



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4795 Name Wm Cowan Corps R.C.

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

1. What is your name? ..... 1. William Cowan .....
2. What is your full Address? ..... 2. Harbour Main,  
Conception Bay .....
3. Are you a British Subject? ..... 3. Yes .....
4. What is your age? ..... 4. 19 Years 5 Months .....
5. What is your Trade or Calling? ..... 5. Lumberman .....
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, William Cowan ..... 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  
29-4-18 ..... William Cowan ..... SIGNATURE OF RECRUIT.  
J. W. Pittman ..... Signature of Witness.

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

I, William Cowan ..... 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 29 day of April ..... 1918

Signature of Attesting Officer J. 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 ..... 191.....  
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 William Conran  
 Apparent age 19 years 5 months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 35 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Michael Conran Her main, 6 13  
 | 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. Pny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
				Service towards limited engagement reckons from <u>29-4-18</u>					<i>Lance Cpl. 10 6/18</i> <i>Company of Lancs Regt 7 7/18</i>
				Joined at <u>St John's</u> on <u>April 29-1918</u> Discharged <u>July 12/1919</u>					
				<u>Embarked St John's train to Halifax N.S. 11-6-1918</u>					
				<u>Embarked for Scot. 26-10-1918</u>					<u>Disembarked Accrue 26 10/18</u>
				<u>Joined 2nd Lt. Home 3-11-18</u>					
				<u>Transferred from Home 22 1/9</u>					<u>Arrived Manchester 23-4-1919</u>
				<u>to the 1st Battalion for demobilization 22-5-1919</u>					
				<u>Arrived the 1st Battalion 1-6-1919</u>					
				<u>Demobilization St. John's 12-7-1919</u>					
Total Service forfeited as above.....									
Total Service towards Engagement to <u>12-7-1919</u> [date of discharge]									
Pensions " " " " " " " "									

No. 4795 Name *Conran. W.* Sqn., Batty, or Company } *A* Corps } ROYAL NEWFOUNDLAND REG. Date of enlistment } *28th 1901* Badges } *18 19* Service or Proficiency Pay } *18 19*

Date of last entry in Company Conduct Sheet } *18 19* No. and date of last drink } *18 19* Period not reckoning towards freedom from extra fine } *18 19* Sheet No. *1* Signature of Company, etc. *J. M. Conran Capt* Character *18 19*

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
<i>Rouen</i>	<i>18/4/19</i>	<i>Plt</i>	<i></i>	<i>Defendants of Reg. V. 50</i>	<i>C. M. S. Wardlaw</i>	<i>Pay for same</i>	<i>15-4-19</i>	<i>Major J. M. Conran</i>	<i>28</i>

Army Form B. 122

C.R. 4795

Extract from Daily Orders Part 11 Unit: The Royal  
Hfld. Regt. St. John's, July 16th, 1919.

The discharge of the Undernoted on decambilation has been  
CONFIRMED by Officer i/c Records from 12-7-19

4795 Pte. Wm. Conran

C.R. 4795

Extract from Daily Orders Part II Unit The Royal Wfld. Regt.  
St. John's, July 4th, 1919.

The discharge of the undersigned on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 28-6-19.

4795 Pte. W. Conran.

C.R. 4795

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

Date June 18th 1919.

4795, Pte. W. Conran.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4795

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.

#4795 Pte. " . Conran.



C.R. 4795

Extract from Daily Orders Part 11 Unit the Royal Nfld.  
Regt. 88888 By. Lt. Col. T.G. Mathias, D.S.O. Commanding  
1st Batta. 3-11-18.

The Following joined the Bn. 3-11-18.

4795 Pte. W. Conran.

A Coy



C.R 4795

Extract from Nominal Roll Re-inforcement No.55 Embarked Folkeston,  
26/10/18, from 2nd Battn, Royal Newfoundland Regiment, Haseley Down Camp,  
Winchester, to 1st Battn, Royal Newfoundland Regiment, B.E.F

4795 Pte. Conran, W.

MP.

BLANDFORD BOARD

C.R. 4795

Extract from Daily Orders Part 11 By. Lt. Col. Barten, D.S.O.  
Commanding 2nd Bn. Royal Nfld. Regt. 9-718.

