



THE ROYAL NEWFOUNDLAND REGIMENT

No. 5084 Name Wallace Crane CofE
Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? Wallace Crane
2. What is your full Address? Channel
3. Are you a British Subject? Yes
4. What is your age? 27
5. What is your Trade or Calling? Boat's Clerk
6. Are you Married? no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? no
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Are you willing to be enlisted for General Service?
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 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? yes

I, Wallace Crane do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfill the engagements made.

Wallace Crane SIGNATURE OF RECRUIT.
Jas. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wallace Crane 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
on this 16 day of May 1918
Signature of Attesting Officer Edwards Lieut.

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the:
If enlisted by special authority, such will be attached to the original attestation.
Date 1918
Place } Approving Officer.

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

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows:
via:—(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 Wallace W Crane
 Apparent age 21 years months. Height 5 feet 10 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Crane Channel
 | 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 Depot	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 _____									_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days
 " " Pensions " [" "] " " " " " " " " " "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5084 Name Wallace O'Connell Corps CofE

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Wallace O'Connell
2. What is your full Address? 2. Channel
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years 0 Months
5. What is your Trade or Calling? 5. Bank Clerk
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, Wallace O'Connell 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.

Wallace O'Connell SIGNATURE OF RECRUIT.
Jacob Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wallace O'Connell 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 explained as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Sphax on this 16 day of May 1918

Signature of Attesting Officer Edwards Lieut.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the
 It enlisted by special authority, such will be attached to the original attestation.

Date 1918
 Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5084

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

Name Wallace W Crane
 Apparent age 21 years 0 months. Height 5 feet 10 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Crane Channel
 | 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 Re-serve 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>16-5-18</u>									<u>Lance Cpl. 20.8.18</u> <u>Sgt. 11.10.18</u> <u>(W. H. Smith)</u>
Joined at <u>St John's</u> on <u>May 16, 1918</u>									
<u>Discharged March 19/1919</u>									
<u>Remobilization St John's 17-3-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 17-3-19 (date of discharge) _____ years _____ days
 " " Pensions " " " " " " " " " " " "

C.R. 5084

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT DEPOT ST. JOHN'S dated March 20/19.

The Discharge of the undernoted on Demobilization has
been ~~C~~ONFIRMED by Officer i/c Records on noted date.

#5084 Sgt. Wallace Crane.

17/3/19.

C.R. 5084

Extract from Daily Orders part II, Depot St. John's dated Feb. 21/19

The Discharges of the undernoted on demobilisation have been
APPROVED by O. C. Discharge Depot on noted dates.

#5084 Sgt. Wallace Crane†

17-2-19.

C.R. 5084

Extract of Daily Orders Part II, Dated Jan. 3rd 1919.

BILLETING

5084 Sgt. W.A. Crane

Recommended by the Medical Dept. to be billeted at home.

C.R. 5-084

Extract from PRELIMINARY REPORT from: The Director of Medical Services to: O.C. DEPOT, dated December 12th. 1918.

At a Medical Board held on TUESDAY AFTERNOON, December 10th., the following was a finding :-

5084 Sgt. W. Crane

Recommended Discharge. Unfit for General Service.

C.R. 5084

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated Oct. 12th 1918.

Promotion.

5084 L/C. W. Crane

To be Acting Sergeants while in charge of Depot Pay Rolls from
11/10/18.

C.R. 5084

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated August 20th, 1918.

5084, Pte. Wallace Crane,

To be L/Cpl. from 29-8-18.

C.R. 5084

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 17, 1918

#5084 Pte. A. Crane

Attested for General Service with the Royal Nfld.
Regt. from 16.5.18 to report 15.6.18.

Crane, W.A.

5084

Sept.

March 17, 1919

#5084 Sergt. Wallace Crane,
C/O Bank Nova Scotia,
Grand Bank.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 1065."

Yours truly,

Capt.
Paymaster & C.O. /c Records

Enc¹¹.

