



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5216 Name Augustus Connors Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Augustus Connors</u> |
| 2. What is your full Address? | 2. <u>Bell Island</u>
<u>Conception Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Miner</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, Augustus Connors 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.

Augustus Connors SIGNATURE OF RECRUIT.
W.D. Coughlan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Augustus Connors 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.

on this 20th day of May 1918

Signature of Attesting Officer C.B. Dicks Leut

† 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 20th 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)

C.R. 5216

Extract from Daily Orders Part 11 Unit The Royal Rifles, Regt.
Frans; 21-4-19.

Promotions.

5216 L/C. H. Connors

tonbe A/Cpl. 16-4-19.

C.R. 5216

Extract from Daily Orders part II, Unit the Royal Wfld.
Regiment dated 5-7-19.

The discharge of the undersigned on demobilization has been
CONFIRMED by O. C. Discharge Depot on noted date.

#5216 Epl. A. Connors

2-7-19.

C.R. 5216

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, June 20th 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 18-6-19.

5216 Cpl. Aug. Connors.

C.R. 5216

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

Date June 18th 1919.

5216, Cpl. A. Connors.

Reported at Headquarters 1/6/19.

BE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5216

Extract from Nominal Roll from 1st. Battalion

Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5216 A/Cpl. A. Gonnors.

C.R. 5216.

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT
IN FRANCE DATED 31/1/19.

APPOINTED L/Cpl.

#5216 Pte. A. Connors.

16/1/19.

C.R. 5-216

Extract from Nominal Roll of draft No. 56, from the 2nd.,
Battalion of the Newfoundland Regiment to the 1st., Batt.
Newfoundland Regiment B. E. F., Embarked Southampton
28/11/18..

#5216 Pte. A. Connors.

C.R. 5-216

Extract from Nominal Roll of draft No. 56, from the 2nd.
Battalion of the Newfoundland Regiment to the 1st., Batt.
Newfoundland Regiment S. B. F.. Embarked Southampton
23/11/18..

#5216 Pte. A. Connors.

C.R. 5216

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

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

#5216 Pte. Augustus Connors.

C.R. 5216

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated May 21, 1918

#5216 Pte. A. Connors

Attested for General Service with the Royal Mfld. Regt. from
20.5.18 to report 24.5.18

A. Lonnors

C.R.

5216

1910

No. 5159/236

From: NEWFOUNDLAND CONTINGENT

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

A.

CHIEF PAYMASTER & OFFICER I/C RECORDS.
NEWFOUNDLAND CONTINGENT.
58, VICTORIA STREET, S.W. 1.
ENGLAND.

To: Officer Commanding,
1/Bn. Royal Newfoundland Regiment,
B.E.F.

1st April 1919

5216L/Cpl. Connors A.

With reference to the following
telegram from the Minister of
Militia, / / (111)

"Pay to 5216 Connors
£15. 0 0.

Kindly advise whether this re-
mittance should be
(1) forwarded to you for payment
to this Soldier;
(2) retained to credit of his
account; or
(3) otherwise dealt with.

A. J. Minshall Maj.

Chief Paymaster & O. i/c Records

10-4-1919

5216 1/4 Cpl. Connors A

This NCO wishes this
amount retained to
credit of his account
please

*Deposited
1/4/19 E.W.*

No. 17771/1935

049934
K.P.D.



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 Nfld. Regt.
Winchester.

2nd November 1918

Nov 6 1918

Subject: 5216, Pte. A. Connors,

With reference to the following telegram (9426) from the Hon. Minister of Militia, received

Pay to 5216 Connors £6:0:0

Draft £ 6:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

H.A. Marshall Maj.
Chief Paymaster & O. i/c Records.

Receipt hereunder.

Chambers

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

Received the sum of six
pounds on account of
cable remittance from Newfoundland.

of Connors

No. 5216 Rank Private

Witness A. L. Carter, Pte.

Connors, Lus.

5216

Ray - sept.