4795 B/C.W. Curran.

Has been deprived of L/C Stripes.

C.R. 4795

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

4795 L/C W. Conran

Embarked for Overseas with draft 11-6-18.

C.R. 4795

Extract from ~~1914~~ ~~1915~~ Daily Orders part 21, from  
Unit The Royal WFL Reg., St. John's, dated June 10, 1918

#4795 Pte. W. Conran.

To be Lance Corporal from 10.6.18

C.R. 4795

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, dated April 30, 1918.

#4895 Pte. W. Conran.

Attested for General Service with the Royal Newfoundland  
Regiment, from 29/4/18.

W. Conran

C.R. 4795

~~PRAD~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi., 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 } *Lumberman*
2. Regtl. No. *4795* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Corran* *William* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on *Apr 26/18* at *St. Johns* 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 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. *me*
12. Place of origin of disability. *me*
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. *me*



14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
| (i) Service during the present war ..  | (a) attributable to | (b) aggravated by |
| (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? |                     | ne                |

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? *m*
17. If not, was an operation advised and declined? *m*
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? *m*
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? *m*

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W. E. Roscoe*  
*Capt R. A. M. B.*

Station *Scuzley D. Camp*

Date *29-4-19*

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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Bowman, Regl. No. 4795

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4066</u>	<u>Mother</u>	<u>Mrs Michael (Mary) Bowman</u>	<u>Badger Brook</u>	
Total Allotment, \$				<u>609</u>

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

Signature [Signature]  
 Officer Commanding  
B Company  
St John's  
May 29th 1918

(S) William Bowman  
 (Rank) Pte

**FORM K**

No 4297A

**1ST. NEWFOUNDLAND REGIMENT****ALLOTMENTS**I, William Cowan, Regl. No. 4795

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4064</u>	<u>Mother</u>	<u>Mrs Michael (Mary) Cowan</u>	<u>Badger Brook</u>	
Total Allotment, \$				<u>609</u>

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

Sig.) St John'sOfficer Commanding  
B CompanySt John's  
May 29th 1918(Sig.) William Cowan(Rank) Pte

To: The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:-

Please charge the amount 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 the year.  
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4795	Pte	Conroy	\$250	W. C. Conroy

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

Date July 1/18

W. C. Conroy

Conran, W.

4795

May - Sept.

July 12, 1919

#4795 Pte. William Conran,

Badgers Brook.

Dear Sir:-

Please find enclosed Discharge Certificate #2980.

Yours truly

Raymaster & Co. i/c Records  
Captain.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4795 Rank Plc Name Cowan W.  
 Intended place of residence Badger Brook  
 2. Occupation Lumberman  
 Classification of soldier E Medical Category A

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 27 1919

*J. M. [Signature]*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date 27-6-19

*W. E. [Signature]*  
 Signature of soldier

*J. P. [Signature]*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date 27-6-19

*W. E. [Signature]*  
 Signature of soldier

*James O. [Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 29-4-18 No. of days on Military  
 Discharged from service 28-6-19 Plus 14 days Service 440

### 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 JUN 28 1919

*R. H. [Signature]*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 12, 1919

*M. Howley [Signature]*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*24/22079/2980*



July 12, 1919

#4795 Pte. William Conran,

Badger Brook,

Dear Sir:-

Referring to your application I enclose cheque for  
Seventy dollars (\$70.00), being amount of 1st 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... *William* ..... 2. Surname... *Cowan* .....  
3. Rank... *Private* ..... 4. Regt. No. *4795* .....  
5. Address in full to which future payments of gratuity are to be forwarded... *William Cowan Badger Brook - Nfld*  
*Main Railway Linc.* .....  
6. Date of enlistment in the Regiment... *14<sup>th</sup> April 1918* .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*Mary Cowan* .....  
8. Relationship of such dependents... *Mother* .....  
9. Address in full of such dependents... *Mary Cowan*  
*Badger Brook Nfld* .....  
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... *England July 15<sup>th</sup> France 26<sup>th</sup> Oct-18*  
*Belgium 11<sup>th</sup> November 18 - Germany*  
*December 18* .....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *From 14<sup>th</sup> April 18 to*  
*29<sup>th</sup> June 1919* ..... 12

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

..... *no*  
..... *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*  
..... *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?

