With reference to the following  
telegram from the Minister of  
Militia / / ( 116 )

Receipt hereunder.

*Charles J H*  
LIEUT. COLONEL,  
OFFICER COMMANDING  
2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to- 4652 Clark  
£4. 2. 2

Received the sum of Four

Cheque £ 4. 2. 2. is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

*James H. Shelly* in respect of  
telegraphic remittance from the  
Minister of Militia.

Chief Paymaster & O. i/c Records.

H. Clark  
No. 4652 Rank Pte  
Witness M. Roberts

B

No. 19222/2155

N.F.P./79.

*065370  
52*

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

30 NOV 1918

25th November 1918

Subject: 4652, Pte. H. Clarke,

Nov. 28th 1918

With reference to the following telegram (10080) from the Hon. Minister of Militia, received

pay to 4652 Clarke £4:2:2

Receipt hereafter.

*Chambers* LIEUT. COLONEL.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2nd Batt'n  
Royal Newfoundland Regiment

Draft £ 4:2:2 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Four pounds two shillings two pence account of cable remittance from Newfoundland.

Chief Paymaster & O. i/c Records.

H Clarke  
No. 4652 Rank Pte.

*W Power Pte.*

Clarke, A

4652

Ray Sept.

August 5th 1919.

#4632, Pte.H.Clark,  
Petries King.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3370.

Yours truly,

Capt. &  
Officer i/o Records.

RS/.

August 11, 1919

Mr. Herbert Clarke,  
Patric Crossing.

Dear Sir:-

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

Yours truly

Captain & Paymaster.

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 *Herbert Clarke,*  
*Herb* ..... 2. Service No. *4652*  
3. Rank *Pls.* ..... 4. Regt. No. *4652*  
5. Address in full to which future payments of gratuity are to be forwarded *Petres Crossway,*  
*Bay of St. John's,*  
*Apr. 24/18*  
6. Date of enlistment in the Regiment .....  
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 Mfld. If so, give dates and particulars of such service.....  
*Overseas*  
12. Give total length of time which you served on active service, whether in Mfld. or Overseas.....  
*From Apr 24/18*  
*To July 8/19* ..... 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.

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? *No*

19. Are you now serving in the Res? *No*. If not give:- (a) Date of discharge *July 8, 1919* (b) Reason for discharge *Deceased relative*

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.

*Herbert Clark*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*8th*

day of

*July*

*1919*.....

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

*John M. Carthy*

POST DISCHARGE PAY.

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

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

Certified correct.

Paymaster

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4632 Rank Pte Name Clake W.  
 Intended place of residence Patric's Bay
2. Occupation Intermar  
 Classification of soldier E Medical Category PT
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 8 1919  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
- Place, ST. JOHN'S  
 Date JUL 8 - 1919  
 Signature of soldier  
 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 8 - 1919  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 24 4-18 No. of days on Military  
 Discharged from service JUL 22 1919 Plus 14 days Service 469

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place, ST. JOHN'S  
 Date JUL 22 1919  
 for M. 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 5/1919  
 Officer in Charge  
 The Royal Newfoundland Regiment

104

7  
31  
30  
31  
5  
10 46

023207913390

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. #652 Rank Pvt Name Clayton H  
 Date of Enlistment 24-11-18 Address Peterborough District 1  
 Occupation Bookerman Classification for Discharge 16 Medical Category 15  
 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	misc 3
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 7-7-19

O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

*Clayton H*

Particulars passed to Vocational Officer for information and action.

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #60

(b) Clothing Supplied

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 12260 to his home at petrusburg and Release Certificate No. 3297 issued.

Date 8-7-19 *J. A. Smweart*  
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 5-8-19

Date 8-7-19 *H. M. H.*  
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	<i>1 2018-13 2 Form B</i>
F 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 9-7-19 *J. A. Smweart*  
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

**JUL 22 1919**

Date ..... *R. R. Cooper 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:

To resume former Occupation,

*Herbert Clark*

Signature of Man.

*J. J. Hawley*

Signature of the Vocational Officer or his Representative.