The Royal Newfoundland Regiment**PROCEEDINGS ON DISCHARGE**

1. No. 5084 Rank Sergeant Name Croane W.
 Intended place of residence 90 Gros Couglen Post Townsend
2. Occupation Bank Clerk
 Classification of soldier B Medical Category EG
3. The above named man is discharged in consequence of DEMobilIZATION
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 FEB 18 1919
- W. Bowley 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 responsibilities in my connection.
- Place and date St. John's
Feb 18 1919
- W. Croane
 Signature of soldier
- W. Bowley 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
17-2-19
- W. Croane
 Signature of soldier
- W. Bowley Capt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 16-5-18 No of days on Military
 Discharged from service 17-2-19 Plus 28 days Service 306 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place St. John's
 Date 17-2-19
- 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
 Date March 17/1919
- W. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

16
30
31
21
30
31
30
31
31
31
31
31

Feb 20 1919

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5084 Rank Private Name James Wallace
 Date of Enlistment 16. 2. 18 Address Channon District Burgess Report
 Occupation Bank Clerk Classification for Discharge B Medical Category A
 Recommendation S.M.B. Receipt of final pay Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	2	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	1			

Date 17. 2. 19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Mac name

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
 (b) Clothing Supplied Joseph H. Snow Lieut

Date 17- 2- 19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
at _____ and Release Certificate No. 1085 issued.

Date 17-2-19

Brooks Cap.
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 17-3-19

Date 17-2-19

Money Cap.
Depot Paymaster.

Discharge approved for 17th Febry 1919.

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	1	N.F. Med.	D.F. 1	1	
F 178	W 3494	B 122		Board 1st.	" 2.	1	Form B
F 178a	D 400A	B 1915	2	do 2nd.	" 3.	2	
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				

Date 17-2-19

Brooks Cap.
Demobilization Officer.

APPROVED.

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

Date 17-2-19

R.H. Jait Cap.
O. C. Discharge Depot.

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

Date

E

Burges

Demobilization Form 1

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 12. 17. 18

Regimental No. 5084.

Name Graves Wallace Arthur Sgt.

Address St. John's
St. John's

Present Medical Category F

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

Proceeding of M.C.B. in file

Members of Board } R. H. Lat
O.C. Discharge Depot.

Members of Board } W. P. ...
Senior Medical Officer

Members of Board } Dev ...
M. O. Depot

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

MEDICAL HISTORY

Surname Crane OF St. John's Christian Name Wallace D.

Table I.—GENERAL TABLE.

Birthplace:—Parish Chancee County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	16	May		191
	at	St. John's	at	
Declared Age	21	years		days
Trade or Occupation	Bank Clerk			
Height	5	feet	10	inches
Weight	140	lbs.		lbs
Chest Measure- ment	Girth when fully expanded		36	inches
	Range of Expansion		4	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
		Scars		
When Vaccinated	1 mth ago			
Vision	R.E.—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)	James D. Paterson			
(Rank)	Majr			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	16	day of	May
				191
	Corps.		Regtl. No.	
Joined on Enlistment	The Royal 208th			
	Nfld Regt			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

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 previous occupation

W. A. Crane

Signature of Man.

Reg. No. *5084*

Crooks Capt.

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

17-2 1919

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at St. John's May 11/181. Name Wallace Crane Age (a) Declared 21
(b) Apparent2. Do you know of anything wrong with you? noWhat severe illnesses have you had? none3. Height 5 ft 10 1/2" Weight 140
4. Eyesight (a) Left 6/6 (b) Right 6/6
5. Physical Defects (Examine after strenuous exercise)n6. Examination of Lungs n

Measurement

(a) Expiration

32

(b) Inspiration

367. Examination of Heart n

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

n10. Have you been successfully vaccinated, and when? yes 1 month ago 1 year ago11. Name and address of next of kin Sister John Channel

REMARKS—

AiiW. Burden
Archibald



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- This report is solely concerned with Pensions.
- A single copy only is required.
- "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- Be as brief as possible compatible with lucidity.
- Avoid dubiety—"perhaps" "possibly" "might" and the like.
- Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station *St Johns Nfld*

Date *Dec 10th 1918*

- Unit *Royal Newfoundland*
- Regimental No. *5074*
- Rank *S'ant*
- Name *Crane Walter A.*
- Age last birthday *21*
- Enlisted on *16th May 1918*
at *St John's*
- Former trade or occupation *Boat Clerk*

8. Disability

Debility

9. History

During past six months has complained of shortness of breath on exertion, rapid action of heart & precordial pain. During past five months has been on clerical duties in Orderly Room.