..... *yes*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *Not attending to duty*

19. Are you now serving in the Regt.? *no* If not give? - (a) Date of discharge *24<sup>th</sup> June 1919* (b) Reason for discharge

..... *Resignation*  
.....

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.

..... *Not in any engagement*  
.....

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.

Signature of Applicant: *William E. Moran*  
 Place of Residence: *Scraper Beach*  
 Declared before me at: *St. John's*  
 This *27<sup>th</sup>* day of *June* 19*17*....

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

*A. M. James, J.P.*

POST DISCHARGE PAY.				Net amount due
Date paid	Soldier or Dependent	Said	War Service Gratuity.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	

COPY

# 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 27-6-19

Regimental No 4795

Name Conran, Wm. Rank Pte

Address Badger Brook

Present Medical Category A1

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

Members of Board  
R. H. Paterson  
O.C. Discharge Depot.  
(sgnd) L. Paterson  
Senior Medical Officer  
" F. W. Burden  
M. O. Depot

Military Service:  
440 days



# RECEIPT FOR A SOLDIER'S DOCUMENTS

## HEADQUARTERS NEWFOUNDLAND REGIMENT

*1. Pensions Board*

Please receive documents as indicated below

No.	RANK AND NAME	N. F. P. 308	Non-effective account.	B. 178	Medical history sheet.	B. 178a	Med. history sheet	B. 179	Med. report on an invalid.	B. 288	Proceedings on discharge.	W. 3494	Civil life qualification.	D. 400A	Descriptive return.	B. 103	Active service casualty form.	B. 120	Regimental conduct sheet	R. 121	Company conduct sheet	B. 122	Field conduct sheet	Report of Newfoundland Medical Boards					B. 1915	Attestation paper	Form L	Identity certificate	Form K	Allotment papers	A. P. W. 3463	Headquarters Travelling Board	D. P. 2	Proceedings on discharge	D. P. 1	
4798	Pte Connor Wm.																																							

Received above noted documents,

Dated 19

Signature of Officer forwarding documents:

JUL 4 1919

Date 19



# 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 27.6.19

Regimental No. 4795

Name Conran J.M. Rank Pte.

Address Badger Brook

Present Medical Category A1

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

Members of Board

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

H. H. H. H.  
Senior Medical Officer

J. W. Burden  
M. O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

3101

Reg. No. 4795 Rank Plt. Name Lieutenant J. W.

Date of Enlistment 29.11.18 Address Bedford Park District St. John's

Occupation Lumberman Classification for Discharge 1 Medical Category A.

Recommendation S. M. B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 3404	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	5
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 27.6.19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. 70600000

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied [Signature]

Date 27.6.19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R1988 to his home at Badger Brook and Release Certificate No. 3060 issued.

Date 27-6-19 *J. H. Newbalt*  
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 27-6-19

Date 27-6-19 *J. H. Newbalt*  
Depot Paymaster.

Discharged approved for 28-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. 1136	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	2 Form B
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	
B179c	B 120	M 93				

Date 27-6-19 *J. H. Newbalt*  
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 JAN 25 1919 *R. H. Lait* MAJOR  
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.

*W Boman*

Signature of Member

*J. A. Crawford*

Signature of the Vocational Officer or his Representative.

Reg. No. 4785

Place

ST. JOHN'S

Date

JUN 27 1919

191

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

# MEDICAL HISTORY

Surname Louvan OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Martin, St. B. County Wilt.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>29</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191	
	at <u>St. John's, Wilt.</u>		at _____	
Declared Age	<u>19</u> <sup><u>50</u></sup> years — days		years	days
Trade or Occupation	<u>Lumberman</u>			
Height	<u>5</u> feet <u>7</u> inches		feet	inches
Weight	<u>127</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>35½</u> inches			inches
	Range of Expansion... <u>4½</u> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/10</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>L. Samuel Stinson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. John's, Wilt.</u>		at _____	
	on <u>29</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Wilt. Regt.</u>	<u>4795</u>		
Transferred to				
Became non-effective by				
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				





## 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 *William Conran.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4795*

Intended address *Badger Brook.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father *Michael.*

Christian name of Mother *Mary.*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *N. S. Main, Nov 24<sup>th</sup> 1898*

Nature and locality of civil employment required \_\_\_\_\_

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

(Soldier's signature in full) *William Conran*

*026*  
(Rank)

Station *St Johns*

Date *26-6-19*

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.

