



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 14945 Name Peter Edwards R.C.

Questions to be put to the Recruit before Enlistment.

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

I, Peter Edwards 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.

Peter Edwards SIGNATURE OF RECRUIT.
John W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Peter Edwards 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 7 day of May 1915

Signature of Attesting Officer W. J. Mansfield

†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 1st

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

Date

Place

} Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

4945

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

Name Peter Edwards
 Apparent age 20 years months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Edwards
Lawson Place, Pny | 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. Pny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	

Service towards limited engagement reckons from 7-5-18
 Joined at St. John's on Monday 7-1918

Discharged July 31 1919

Embarked St. John's N.S. Columbia to Halifax N.S. 22 78.
Embarked for N.S. 23-11-1918
Disembarked France 28-11-1918
Joined Battalion 5-1-1919. Admitted by Corp Quartermaster O.D. 31 3/4
Went to camp adj. 24 79. Transferred to Det 1 79. Engaged to be discharged 1 5/9
to file for demobilization 22-5-19. Arrived at P. 6-1919
 Total Service forfeited as above..... Demobilization St. John's 3-7-1919

Total Service towards Engagement to 3-7-1919 (date of discharge) 1 years 58 days
 " " Pensions " " " " " " " " " " " "

No. 4945

Name *Edwards P*

Sqn. Batty. or Company

*D.*Corps *P. Newfoundland*

Date of enlistment

7/5/18

U.C. Badges

Service of Proficiency

100

Date of last entry in Company Conduct Sheet

No and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No.

Signature of Company, etc.

W. L. Edwards

Character

Good

Place

Date of offence

Rank

Cases of Drunkenness

Offence

Names of Witnesses

Punishment awarded

Date of award of order dispensing with trial

By whom awarded

Remarks

Army Form B. 122.

P.T.O.

C.R. 4945

Exyrcat from Daily Orders part II, Unit the R.Nfld.R.
dated July 5th. 1918.

The discharge of the undernoted on demobilization has
been ~~CONFIRMED~~ by O.S/c Records on noted date.

#4945 Pte. ~~Ed. warden Peter.~~

Edwards. Peter

3-7-19.

3-7-19.

C.R.

4945

Extract from Daily Orders Part 2^d Unit The Royal Nfld. Regt.
Depot St. John's with effect from ⁹⁻⁶⁻¹⁹ 19-6-19.

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

4945 Pte. Peter Edwards.

C.R. 4945

Extract from Daily Orders Part 21 Depot, St. John's,
Date June 7th, 1919.

Reported at Headquarters ex "Corsican"
which sailed Liverpool May 28/1919.

4945 Pte. Peter Edwards.

Reported at Headquarters 1-6-19. ex "Corsican"
which sailed Liverpool May 28/1919.

C.R. 4945

Extract from War Office List No. H.A. 35745.,

Admitted 1 Sty. Hospital Rouen 31st. March 1919.

4945 Pte. P. Edwards.

V.D.S.C.

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

C.R. 4945

#4945 Pte. P. Edwards.

C.R.

4945

Extract from Daily Orders part II, from Unit The Royal B21A.2
Reg St. John's, dated July 25, 1918.

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

#4945 Pte. Peter Edwards.

C.R. 4945

SICK AND WOUNDED N.O.O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

NO 1 RECORD OFFICE - PRESTON.

57447 Pte. Godbear, T H. 1/1 Manchs.

V.D.S. Dis to Camp Adj.ex 1 Sty H. Rouen 24th Apl'19.

LIST NO H. A. 36074

NO TWO RECORD OFFICE - PRESTON

30705 Pte. Morrison, T. 1/ K L'pools R. Scabies.
at 17th Fld Bky.

Adm. 5 Sty H. Dieppe 25th Apl'19.

LIST NO H. A. 36074

359945 Pte. Mills, H. 10th L'pools Scott. Influenza. Mild.

Adm. 6th sty H. Antwerp 22nd Apl'19.

NO 1 RECORD OFFICE - SHREWSBURY.

40853 L/O. Burge, M. 24/ Welsh.R att. Scabies.
RFQ. Dieppe.

Adm. 5 Sty H. Dieppe 25th Apl'19.

LIST NO H. A. 36074

NO TWO RECORD OFFICE - SHREWSBURY.

B 249 Opl. Twigg, C. 1st. Cheshires. V.D.S.C.

Dis to Camp Adj.ex 1 Sty H. Rouen 24th Apl'19.

LIST NO H. A. 36074.