Reg. No. *4652*

Place

*St. Johns*

Date

*8-7-19.*

191

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

## MEDICAL HISTORY

Surname

*Clarke*

OF

Christian Name *Herbert*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*St. Peter's King Rd.*

County

*Nfld.*

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined . . . . .	7 <sup>th</sup>	day of <i>April</i>	1918	day of 191
Declared Age . . . . .	<i>21</i> years — days		years	days
Trade or Occupation . . . . .	<i>Fisherman</i>			
Height . . . . .	<i>5</i> feet <i>5</i> inches		feet	inches
Weight . . . . .	<i>137</i> lbs.		lbs.	lbs.
Chest Measurement {	<i>35 1/2</i> inches		inches	inches
	<i>3 1/2</i> inches		inches	inches
Physical Development . . . . .				
Vaccination Marks {	Right	Left	Right	Left
	Arm . . . . .	Number . . . . .		
When Vaccinated . . . . .				
Vision . . . . .	R. E.—V=	<i>6/6</i>	R. E.—V=	
	L. E.—V=	<i>6/6</i>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Lieut. Palmer</i>			
(Rank)	<i>Major</i>		Medical Officer.	Medical Officer.
Enlisted . . . . .	at	<i>St. John's</i>	at	
	on	<i>7<sup>th</sup></i> day of <i>Apr</i>	on	day of 191
Joined on Enlistment . . . . .	Corps.	<i>The Royal</i>	Corps.	Regtl. No.
	Regtl. No.	<i>4652</i>	Regtl. No.	
Transferred to . . . . .	<i>Nfld. Regt.</i>			
Became non-effective by . . . . .	on	day of	191	on
	day of		day of	191
[Signature]				
[Rank]				





st in case of Warrant Officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of future use. In case of and re-admissions to hospital will be shown. The subsequent progress, including particulars sent out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

*Fit to return to light duty, John Cameron  
Capt  
A.M.C.*

U.S.C.



**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 T. F. 10*
2. Regt. No. *4632* 3. Rank. *Pvt*
4. Name *L. Clarke* *Robert*  
(Surname) (Christian Names)
5. Age last birthday *27*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Labourer*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regt. 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  
(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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- nil.*  
*nil*  
*nil*

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, disabilitia, 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 sensibility*

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.

*Retaliated*

*W. E. Provenier*  
 Medical Officer in charge of case.

Station *H. A. Z. [unclear]*

Date *1st 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 *Clark, Herbert*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4652*

Intended address *St. John's Bay of St. John's*

Height on discharge *5 feet 5*

Color of hair on discharge *Dark Brown*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks *None*

Figure on discharge *Medium*

Christian name of Father *Joseph*

Christian name of Mother *Caroline*

Wife's maiden name in full *—*

Date and place of marriage *—*

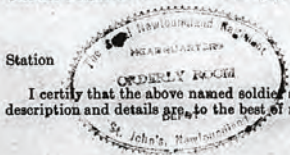
Christian names of children *—*

Place and date of soldier's birth *St. John's 11-2-1897*

Nature and locality of civil employment required

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

(Soldier's signature in full) *Herbert Clark* *the* (Rank)



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 \_\_\_\_\_

# The Royal Newfoundland Regiment

Class for Demobilization: 7

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 1.1.19

Regimental No. 4652

Name Clarke Herbert Rank O.C.

Address Petruis Xing

Present Medical Category Ai

Recommended for: (a) Immediate discharge  
(b) Standard Medical Board

Members of Board

R.H. Last Major  
O.C. Discharge Depot.

W. Paterson  
Senior Medical Officer

Geo. Burden  
M. O. Depot







# CASE HISTORY SHEET.

No. 4562 Rank PLC Name H C Clarke Age 21  
 Unit A 7th R Completed years of service            Where and how long  
 Date of admission 22-6-18 Date of discharge 5-7-18  
 Diagnosis Mumps Place of origin           

CONDITION ON ADMISSION AND PROGRESS OF CASE

Temperature 98 Pulse 72 Respiration 18

No complications on admission

24-6-18 Swelling subsiding

25-6-18 Oedema developed

27-6-18 Oedema has disappeared

30-6-18 Is up and around but feels weak

6-7-18 Transferred to Penitentiary Hospital

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases)

Regular

TREATMENT

(Especially any specific or special form)

Art formentation

CONDITION ON DISCHARGE

(and disposal made of case)

Transferred to Rens Hill Hospital

Date 5-7-18

J. Chas. Eastman  
 Medical Officer i/c case.



CASE HISTORY SHEET.

Pine Hill Hospital. Halifax, N. S. Station.  
 No. 4562 Rank Pte. Name H. Clarke, Age 21  
 Unit Infld. Regt. Completed years of service            <sup>Where and how long</sup> }  
 Date of admission 5-7-18. Date of discharge 22-7-18.  
 Diagnosis Mumps Convalescent. Place of origin Transport.

CONDITION ON ADMISSION AND PROGRESS OF CASE

He shows no sign of orchitis now and is making a good recovery but is not yet fit to return to his Unit.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) None.