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

## Casualty Form—Active Service.

Regiment or Corps..... 1st ROYAL NEWFOUNDLAND REGT.....

Rank..... Plt Surname..... Conroy Christian Name..... William

Religion..... R.C. Age on Enlistment..... 19 years 5 months

Enlisted (a)..... 29/4/18 Terms of Service (a)..... DURATION Service reckons from (a)..... 29/4/18

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended (.....) Re-engaged (.....) Qualification (b).....  
 S. (.....) or Corps Trade and rate.....

Occupation..... Landman Signature of Officer..... J. M. Esposito Capt

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A 26, 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 26, or other official documents.
Date	From whom received				
		Embarked ...	<u>26 Oct 1918</u>		
		Disembarked	<u>3-11-18</u>		
		Arrived in UK		<u>15/4/19</u>	

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

(b) Signalers, Shooting, &c., &c.

W 2007-11203 10000 207 200000

Forms B 103, B 103A, B 103B, B 103C, B 103D, B 103E, B 103F, B 103G, B 103H, B 103I, B 103J, B 103K, B 103L, B 103M, B 103N, B 103O, B 103P, B 103Q, B 103R, B 103S, B 103T, B 103U, B 103V, B 103W, B 103X, B 103Y, B 103Z, B 103AA, B 103AB, B 103AC, B 103AD, B 103AE, B 103AF, B 103AG, B 103AH, B 103AI, B 103AJ, B 103AK, B 103AL, B 103AM, B 103AN, B 103AO, B 103AP, B 103AQ, B 103AR, B 103AS, B 103AT, B 103AU, B 103AV, B 103AW, B 103AX, B 103AY, B 103AZ, B 103BA, B 103BB, B 103BC, B 103BD, B 103BE, B 103BF, B 103BG, B 103BH, B 103BI, B 103BJ, B 103BK, B 103BL, B 103BM, B 103BN, B 103BO, B 103BP, B 103BQ, B 103BR, B 103BS, B 103BT, B 103BU, B 103BV, B 103BW, B 103BX, B 103BY, B 103BZ, B 103CA, B 103CB, B 103CC, B 103CD, B 103CE, B 103CF, B 103CG, B 103CH, B 103CI, B 103CJ, B 103CK, B 103CL, B 103CM, B 103CN, B 103CO, B 103CP, B 103CQ, B 103CR, B 103CS, B 103CT, B 103CU, B 103CV, B 103CW, B 103CX, B 103CY, B 103CZ, B 103DA, B 103DB, B 103DC, B 103DD, B 103DE, B 103DF, B 103DG, B 103DH, B 103DI, B 103DJ, B 103DK, B 103DL, B 103DM, B 103DN, B 103DO, B 103DP, B 103DQ, B 103DR, B 103DS, B 103DT, B 103DU, B 103DV, B 103DW, B 103DX, B 103DY, B 103DZ, B 103EA, B 103EB, B 103EC, B 103ED, B 103EE, B 103EF, B 103EG, B 103EH, B 103EI, B 103EJ, B 103EK, B 103EL, B 103EM, B 103EN, B 103EO, B 103EP, B 103EQ, B 103ER, B 103ES, B 103ET, B 103EU, B 103EV, B 103EW, B 103EX, B 103EY, B 103EZ, B 103FA, B 103FB, B 103FC, B 103FD, B 103FE, B 