443184 Pte. Kirby, J B. C.I.B.D.
2/ R Welsh.Fus att Neurasthenia.
L.Sigs.

Dis to Unit ex 2 Sty H. Abbeville 24th Apl'19.

NEWFOUNDLAND EXPEDITIONARY FORCE.

4945 Pte. Edwards.P. 1st.R Newfoundland V.D.S.C.
R."D" Coy.

Dis to Camp Adj.ex 1 Sty H. Rouen 24 th Apl'19.

LIST NO H. A. 36074



X
128
X

June 20, 18.

Dear Madam:-

#4949 Peter Edwards.

The above soldier having been sworn in on May 7th., cannot now be released. He has made an allotment of 60¢ per day in favor of his father, from June 1st, which amount will be paid by monthly cheque from the Paymaster.

Should he be the sole support of the family, you can make application to the Paymaster, Militia Building, for separation allowance.

I have the honour to be,

Madam,

Your obedient servant,

Major.
District Officer Commanding.
Newfoundland.

Miss Julia Edwards,

Lawn.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender

Address Militia Department

Line Number	Red	By	Sent	by	Check

Dated June 19, 1918.

To Julia Edwards Lawn

Impossible release private Edwards.

District Officer Commanding.



B.R. 4945

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

June 18th, 1918 *1918*

To D. O. C.,

Newfoundland

Re 4945 Pte. P. Edwards

The above named soldier is 20 years of age, enlisted on May 7th, 1918, and is at present with the Regiment in Barracks. He made an allotment of 60¢ per day in favour of his father from June 1st, 1918.

R. H. Lait

Captain

for O.C. Depot.

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 2 Sent by JRevd by 44No. 17Place From LawnTo General Militia

I am very ill and have
 been for sometime have Brother.
 only eleven my father is old
 and now has become insane
 my Brother Peter Edwards has
 enlisted we have no one now
 to support us can you send
 him back ^{please} reply.

Julia Edwards

O. C. DEPOT,

FOR YOUR INFORMATION AND ATTENTION

A. Montgomerie Major.

District Officer Commanding

No enquiry will be made of this message will be attended to without the production of this paper.

per R. H. Davidson.

RST

Extract from Daily Orders part 11, from Unit The
Royal Newfoundland Regiment, St. John's, dated
May 11, 1916.

#4945 Pte. P. Edwards.

Attested for General Service with the Royal Newfoundland
Regiment from 7.5.16.

Edward

CR. 4945

~~Ed~~

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 New Field B.*..... 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4985* 3. Rank..... *Sgt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *H. Edwards*..... (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *21*.....
6. Posted for duty on *May 7/18* at *H. Ghelu*.....
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
(b) Where (if any)
(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 venereal disease.

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

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *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.)

No complaint 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*

Repaturation

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

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

Station *H. D. Camp*.....
 Date *18/10/12*.....

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalidated at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Joseph D. Camp*

Date *18/5/19*

{ President or
Chairman.

} Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station

Date

Officer in charge, Central Hospital.

{ Only applicable
in cases of
Patients in
Hospitals.

OR

Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

Date

O.C. Discharge Centre.



1st. NEWFOUNDLAND REGIMENT

Peter Edwards ALLOTMENTS, Regl. No. 4945

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and forty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{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>4014</u>	<u>Father</u>	<u>John R Edwards</u>	<u>Lawn P B</u>	
			Total Allotment, £	<u>60s</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.: J. James
Officer Commanding
A Company
St Johns
May 23rd 1918

(S) Peter x Edwards
mark
(Rank) He
Witness:
James Arkhe
of Serge

No. 4247A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS
Peter Edwards, Regt. No. 4945

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Forty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{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)
4014	Father	<u>John R Edwards</u>	<u>Lawn</u> <u>P B</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. James
 Officer Commanding

St Johns Company
May 23rd 1918

(Sig.) Peter x Edwards
 (Rank) Private

Witness:
James Arkhe
 of Sergt.

13600/1377/

NEWFOUNDLAND CONTINGENT

From:

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



Officer Commanding,
2/Bn. R. Newfoundland Regt.,
Winchester.

27th, August

Handwritten initials and scribbles, possibly 'P. Edwards' and 'J. Murphy'.

Subject: 4945, Pte. P. Edwards

With reference to the following telegram (7406) from the Hon. Minister of Militia, received

*Pay to 4945 Edwards £3. 0. 0

Draft £ 3. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. F. H. Marshall
Chief Paymaster & O. i/c Records.

Aug 28 1918

Receipt hereunder.

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

Received the sum of Three

Pounds on account of
cable remittance from Newfoundland.