July 27 1919

#5216 Cpl. Augustine Connors,

Be;; Island, C.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2561.

Yours truly

Captain,
Paymaster & O. I. c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 57216 Rank Plt Name Cannon A
 Intended place of residence Bill Hill

2. Occupation Printer
 Classification of soldier E Medical Category A-1

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 JUN 18 1919

H. Must
 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 JUN 18 1919

Augustus Cannon
 Signature of soldier

J. A. Snow
 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 18-6-19

Augustus Cannon
 Signature of soldier

James O. Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 20-5-18 No. of days on Military
 Discharged from service 18-6-19 Plus 14 days Service 409

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

R. H. Lait Major
 Officer in Charge Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date

J. M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

27/3/2019/2081

The Royal Newfoundland Regiment

Class for Demobilization:—

B.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *18.6.19*

Regimental No. *5216.*

Name *Connor Aug.* Rank *Private*

Address *Bell Island*

Present Medical Category *A1*

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

Members of Board {

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

H. Stinson
Senior Medical Officer

D.W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5216 Rank Platoon Name Connors A
 Date of Enlistment 20-5-18 Address Bell Is. District St. John's
 Occupation Mined Classification for Discharge F Medical Category A.1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1 ³⁶	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
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 103	ME 2		" 6
B 179c	B 120	M 93		

Date 18-6-19 O. C. Discharge Depot. H. M. W. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Augustus Connors

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 _____

M. Clouston

Date 18-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 57806781 to his home at Bill Gold and Release Certificate No. 2911 issued.

Date 18-6-19 *J.A. Knowlton*
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 2-7-19

Date 18-6-19 *H.M. Smith*
Depot Paymaster.

Discharge approved for 18-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 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		

2 Form B

Date 18-6-19 *J.A. Knowlton*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date 18-6-19 *R.H. Salt G.P.*
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.

Augustus Lomax
Signature of Man.

J. A. Snow, Reg. No. 5216
Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date 18-6-19 191

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

MEDICAL HISTORY

OF

Surname Connors

Christian Name Augustus

Table I.—GENERAL TABLE.

Birthplace:—Parish Bellefleur County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	20	May		191
at	St Johns		at	
Declared Age	20	years		days
Trade or Occupation	mines			
Height	5	feet 7 1/4		inches
Weight		132		lbs.
Chest Measurement	Girth when fully expanded		35	inches
	Range of Expansion		4	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.F.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>James Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St Johns	at	
	on	20 day of May	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	<u>14th</u>	<u>5216</u>		
Transferred to	<u>Headquarters</u>			
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 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* 7. Former Trade or Occupation } *surveyor.*
2. Regtl. No. *5216* 3. Rank. *Cpl.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Cannors R.*
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on. *30.5.18* at *St. John's*
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (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 general 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? } *na.*

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.)

He complains of no disability.

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
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? *na*
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? *na*

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.S. Prosser Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Stazley Down*

Date *29/1/19..*

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

Army Form B: 103.

Regimental Number 5216

Casualty Form - Active Service.

Regiment or Corps

Newfoundland

Rank

Private

Surname

Connors

Christian Name

A

Religion

P.C.

Age on Enlistment

20

years

months

Enlisted (a)

20/5/18

Terms of Service (a) Duration

Service reckons from (a)

20/5/18

Date of promotion to present rank

Date of appointment to lance rank

Extended

Re-engaged

Qualification (b)

or Corps Trade and Rate

Occupation

Miner

Signature of Officer

M. Long Capt.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B 213, Army Form A 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	2.8 NOV 1918		
		Joined Batt.			
	Beams.	Appointed S/Cpl To be C/Cpl Arrived in UK	16/4/19		Batt. 24/1/19 B 213
				23/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

(17591) Wt. W 1887-P 1126. 1,000,000. 6/12 D & S Form B 103, (E. 1256.)

P.T.O.

Next of kin: Father: Connors John: Bell Island: Conception Bay: N. F. L. D.