103FF, B 103FG, B 103FH, B 103FI, B 103FJ, B 103FK, B 103FL, B 103FM, B 103FN, B 103FO, B 103FP, B 103FQ, B 103FR, B 103FS, B 103FT, B 103FU, B 103FV, B 103FW, B 103FX, B 103FY, B 103FZ, B 103GA, B 103GB, B 103GC, B 103GD, B 103GE, B 103GF, B 103GG, B 103GH, B 103GI, B 103GJ, B 103GK, B 103GL, B 103GM, B 103GN, B 103GO, B 103GP, B 103GQ, B 103GR, B 103GS, B 103GT, B 103GU, B 103GV, B 103GW, B 103GX, B 103GY, B 103GZ, B 103HA, B 103HB, B 103HC, B 103HD, B 103HE, B 103HF, B 103HG, B 103HH, B 103HI, B 103HJ, B 103HK, B 103HL, B 103HM, B 103HN, B 103HO, B 103HP, B 103HQ, B 103HR, B 103HS, B 103HT, B 103HU, B 103HV, B 103HW, B 103HX, B 103HY, B 103HZ, B 103IA, B 103IB, B 103IC, B 103ID, B 103IE, B 103IF, B 103IG, B 103IH, B 103II, B 103IJ, B 103IK, B 103IL, B 103IM, B 103IN, B 103IO, B 103IP, B 103IQ, B 103IR, B 103IS, B 103IT, B 103IU, B 103IV, B 103IW, B 103IX, B 103IY, B 103IZ, B 103JA, B 103JB, B 103JC, B 103JD, B 103JE, B 103JF, B 103JG, B 103JH, B 103JI, B 103JJ, B 103JK, B 103JL, B 103JM, B 103JN, B 103JO, B 103JP, B 103JQ, B 103JR, B 103JS, B 103JT, B 103JU, B 103JV, B 103JW, B 103JX, B 103JY, B 103JZ, B 103KA, B 103KB, B 103KC, B 103KD, B 103KE, B 103KF, B 103KG, B 103KH, B 103KI, B 103KJ, B 103KK, B 103KL, B 103KM, B 103KN, B 103KO, B 103KP, B 103KQ, B 103KR, B 103KS, B 103KT, B 103KU, B 103KV, B 103KW, B 103KX, B 103KY, B 103KZ, B 103LA, B 103LB, B 103LC, B 103LD, B 103LE, B 103LF, B 103LG, B 103LH, B 103LI, B 103LJ, B 103LK, B 103LL, B 103LM, B 103LN, B 103LO, B 103LP, B 103LQ, B 103LR, B 103LS, B 103LT, B 103LU, B 103LV, B 103LW, B 103LX, B 103LY, B 103LZ, B 103MA, B 103MB, B 103MC, B 103MD, B 103ME, B 103MF, B 103MG, B 103MH, B 103MI, B 103MJ, B 103MK, B 103ML, B 103MN, B 103MO, B 103MP, B 103MQ, B 103MR, B 103MS, B 103MT, B 103MU, B 103MV, B 103MW, B 103MX, B 103MY, B 103MZ, B 103NA, B 103NB, B 103NC, B 103ND, B 103NE, B 103NF, B 103NG, B 103NH, B 103NI, B 103NJ, B 103NK, B 103NL, B 103NM, B 103NN, B 103NO, B 103NP, B 103NQ, B 103NR, B 103NS, B 103NT, B 103NU, B 103NV, B 103NW, B 103NX, B 103NY, B 103NZ, B 103OA, B 103OB, B 103OC, B 103OD, B 103OE, B 103OF, B 103OG, B 103OH, B 103OI, B 103OJ, B 103OK, B 103OL, B 103OM, B 103ON, B 103OO, B 103OP, B 103OQ, B 103OR, B 103OS, B 103OT, B 103OU, B 103OV, B 103OW, B 103OX, B 103OY, B 103OZ, B 103PA, B 103PB, B 103PC, B 103PD, B 103PE, B 103PF, B 103PG, B 103PH, B 103PI, B 103PJ, B 103PK, B 103PL, B 103PM, B 103PN, B 103PO, B 103PP, B 