P. Edwards
No. 4945 Rank Private

Witness: J. Murphy

1287
Pte.

No. 16121/1735

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd-Bn. Royal Nfld. Rgt.,
Winchester.

October 7th 1918

Oct 9 1918

Subject: 4945, Pte. P. Edwards,

With reference to the following telegram (8605) from the Hon. Minister of Militia, received

"Pay to 4945, Pte. P. Edwards, £2.0.0:

Draft £2.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

Receipt hereunder.

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

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

P x Edwards
mark
No. 4945 Rank Private

Wytters. J. [Signature] Rgt.

Edwards, Peter

4945

Aug Sept.

July 8, 1919

#1945 Pte. Peter Edwards,

Lawn, P.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 & U.i/c Records.

543

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, 1918.

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/O

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name *Peter Edwards*..... 2. Service.....
- 3. Rank..... *Pte.*..... 4. Reg't. No. *4945*.....
- 5. Address in full to which future payments of gratuity are to be forwarded, *Lawn - Meriv District*.....
- 6. Date of enlistment in the Regiment..... *May 21 1918*.....
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No*.....
- 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?..... *No*.....
- 11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas*.....
- 12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *From May 2/18 to June 5/19 date of temporary discharge*.....

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.

Clothing allowance back 66.04

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?

19. Are you now serving in the Regt.? *No* If not give:- (a) Date of discharge. *June 5/19* (b) Reason for discharge.

Adaptory

Demobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

France & Germany - From Nov. 1918 to April 1919

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:

hi
Peter Edwards

Place of Residence:

Lynn - Kurin Riv

Declared before me at:

St. Johns, Nfld

This

5th

day of

June

19*19*,.....

John C. [Signature]

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

POST DISCHARGE PAY.

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

.....	<i>4 mos</i>	<i>250.00</i>
-------	-------	-------	--------------	---------------

.....
-------	-------	-------	-------	-------

Certified correct.

Paymaster

[Signature]

July 3, 1919

#4945 Pte. Peter Edwards,
Lawn, P.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2206.

Yours truly

Capt.
Paymaster & Officer i/c Records.

The Royal Mld. Regiment

DEMOBILIZATION

No. 4945 Rank _____

Name Edward P

Warned for demobilization on

JUN 5 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4945 Rank Pte Name Edwards Peter
 Intended place of residence Lawn
2. Occupation Fisherman
 Classification of soldier E Medical Category AI
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 5 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S

JUN 5 1919

Peter Edwards
 Signature of soldier

J. J. [unclear]
 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

5-6-19

Peter Edwards
 Signature of soldier

W. J. [unclear]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7-5-18 No of days on Military
 Discharged from service 19-6-19 Plus 14 days Service 423

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

JUN 19 1919

Date

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

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's, Nfld

Date July 3/1919

[unclear]
 Officer in Charge
 The Royal Newfoundland Regiment

22.13 20 79/2266

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. *H 945*.....

Name *E. Andrews* *S. L. L. L.* *Plt*.....

Address *L. L. L.*.....

Present Medical Category *A-1*.....

Recommended for:— { (a) Immediate discharge

{ (b) ~~Standing Medical Board~~.....

Members of Board {

R. L. L. L. L.
O.C. Discharge Depot.

L. P. L. L.
Senior Medical Officer

S. L. L. L.
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1945 Rank Pte Name Edwards Peter
 Date of Enlistment 7-5-18 Address Lawn District Placentia
 Occupation Fisherman Classification for Discharge E Medical Category A I
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/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	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 4-6-19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Has
Peter ^{Mark} Edwards
and wife

Particulars passed to Vocational Officer for information and action.

Date
1945 JUN 19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable *[Signature]*
 (b) Clothing Supplied *[Signature]*

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 11.1453 to his home at Lawn and Release Certificate No. 9393 issued.

Date 5-6-19

MOLTANLEOMSE

J. M. Constable
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 3-7-19

Date 5-6-19

J. M. Constable
Depot Paymaster.

Discharge approved for 19-4-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/86	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	2 Form B
F 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 5-6-19

J. M. Constable
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 19 1919

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

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

Date

6

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

Signature of Man.

Reg. No. *Edwards J.*

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

5-6-19

191

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

MEDICAL HISTORY

Surname EdwardsOF
Christian Name Peter

Table I.—GENERAL TABLE.