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 *Connors, Augustus*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5216*

Intended address *Bell Island C.B.*

Height on discharge *5* Feet *7 1/2*

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 _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Bell Island 14-7-1897*

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) *Augustus Connors Corporal* (Rank)

Station _____ Date *18-6-19*

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

Station _____ Date _____



July 3, 1919

#5216 Cpl. Augustus Connors,

Bell Island, C.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 & Officer i/c Records.

538

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.

- 1. Christian name *Augustus* 2. Surname *Connors*
- 3. Rank *Cpl.* 4. Reg't. No. *5715*
- 5. Address in full to which future payments of gratuity are to be forwarded *St. John's, Nfld.*
- 6. Date of enlistment in the Regiment *May 28/18*
- 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 Nfld. If so, give dates and particulars of such service *Overseas*
- 12. Give total length of time which you served in active service, whether in Nfld. or Overseas *From May 28/18 to June 18/19*

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?..... *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 R.C.S.T.?..... If not give?-(a) date of discharge..... *June 18/19*

(b) Reason for discharge..... *Reinstatement*

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..... *France Belgium & Germany - From Nov 1917 to April 1919*

21. (a) Are you receiving treatment from the War Rel. 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.

Augustus Connors

Signature of Applicant:

Place of Residence:

*Bell Lea, C. B.,
St. John's, N.J.*

Declared before me at:

This

19th day of *June* 19*17*...

John M. Carthy

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

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

ST. JOHN'S, June 19th /19

Royal Newfoundland Regiment.

Billeting Account,

To Cpl. - A. Connors

Billeting Soldiers as undermentioned

from June 1st /19 to June 18th /19

5216 - Cpl. A. Connors 18 80

ACCOUNT	<u>B. 9 m</u>
CH. NO.	<u>23979</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$

J. A. Connors
Billeting Officer.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Regiment of

Royal Newfoundland

Signature of O. C. Company

Number of Sheet *the*
W. Dicks
lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5216 Conara, Augustus</i>	Age on	<i>20</i> years <i>0</i> months	<i>Miner</i>	
Joined	Date	Place and Date of Enlistment	<i>St Johns</i>	Religion	
Joined	Date		<i>20.5.18</i>	<i>R.C.</i>	
Joined	Date	Period of	with Colours <i>1 1/4</i> years. with Reserve <i>3 1/2</i> years.	Place of Birth	
Joined	Date			<i>Bill St. C.B.</i>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order disposing with trial	By whom awarded	REMARKS
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Demobilized St John's 2 79

To be carried over

Army Form B. 121.

21216

Demobilization Form 8

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5216 Rank Private Name Thomas A. Bennett
 Date of Enlistment 20-5-18 Address Bell Bls District St. John's
 Occupation Miner Classification for Discharge E Medical Category A.1
 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 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 18-6-10 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

agustus Bennett

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied [Signature]

Date 18-6-19 O. i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 780-2281 to his home at Sur Jald and Release Certificate No. 2911 issued.

Date 18-6-19 *[Signature]*
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 18-1-19

Date 18-1-19 *[Signature]*
Depot Paymaster.

Discharge approved for 19-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. 1/36	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	2 Form B
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 19-6-19 *[Signature]*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date
O. C. Discharge Depot.

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

Date June 26/19 *[Signature]*

Reg. No. *121* Rank *Pl.* Name *Conners, A.*

Attested Address *1216 Island.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Consilaw*

Discharge

18.6.19.
18.6.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION.

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 982 (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* 7. Former Trade or Occupation } *Survey*
- 2. Regtl. No. *2116* 3. Rank... *Cpl* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Connors, A* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
- 5. Age last birthday... *21*
- 6. Posted for duty on *20.5.18* at *St. John's* 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?
- 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 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 general 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? } *na*

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.)

He complains of no disability

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
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? *na*
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? *na*

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. [unclear]
Cap [unclear]
 Medical Officer in charge of case.

Station *Hazley D. Camp*

Date *29. 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.