103PQ, B 103PR, B 103PS, B 103PT, B 103PU, B 103PV, B 103PW, B 103PX, B 103PY, B 103PZ, B 103QA, B 103QB, B 103QC, B 103QD, B 103QE, B 103QF, B 103QG, B 103QH, B 103QI, B 103QJ, B 103QK, B 103QL, B 103QM, B 103QN, B 103QO, B 103QP, B 103QQ, B 103QR, B 103QS, B 103QT, B 103QU, B 103QV, B 103QW, B 103QX, B 103QY, B 103QZ, B 103RA, B 103RB, B 103RC, B 103RD, B 103RE, B 103RF, B 103RG, B 103RH, B 103RI, B 103RJ, B 103RK, B 103RL, B 103RM, B 103RN, B 103RO, B 103RP, B 103RQ, B 103RR, B 103RS, B 103RT, B 103RU, B 103RV, B 103RW, B 103RX, B 103RY, B 103RZ, B 103SA, B 103SB, B 103SC, B 103SD, B 103SE, B 103SF, B 103SG, B 103SH, B 103SI, B 103SJ, B 103SK, B 103SL, B 103SM, B 103SN, B 103SO, B 103SP, B 103SQ, B 103SR, B 103SS, B 103ST, B 103SU, B 103SV, B 103SW, B 103SX, B 103SY, B 103SZ, B 103TA, B 103TB, B 103TC, B 103TD, B 103TE, B 103TF, B 103TG, B 103TH, B 103TI, B 103TJ, B 103TK, B 103TL, B 103TM, B 103TN, B 103TO, B 103TP, B 103TQ, B 103TR, B 103TS, B 103TT, B 103TU, B 103TV, B 103TW, B 103TX, B 103TY, B 103TZ, B 103UA, B 103UB, B 103UC, B 103UD, B 103UE, B 103UF, B 103UG, B 103UH, B 103UI, B 103UJ, B 103UK, B 103UL, B 103UM, B 103UN, B 103UO, B 103UP, B 103UQ, B 103UR, B 103US, B 103UT, B 103UU, B 103UV, B 103UW, B 103UX, B 103UY, B 103UZ, B 103VA, B 103VB, B 103VC, B 103VD, B 103VE, B 103VF, B 103VG, B 103VH, B 103VI, B 103VJ, B 103VK, B 103VL, B 103VM, B 103VN, B 103VO, B 103VP, B 103VQ, B 103VR, B 103VS, B 103VT, B 103VU, B 103VV, B 103VW, B 103VX, B 103VY, B 103VZ, B 103WA, B 103WB, B 103WC, B 103WD, B 103WE, B 103WF, B 103WG, B 103WH, B 103WI, B 103WJ, B 103WK, B 103WL, B 103WM, B 103WN, B 103WO, B 103WP, B 103WQ, B 103WR, B 103WS, B 103WT, B 103WU, B 103WV, B 103WW, B 103WX, B 103WY, B 103WZ, B 103XA, B 103XB, B 103XC, B 103XD, B 103XE, B 103XF, B 103XG, B 103XH, B 103XI, B 103XJ, B 103XK, B 103XL, B 103XM, B 103XN, B 103XO, B 103XP, B 103XQ, B 103XR, B 103XS, B 103XT, B 103XU, B 103XV, B 103XW, B 103XX, B 103XY, B 103XZ, B 103YA, B 103YB, B 103YC, B 103YD, B 103YE, B 103YF, B 103YG, B 103YH, B 103YI, B 103YJ, B 103YK, B 103YL, B 103YM, B 103YN, B 103YO, B 103YP, B 103YQ, B 103YR, B 103YS, B 103YT, B 103YU, B 103YV, B 103YW, B 103YX, B 103YY, B 103YZ, B 103ZA, B 103ZB, B 103ZC, B 103ZD, B 103ZE, B 103ZF, B 103ZG, B 103ZH, B 103ZI, B 103ZJ, B 103ZK, B 103ZL, B 103ZM, B 103ZN, B 103ZO, B 103ZP, B 103ZQ, B 103ZR, B 103ZS, B 103ZT, B 103ZU, B 103ZV, B 103ZW, B 103ZX, B 103ZY, B 103ZZ