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

General physique poor.
P.R. 80. ton slight-pletha
ris to 130. Heart regular
two murmurs
Notably abnormal in lungs.

11. Was sanatorium advised and refused?
operation

No

12. Do you recommend discharge as permanently unfit?

yes

Signature

Richard [unclear]
for MD report

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x cannot be considered as aggravated by:—
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes. Complaint of pain in left side

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? *nil*

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.) *nil*

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp. *4*

20. We recommend discharge from retention in the Army *unfit general service*

Remarks if any:—

Signatures *[Signature]* President
..... *[Signature]*

Place *[Signature]*

Date *Dec 10/18*

APPROVED

Station

Date



[Signature]
Administrative Medical Officer



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 Crane Wallace Augustus

Regiment from which discharged 1st. Newfoundland

Regimental number 5084.

Intended address Channel.

Height on discharge 5' 11"

Color of hair on discharge Brown.

Complexion Tan.

Color of eyes Blue.

Descriptive Marks -

Figure on discharge Medium

Christian name of Father John.

Christian name of Mother Jane.

Wife's maiden name in full -

Date and place of marriage -

Christian names of children -

Place and date of soldier's birth. Cuning, Nfld. Feb 16/97.

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)

Wallace Sgt. (Rank)

Station St John's. Date Dec 11th 1918.

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.

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

Station St John's Nfld Date 11th Dec 1918

St. John's, DEC 3 1918

Royal Newfoundland Regiment.

Billeting Account,

To Sgt. W. Crane

Billeting Soldiers as undermentioned

from Sept 17th / 18 to Sept 30th / 18

5084. Sgt. W. Crane 14 40

13 m.

6255 EW

Res. Lt. F. Anderson

Certified correct for \$ 14. 40

A.S.

Ch. Dickson
Billeting Officer.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
35.

Number of Sheet One

Regiment of Royal New Zealand

Signature of O. C. Company C. P. Dickson Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5084</u> <u>Crane Wallace</u>	Age on	21 years months	<u>Clerk</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>16.5.28</u>	<u>C.P.S.</u>	
Joined		Date	Period of	Place of Birth	
Joined		Date	} with Colours <u>10 1/2</u> years. } with Reserve <u>3 1/2</u> years.	<u>Chamuel</u>	

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>Demobilized St John's 17 ³/₁₉</u>					

To be carried over

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5084 Rank Private Name James Wallace
 Date of Enlistment 16.5.18 Address Chamuel District Burgess Bay
 Occupation Bank Clerk Classification for Discharge B Medical Category 4
 Recommendation S.M.B. Warrant for general discharge Rating Nil
 Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	1 B 191E	2	do 2nd	" 3	3
B 179	2 D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 403	ME 2			" 6	
B 179c	B 120	M 93	1			

Date 17.2.19 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Macrae

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 Joseph H. Grant Lieut

Date 17-2-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at _____ and Release Certificate No. 1085 issued.

Date 17-2-19 Essicks 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 17-2-19

Date 17-2-19 Whaley Capt.
Depot Paymaster.

Discharge approved for 17th Feb 1919

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	2
B 178a	D 400A	B 1915	2	do 2nd	" 3	2
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			

Date 17-2-19 Essicks Capt
Demobilization Officer.

APPROVED.

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

with following additional documents.

Date 17-2-19 R.H. Sait Capt.
O. C. Discharge Depot.

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

Date Feb 21 1919 [Signature]

Reg. No. 5184 Rank..... Name Franc Wallace A
Attested 16-5-18 Address Shannell
Allotment..... Allottee.....
Date of Allotment..... Returned from Overseas.....
Embarked for Overseas..... Cause.....

To report 15-6-18, 1st Inoc 20/6/18 2nd Inoc 14-9-18
Reported 17/8

R. leave 17-9-18 to 30-9-18. held 30-9-18
11-10-18 to be acting Sergeant while in charge of
depot pay hall 3rd Inoc 9-11-18
10-17-18 Rec Discharge unfit for Gen Service

17
21-2-19 PASSED TO DEMOBILIZATION OFFICER

27-2-19
DISCHARGE APPROVED ON DEMOBILIZATION.