

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet First

Regiment of 19th Forestry Company

Signature of O. C. Company W. Jameshuist

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>William Fever</u>	Age on	<u>55</u> years <u>9</u> months	<u>Sawyer</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>St. John's</u> <u>15/7/18</u>	<u>R.C.</u>	
Joined		Date	Period of } with Colours <u>174</u> years. with Reserve <u>35</u> years.	Place of Birth	
Joined		Date		<u>Placentia</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
<p style="font-size: 2em; font-family: cursive;">Demobilized St John's 7 ⁸/₁₉</p>									

To be carried over



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 Fever*

Regiment from which discharged **Royal Newfoundland**

Regimental number *8480*

Intended address *Glacentia*

Height on discharge *5 Feet 5*

Color of hair on discharge *Gray*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks *— left*

Figure on discharge *Medium*

Christian name of Father *Sead*

Christian name of Mother *Bridget*

Wife's maiden name in full

Date and place of marriage *Glacentia*

Christian names of children *Mary Ann*

Place and date of soldier's birth *Glacentia 28-1-age 66. 1854*

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 Fever*

(Rank) *Plt*

Station *St. JOHN'S*

Date *July 5th 1919*

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.

Station

Date

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 8780 Rank Plt Name Edward W
 Date of Enlistment 15-3-18 Address Placentia District Placentia
 Occupation Lumberman Classification for Discharge 17 Medical Category B11
 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	<u>Plate 1</u>	" 6.
B 179c	B 120	M 93		

Date 8-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

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

Date 10-7-19

O i/c. Re-clothing.

Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R2351 R2352* to his home

at *Placentia* and Release Certificate No. *3409* issued.

Date *10-7-19*

J.A. Snowloff
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *7-8-19*

Date *10-7-19*

H. Newsitt
Depot Paymaster.

Discharge approved for *24-7-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
E 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		

2 Form B
TCB-1

Date *10-7-19*

J.A. Snowloff
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 *JUL 24 1919*

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

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

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8480 Rank Plc Name Fewer W
 Intended place of residence Placencia
 2. Occupation Lumberman
 Classification of soldier E Medical Category B

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 JUL 10 1919

[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 JUL 10 1919

W. Fewer
 Signature of soldier
[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 JUL 10 1919

W. Fewer
 Signature of soldier
James O'Sullivan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service... 15-2-18 No. of days on Military
 Discharged from service... 24-7-19 Plus 14 days Service... 339

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 JUL 24 1919

L.R. Coople Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 7/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

Asst B 2079/3507

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