



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4840 Name Roland Collins Corps RFR

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Roland Collins
2. What is your full Address? 2. Middle Street, Corner B. Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years — Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Roland Collins 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 15.18 Roland Collins SIGNATURE OF RECRUIT.
..... James J. Gunn Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Roland Collins 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 15 day of May 1918
Signature of Attesting Officer James J. Gunn

†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 1918
Place St. John's } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Roland Collins
 Apparent age 20 years — months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. John Collins
Middle Ambler Ave | Relationship Mother
B. Boy 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 limited engagement reckons from <u>11-5-1918</u>									
Joined at <u>St. Marks</u> on <u>May 1-1918</u>									
<u>Discharged July 7 1919</u>									
<u>Embarked St. Marks train to Halifax N.S. 11-6-1918.</u>									
<u>To Newfoundland for demobilization 22-5-1919.</u>									
<u>Arrives Newfoundland 26. 1919</u>									
<u>Demobilization St. Marks 7-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>7-7-1919</u> [date of discharge]									
Pensions " " " " " "									

1 years 68 days

C.R. 4840

Extract from Daily Orders part II, Unit the Royal Wilt.
Regiment dated 9-7-19 .

The discharge of the undernoted on decubilation has
been confirmed by Officer i/o Records on noted date.

#4840 Pte. Roland Collins.

7-7-19

C.R. 4840

Extract from Daily Orders Part II Unit Royal Wfld. Regt. Depot
St. John's dated June 13th 1919.

The discharge of the undernoted on demobilization has been
Approved by O.C. Discharge Depot with effect from 23/6/19.

4840, Pte. Roland Collins.

C.R. 4840

Extract from Daily Orders Part 11 Depot, St. John's,

Date 12-6-19.

4840 Pte. Roland Collins

Reported at Headquarters 1-6-19.

EX "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4840

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

4840 Pte. R. Collins.

Embarked for Overseas with draft 11-6-18.

C.R. 4840

Extract from Daily Orders part 11, from Unit The Royal "F" B.
Wild. Regt. St. John's, dated Ma. Enl, 1918.

#4840 Pte. Robnald Collins.

Attested for General Service with the Royal "F" B. Regt. from
1/5/18.

R. Collins.

C.R. 4840

P. + P. Q

TO,- The Chief Quartermaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4840	Pte	Collins R.	\$250	R. Collins

I have the honour to be, Sir,
~~for the Committee~~
Your obedient servant.

Date

July 1/18

R. Collins

No. 1941/284.

N.F.P./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,
2nd/Bn. Ryl Nfld Regt.
Winchester.



5th February 1919

Feb. 10th 1919

4840. Pte Collins R.

With reference to the following telegram from the Minister of Militia / / (1069)

"Pay to- 4840. Pte Collins

£6.0.0.

Cheque £6.0.0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

Receipt hereunder.

[Signature]
LIEUT. COLONEL,
OFFICER COMMANDING BATT'N
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £6 0 0

in respect of telegraphic remittance from the Minister of Militia.

P. Collins

No. 4840 Rank Pte

Witness H. Perry Jc.

Chief Paymaster & O. i/c Records.

P.D. 067/102
5/2/19

[Handwritten mark]

No. 16001/438 1703

N.F.P. /

NEWFOUNDLAND CONTINGENT

From:

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

Officer Commanding,
The 5th Royal Nfld Regt,
Winchester.

419389
[Handwritten signature]

October 3rd, 1918

Oct. 16th 1918

Subject: 4840, Pte. R. Collins,

With reference to the following telegram (8526) from the Hon. Minister of Militia, received

Receipt hereunder.

[Signature] LIEUT. COLONEL,
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

"Pay to 4840, Pte. R. Collins, £2.1.0.

Received the sum of £2.1.0

Draft £ 2.1.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

[Signature] Five pounds one shilling account of cable remittance from Newfoundland.

[Signature]
No. 4840 Rank PLC

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

18001/488 1703

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

October 3rd, 8
4840, Pte. R. Collins,

8526

"Pay to 4840, Pte. R. Collins, £2.1.0.