Birthplace:—Parish Laurie P.B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	7	May	1918	191
	at	St John's	at	
Declared Age	20	years	—	days
Trade or Occupation	Fisherman			
Height	5	feet	8	inches
Weight			127	lbs.
Chest Measure—			35	inches
(Girth when fully expanded)			3	inches
(Range of Expansion)				
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
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)	L. M. P. Parsons			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St John's	at	
	on	7	day of	May
				1918
		Corps		Regtl. No.
Joined on Enlistment	The Royal Nfld. Regt. 1915			
Transferred to	Nfld. Regt.			
Became non-effective by	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 *Peter Edwards*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4945*

Intended address *Lawn,*

Height on discharge *5* Feet *8*

Color of hair on discharge *Bright*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Debaria*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Lawn, Jan 6 1896*

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)

Peter Edwards
Wm. E. O'Keefe
Station **ST. JOHN'S,**

Date

St.
4-6-19

(Rank)

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

Station

Date



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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *4948* 3. Rank. *Ate*
4. Name *Edward P.*
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on *7/1/18* at *St John's*,
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
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 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 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. *no*
12. Place of origin of disability. *no*
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*

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. }

all

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.)

no complaint 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 ?

Repatriation

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

W. Procunier, Capt R.A.M.C.

Station *H. D. Camp.*

Medical Officer in charge of case.

Date *18/5/19*

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier
Give details:		

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Stanley D. L. Humphreys* } President or Chairman.
 Date *18.5.19* } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable in cases of Patients in Hospital.
 Date } Officer in charge, Central Hospital.

OR
 Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date
 O.C. Discharge Centre.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

Peter Edwards

Regl. No. 4945

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 ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{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)
4014	Father	John R Edwards	Lawn P B	
			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.) G James
Officer Commanding
A Company

St Johns
May 23rd 1918

(Sig.) Peter Edwards
mark
(Rank) Pl

Witness:
James Archie
of Sergeant

4945-

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Name: *Peter Edwards*.....

Date: *Dec. 4/1919*

Place: *Lynn*.....

Casualty Form Active Service.

Regiment or Corps **H. Newfoundland**

Rank **Pte.** Surname **Edwards** Christian Name **J.**

Religion **P.C.** Age on Enlistment **20** years **—** months

Enlisted (a) **7/5/18** Terms of Service (a) **Duration** Service reckons from (a) **7/5/18**

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

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

Occupation **Fisherman** **W. Long Capt.** Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.56, 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... 28 NOV 1918			
		Joined Batt.		5 JAN 1919	
10th - 21.	Admiral V.D.S.C.	1st to 24th (24 days)	OTL 43	31/3/19	HE 35745
W. Long	1st to 24th (24 days)	OTL 43		1-5-19	Equino.
6th to 10th for release	London				
			W. Long		Captain for
					C. 1st M.I. Sub Section
			2303rd		Office, British Troops
					France & Flanders.

(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.

Next of kin: **Father: John Edwards. Son: Phineas Boy. N.F.L.D.**

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet 1

Regiment of Royal Newfoundland

Signature of O. C. Company C. J. Jamieson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.	<u>4945 Edwards Peter</u>	Age on	<u>20</u> years <u>1</u> months	<u>Fisherman</u>				
Joined		Date	Place and Date of Enlistment				Religion	
Joined		Date	} with Colours <u>15</u> years.	} with Reserve <u>30</u> years.			} <u>R. C.</u>	} <u>S. Johns</u>
Joined		Date	Period of				} <u>Place of Birth</u>	
Joined	Date			} <u>Sawn P. Bay</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</u>	<u>S. Johns</u>	<u>3 7/9</u>			

To be carried over

Army Form B. 121.

4945

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4945 Rank Pte Name Edwards Peter
 Date of Enlistment 7-5-18 Address Zwaan District Placentia
 Occupation Fisherman Classification for Discharge E Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
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 4-6-19 J. W. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

Handwritten: Peter ^{has} ~~mark~~ Edwards ^{low} ~~with~~ ^{W. J. ...}

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable £100.00

(b) Clothing Supplied £100.00

Date 5-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 19.1453 to his home
at Lawn and Release Certificate No. 2323 issued.

Date 5-6-19

J. P. [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 3-7-19

Date 5-6-19

J. [Signature]
Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	2 Forms B.
R 178a	D 400A	B 1915	do 2nd	" 3	
I 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 92			

Date 5-6-19

J. A. [Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 19 1919

R. H. [Signature]
O. C. Discharge Depot.

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

Date June 10/19

J. [Signature]
Records

Reg. No. *4975* Rank *1st* Name *Edwards, I.*

Attested Address *Lawn.*

Allotment Allottee

Date of Allotment Returned from Overseas *29. 1. 19.*

Returned on S.S. *Corsican* Cause *Discharge*

4-6-19

19-6-19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.