TREATMENT

(Especially any specific or special form.) General Convalescent.

CONDITION ON DISCHARGE

(and disposal made of case.) He is fit to rejoin his Unit for light duty.

Date 22-7-18.

John Cameron, Capt. C.A.M.C.  
 Medical Officer i/c case.

6703

Petrie's  
Bay of Islands  
Sept 30<sup>th</sup> 19

Lieut. Crawford:-

Dear Sir:-

I understand from the postmaster that you received a message from me saying that I received no money and you wrote her to know if it was in the office at Petrie's well I received my money each time that it was sent I never sent any message whatever so if the message went from here it certainly was a false one. If you wish could write

the Bank of Montreal  
Curling and find out  
what time that my  
cheques were taken.  
there I would only be  
trying to get myself in  
trouble to send a message  
like that and my cheques  
in the bank. Of course  
4632 is not my right  
number 4652 is right but  
my discharge <sup>(4652)</sup> came in the  
first number, and also  
the both cheques I  
would have sent back  
and had it rightified  
only I was the only  
Clarke that was in  
the regt. belong to this  
place. I am going  
to try and find who

sent this message  
hoping that there  
will be no more trouble  
arise like this  
I will close

I remain  
yours truly

J. B. Clarke  
Petries  
Bay of Islands

7175

Petries  
Bay of Islands  
20<sup>th</sup> Oct 1919

Capt. J. M. Howley:-

Dear Sir:-

I have not received my cheque yet it was due here on Oct. 15<sup>th</sup> or at least I got my other two on the 15<sup>th</sup> of each month and I think it a bit funny that this one never turned up So I am writing you to see if you can give me any information whether it was sent or not. There was a mistake in my number I was thinking whether that made

any difference or not  
My right number  
was 4652 but my  
discharge and also my  
two cheques came  
no. 4632. please let  
me know if it was  
sent or not.

Oblige yours truly

4652 pte H. Clark  
Petrics  
Bay of Islands



PM: R

Retries  
Bay of Islands  
Nov. 6<sup>th</sup> 1919

Lt. Col. Rendell: 4652

Dear Sir:-

I have not received my Oct. Gratuity money and cannot find out what the trouble is I have written to Capt Howley the paymaster but never got any answer to my letters so I was told that you may be able to give me some information on the matter if you can please let me know as soon as possible I have only received two yet and all the other boys that was discharged when I was has got four I remain  
Yours truly Herbert Clark



4652

November 17, 1919

Herbert Clarke,  
Petrie's,  
Bay of Islands.

Dear Sir:

With reference to your letter of recent date, I beg to inform you that you are entitled to \$350.00 War Service Gratuity, which has been paid in full, and is computed as follows:

Acquit. Roll (France)

Apr.	70.00
May	70.00
June	70.00
July	70.00
Aug. 14	<u>65.61</u>

1

Yours truly,

Lieut.  
For Paymaster

24652

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4632 Rank Plt Name Clarke H  
 Date of Enlistment 24.11.16 Address Retrieval Coy District St. George's  
 Occupation Truckman Classification for Discharge 6 Medical Category A5  
 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	MAG 3
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 7.7.19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment

I am [Signature] in a position to resume civilian occupation.

Clarke H

Particulars passed to Vocational Officer for information and action.

Date [Signature]

#### 2. Clothing

Certified that Clothing Regulations have been complied with:—

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

Date 8-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R2260* to his home at *petrus ting* and Release Certificate No. *3297* issued.

Date *8-7-19*

*J.A. Snowe*  
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 *5-8-19*

Date *8-7-19*

*J.M. [unclear]*  
Depot Paymaster.

Discharge approved for *22-7-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 968	B 121	N.F. Med.	D.F. 1.	<i>1 m. B. 3 2 Form B</i>
F. 178	W 3494	B 122	Board 1st.	" 2.	
F. 178a	D 400A	B 191	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 *8-7-19*

*J.A. Snowe*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-  
Officer in Charge Records.  
Board of Pension Commissioners.  
with following additional documents.

Eligible for War Service Gratuity

*JUL 22 1919*

Date .....

*R. Lodge*  
for O. C. Discharge Depot

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

Date *July 21 1919*

*[Signature]*

Reg. No. *4607* Rank *PL* Name *Clarke*

Attested ..... Address *Siberia*

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas *JUL 1* 1919

Returned on S S *Cassandra* Cause *Discharge*

*8-7-19*  
*22-7-19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILIZATION.**