2.1.0.



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland Const*
2. Regtl. No. *4540* 8. Rank. *Plt*
4. Name *Gallin* *Holland*
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Lithographer*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Where (c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

11. Date of origin of disability.
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 ?

He complains of no disabilities

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 ?

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.S. Prosser. Capt. Rame.

Station *Hazely Down*

Date *8/4/19*

Medical Officer in charge of case.

* 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

Collins, L

4840

May Sept.

July 8, 1919

#4840 Pte. Roland Collins,

Amherst Cove, B.B.

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 & O.i/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Rowland* 2. Surname..... *Adams*
3. Rank..... *Pte* 4. Regtl. No. *4840*
5. Address in full to which future payments of gratuity are to be forwarded..... *Amherst Lane, B. B.*
6. Date of enlistment in the Regiment..... *April 27/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not applicable
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 Nfld, if so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. 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.

Not applicable

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.

\$72.69 Co. King Etc

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 Regt.? *no* If not give:- (a) Date of discharge *Jan 23/19* (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.

Wuchester, Etc

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: *Roland Collins*
 Place of Residence: *Amherst Lane B.B.*
 Declared before me at: *St Johns nfd.*

This *9th* day of *June* 19*18*

Signature of Berrister of the
 Supreme Court, Stipendiary Magis-
 trate, 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

July 7, 1919

#4840 Pts. Roland Collins,

Bonavista.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2710.

Yours truly

Captain
Paymaster & O.i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 484 Rank

Name Collins R.

Warned for demobilization on

JUN 9 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4840 Rank Private Name Roland Collins
 Intended place of residence Bonaville
 2. Occupation Fisherman
 Classification of soldier 3 Medical Category A.I.

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
JUN 9 1919
 Date

J. A. Snow Capt.
 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 and date ST. JOHN'S
JUN 9 1919

Roland Collins
 Signature of soldier
J. A. Snow Capt.
 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 and Date ST. JOHN'S
JUN 9 1919

Roland Collins
 Signature of soldier
W. J. Leatony
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No of days on Military
 Discharged from service JUN 23 1919 Plus 14 days Service 433

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
JUN 23 1919
 Date

R. H. Lait 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, Nfld
July 7/1919
 Date

M. Howley Capt.
 Officer in Charge Records
 The Royal Newfoundland Regiment

A. J. B. 2079 / 2710

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

Roland Collins

Signature of Man.

J. A. Shaw Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. 4840

Place

St. Johns

Date

JUN 9 1919

191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4840 Rank Pte Name Roland Collins
 Date of Enlistment 1/5/18 Address St. John's District St. John's
 Occupation Fisherman Classification for Discharge E Medical Category A.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
E 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 7/6/19

O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Roland Collins

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

O i/c. Re-clothing

Date 9.6.19

3. Transportation and Release Certificate.

Amherst above named has been provided with Travelling Warrant No. *R.1702* to his home
 at *Bonnarata* and Release Certificate No. *2520* issued.

Date *9-6-19* *J.A. Snow Capt*
 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 *9-6-19* *J.A. Snow Capt*
 Depot Paymaster.

Discharge approved for *25-6-19*

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
B 179c	B 120	M 93		

1
2 Form B

Date *9-6-19* *J.A. Snow Capt*
 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

R.H. Sant Capt.

Date *JUN 23 1919*
 O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7.6.19*

Regimental No. *4840*

Name *Collins Roland*

Address *Bonaventure*

Present Medical Category *A1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

R.H. East Capt
O.C. Discharge Depot.

H. Robinson
Senior Medical Officer

Geo Burden
M. O. Depot



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

Collins, Robert

Regiment from which discharged *Royal Newfoundland*

Regimental number *4840*

Intended address *St. John's*

Height on discharge *5* Feet *8"*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother *Emily*

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, Newfoundland 1899. Aug 6th*

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) *R Collins*

Station **ST. JOHN'S.**

Date *6.6.19.*

(Rank) *Plt*

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.