(P.T.O.)

Next of Kin: Father Michael Conroy, St. Mary, C.P., St. John's, Newfoundland



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. *14795* 3. Rank..... *plte.*
4. Name *Cornan* *William*  
(Surname) (Christian Names)
5. Age last birthday..... *20*
6. Posted for duty on *Apr 26/18* at *St. John*  
in category (or grade).....
7. Former Trade or Occupation } *Lumberman*
- 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. *no 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.

na.

na.

No Complaints no disability.

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

15. What is his present condition?

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

16. Was an operation performed? If so, when and what was its nature?

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

Repatiation

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

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

Station Hazley D. Camp

Date 29/4/19

\* 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



ST. JOHN'S, June 27 /19

# Royal Newfoundland Regiment.

Billeting Account,

To Pt. W. Couran

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 28<sup>th</sup> /19

4795. Pt. W. Couran 28 80

154m.

GR. NO. 25053  
IND. LEDGER

Certified correct for \$ 28. + 80.

W. Couran

R-J W. Couran Billeting Officer.

Receipt for Army Book 64

No. .... 4795 Name ... *Cowan* .....

To Certify that I have received the AB 64 of the above  
named soldier.

Name *W.F. Cowan* .....

Date. *Dec 1* .....

Place. *Badger Brook* .....

N.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"

*W F Cowan*  
*6 12 20*

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S, Nfld.***

---

Fold Here

SEP 17 1921

1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

**William Conran**

in respect of his service as No. **4795** Rank **Pte.**

Name **W. Conran**

**Royal Nfld. Regt.**

~~Nfld. Fusiliers~~

Receipt of the same should be acknowledged hereon.

Received

*William Conran*

Signature

Date

*November 17*

Address

*Baggins Road*

[P.T.O.]



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheets 6-1-1

Regiment of Royal Newfoundland

Signature of O. C. Company

James Hunt

Regimental Number and Name		Enlistment		Trade
No.		Age on	years	months
<u>4795</u>	<u>Company</u>	<u>19</u>		
Joined	Date	Place and Date of Enlistment		Religion
Joined	Date	<u>St John</u>	<u>24.4.18</u>	<u>R.C.</u>
Joined	Date	Period of } with Colours <u>1<sup>75</sup></u> years. with Reserve <u>3<sup>60</sup></u> years.		Place of Birth
Joined	Date		<u>St John</u>	

Good Conduct Badges, Service pay or proficiency pay  
10 1/2 ~~10~~

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>6.7.18</u>	<u>Private</u>		<u>Neglect of Duty.</u>	<u>Sgt. T. Mahony,</u>	<u>Dep. of Home Ship.</u>	<u>6.7.18</u>	<u>Col. St. G. L. Steele,</u>	<u>2</u>
<u>A. S. C.</u>	<u>23.10.18</u>	<u>Private</u>		<u>Unauthorized Draft leave</u>	<u>Sgt. H. H. H. H.</u>	<u>10 days pay 25/10/18</u>		<u>Capt Emerson</u>	<u>Forfeit 1/2 pay for 12 days</u>
				<u>Absn. from 23.10.18 to 12.11.18</u>					<u>By Rev.</u>
<u>Demolished 12/19</u>									

To be carried over

Army Form B. 121.



Reg. No. 4745 Rank ..... The Name Cossman, W.  
Attested ..... Address Badgers Brook  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas 1.6.19  
Returned on S.S. Cossman Cause Discharge

21.6.19

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILIZATION**

28.6.19

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4795 Rank Rvt Name McGowan, W.  
 Date of Enlistment 29-1-18 Address Bedford Park, District St. John's  
 Occupation Lumberman Classification for Discharge A Medical Category A  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 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
B 179c	B 120	M 83.		

Date 27-6-19 W. McGowan  
 O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation. W. McGowan

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 \_\_\_\_\_

Date 27-6-19 O. i. c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. *R1988* to his home at *Badgers Brook* and Release Certificate No. *3D60* issued.

Date *27-6-19*

*J. H. Snowball*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *12-7-19*

Date *27-6-19*

*H. M. [Signature]*  
Depot Paymaster.

Discharge approved for *28-6-19*

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

N.P. P36	B 288	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 *27-6-19*

*J. H. Snowball*  
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 *JUN 28 1919*

*R.H. [Signature]*

O. C. Discharge Depot.

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

Date *July 10/19*

*H. M. [Signature]*  
Depot Paymaster.