Station

Date



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Royal Newfoundland*
2. Regtl. No. *4849* 3. Rank *Plt*
4. Name *Collins Roland*
(Surname) (Christian Names)
5. Age last birthday *20*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Tradesman*
 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
 (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 ? }

See Complaints of a 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 ?

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

Repatriation

W.E. Proctor - Capt. R.A.M.C.
 Medical Officer in charge of case.

Station *Hazley, Bourne*

Date *9/4/19*

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

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

MEDICAL HISTORY

Surname Collins OF Christian Name Roland

Table I.—GENERAL TABLE.

Birthplace:—Parish Fishermen County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>17</u> day of <u>May</u> 191 <u>8</u> at <u>S. Johns</u>		on _____ day of _____ 191____ at _____	
Declared Age	<u>20</u> years _____ days		_____ years _____ days	
Trade or Occupation	<u>Fishermen</u>			
Height	<u>5</u> feet <u>6</u> inches		_____ feet _____ inches	
Weight	<u>130</u> lbs.		_____ lbs	
Chest Measurement	Girth when fully expanded... <u>36</u> inches		_____ inches	
	Range of Expansion... <u>2</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm _____		Arm _____	
	Number _____		Number _____	
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V= _____	
	L.E.—V= <u>6/6</u>		L.E.—V= _____	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Amos Parsons</u>			
(Rank)	<u>Major</u>			
Enlisted	at <u>S. Johns</u>		at _____	
	on _____ day of <u>May</u> 191 <u>8</u>		on _____ day of _____ 191____	
Joined on Enlistment	<u>The Royal 4840</u>		_____	
	<u>Nfld Regt</u>		_____	
Transferred to				
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature)				
(Rank)				

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet 01

Forms
B 121
59

Regiment of Royal Newfoundlands

Signature of O. C. Company Wm. Churchill Link

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay							
No.	<u>4140</u>	Age on	<u>20</u> years <u>0</u> months	Trade									
Joined	<u>Collins R</u>	Place and Date of Enlistment	<u>St. Johns</u> <u>1.5.18</u>	Religion									
Joined		Period of } with Colours <u>1 1/2</u> years. with Reserve <u>3/4</u> years.	Place of Birth										
Joined			<u>St. M.</u>	<u>Middle Amber Cove</u>									
Joined													

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>At Sea</u>	<u>3-7-18</u>	<u>Pte.</u>		<u>Threatening to strike N.C.O. Sgt. T. Mahoney, Appl. Hammond,</u>		<u>7 days detention.</u>	<u>3-7-18</u>	<u>Col. St. J. L. Steele.</u>	<u>J.</u>
				<u>Demobilized St. John's</u>		<u>7 1/19</u>			

To be carried over

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 4840 Rank: Pte Name: Rolland Collins
 Date of Enlistment: 1/5/18 Address: Basseterre District: St. John's
 Occupation: Fisherman Classification for Discharge: E Medical Category: AI
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P/38	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date: 7/6/19 No. C. Discharge Depot: 111/100/11

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.
 I am ✓ in a position to resume civilian occupation.
Rolland Collins

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: Collins

Date: 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

Amherst above named has been provided with Travelling Warrant No. *R.1702* to his home at *Borovinka* and Release Certificate No. *2520* issued.

Date *9-6-19* *J.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 *9-6-19* *J.A. Snow*
Depot Paymaster.

Discharge approved for *13-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	<i>1 Form B</i>
F 178	W 3494	B 122	Board 1st	" 2	
R 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 *9-6-19* *J.A. Snow*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 23 1919* *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date *June 19/19* *J.A. Snow*
i/c Records

Reg. No. *47460* Rank *1 Lt* Name *Collins, L.*
Attested Address *Middle Austerlouse*
Allotment Allottee
Date of Allotment Returned from Overseas *29.1.19.*
Returned on S.S. *Coricaan* Cause *Discharge*

7.6.19 PASSED TO DEMOBILIZATION OFFICER

23.1.19 DISCHARGE APPROVED ON DEMOBILISATION.