



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4509 Name Jno Flight Corps Meth

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

- 1. What is your name? ..... 1. Jno Flight
- 2. What is your full Address? ..... 2. Pouch Cove
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 19 Years 6 Months
- 5. What is your Trade or Calling? ..... 5. fisherman
- 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, Jno Flight 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. John Flight SIGNATURE OF RECRUIT.  
19. 4. 18 Frank C. Furness Signature of Witness.

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

I, John Flight 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 on this 19 day of April 1918

Signature of Attesting Officer J. P. Bradley

### 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 April 19 1918  
Place St John Approving Officer J. P. Bradley

† 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 John Flight  
 Apparent age 29 years 6 months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 35½ inches  
 Range of expansion 4½ inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Flight  
Pouchlane | 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 Lepot	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 <u>19-4-18</u>									
Joined at <u>St. John's</u> on <u>April 19-1918</u>									
<u>Discharged June 29/19</u>									
<u>Crewed St. John's train to Halifax N.S. 11-6-18.</u>									
<u>Crewed for S.G.L. 26-10-18. Joined Bath France 3-11-1918.</u>									
<u>Admitted Hospital South 14-11-18. Admitted 27th St. train bus to 6700 St. Boils 15-11-18</u>									
<u>Discharged to Detach Camp 25-11-18. Rejoined 5-1-19.</u>									
<u>Transferred from Coen 22-19. Arrived Newfoundland 23-11-1919.</u>									
<u>Transferred to Newfoundland for demobilization 22-5-1919. Arrived Newfoundland 1-6-19</u>									
<u>Demobilization St. John's 29-6-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-6-19 (date of discharge) 1 years 72 days  
 " " Pensions " " " " " " " "

Reg. No. 4509 Rank Pvt Name Glight,  
Attested 19. 4. 18 Address Pinckney  
Allotment 60 Allottee James Light (Father)  
Date of Allotment \_\_\_\_\_ Returned from Overseas \_\_\_\_\_  
Embarked for Overseas 11-6-18 Cause \_\_\_\_\_

Dec 23<sup>rd</sup> 1895 Dec 5<sup>th</sup> 1898 Dec 10<sup>th</sup> 1898 3<sup>rd</sup> Dec 17-5-18

Relieved from leave 20-4-18

" " " 2-5-18

C.R. 4509

Extract from Daily Orders Part 11 Unit <sup>1</sup>he Royal Nfld.  
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has  
been CONFIRMED by Officers i/c Records from 29-6-19.

4509 Pte. John Flight.

C.R. 4509

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, June 16th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 15-6-19.

4509 Pte. J. Flight.

C.R. 4509

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.

#4509 Pte. J. Flight.

C.R.I.

4509

Extract from Daily Orders Part II Unit Royal RFLd. Regt.  
St. John's, June 14-1919.

4509 Pts. J. Flight.

Reported at Headquarters 1-6-19 on "Gervais" which sailed  
Liverpool 22-5-19.

C.R. 4569

Extract from Daily Orders Part II Unit The Royal Rifles Regt.,  
By Lt. Col. F.G. Mathews, D.S.O. Commanding 1st Batta 3/11-18.

The following joined the Batta. 3-11-18.

4509 Pte. J. Flight.

B Coy.



CR. 4509

Extract from Casualties List No.H.A. 32071

4509 Pte.Flight, G.

Bells Mild.

C.R. 4509

Extract from Nominal Roll Re-inforcement Draft No. 55 Embarked Folkestone  
26/10/18, from 2nd Batta, Royal Newfoundland Regiment Hasleby Spur Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment B.E.F.

4509 Pte. Blight, J.

C.P. 4509

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

4509 Pte J. Flight.

Embarked for Overseas with draft 11-6-18.

C.R. 4509

Extract from Daily Orders part 11, from Unit The  
Royal Newfoundland Regiment, St. John's, dated April 20/18

#4509 Pte. J. Flight.

Attested for General Service with the Royal Wfld. Regt.  
from 19/4/18.

*Flight. J.*

*C.R. 4509*

*P.R.O.*





NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *11069* 3. Rank *Pte-* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Flight J* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *20*
6. Posted for duty on *18.4.18* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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. *he*
12. Place of origin of disability. *he*
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. *he*



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? } .. .. .

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 employs his disability*

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

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

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

*Repatriation*

*more 1/2 .. .. .*  
*Capl Rame*

Station *Fazley D. Camp*

Medical Officer in charge of case.

Date *20* .. .. . *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



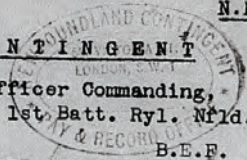
58  
No. ~~45~~07/261

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
1st. Batt. Ryl. Nfld. Regt.  
B.E.F.



7th April 1919

April 17 - 1919

Subject: 4509. Pte. J. Flight

ANSWER.

With reference to the following telegram ( 122 ) from the Hon. Minister of Militia, received

*Reference opposite.  
This man wishes  
this amount placed  
to the credit of his  
account please.*

4509. Flight. J.  
£5. 0. 0.

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

*Deposited  
6/4/19  
O'Brien  
LIEUT. COL.*

*R. Hunt*  
Chief Paymaster & O. i/c Records.

COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT

No. 18916/1846



N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2nd. Bn. Royal Newfoundland Rg  
Hazeley Down Camp,  
Winchester.

22nd. October, 1918

Subject: 4509. pte. J. Flight.

With reference to the following telegram ( 9053 ) from the Hon. Minister of Militia, received

pay to:- 4509. Flight - £3:0:0:

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

*A. A. Maxwell Maj.*  
Chief Paymaster & O. 1/c Records.

Oct. 30<sup>th</sup> 1918

Receipt hereunder.

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

Received the sum of \_\_\_\_\_

\_\_\_\_\_ on account of  
cable remittance from Newfoundland.

Flight J  
No. 4509 Rank Pte

Flight, J

4509

Hay Sept.

June 29, 1919

#4509 Pts. John Flight,

rough Cove,

St. John's East.

Dear Sir:-

Please find enclosed Discharge Certificate  
No. 2417.

Yours truly

Captain,  
Paymaster & Officer i/c records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4509 Rank Private Name Flight J  
 Intended place of residence Pouch Cove

2. Occupation Intermar  
 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 JUN 12 1919  
 Date ST. JOHN'S *J. M. Levent*  
 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 12 1919  
*J. Flight*  
 Signature of soldier  
*J. A. Brown 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 JUN 12 1919  
ST. JOHN'S  
*J. Flight*  
 Signature of soldier  
*W. J. Cleary Qms*  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 19-4-18 No of days on Military  
 Discharged from service JUN 15 1919 Plus 14 days Service 437

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S  
JUN 15 1919  
*R. H. Sait Major*  
 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 June 29/1919  
*J. M. Rowley Capt.*  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

*a 412029/2417*

# The Royal Newfoundland Regiment

Class for Demobilization:

*Ej*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*10. 6. 19*

Regimental No

*21509*

Name

*Flight. John*

Rank

*pta*

Address

*Pouch Cove*

Present Medical Category

*A1*

Recommended for :-

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

*R.H. East Capt.*  
O.C. Discharge Depot.

*L. Paterson*  
Senior Medical Officer

*W. Burdau*  
M. O. Depot



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4569 Rank PTE Name Flight J  
 Date of Enlistment 19 4 18 Address Pouch Cove District Sydney  
 Occupation Labourer Classification for Discharge 1 Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3 <u>3</u>
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 10.6.19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am C in a position to resume civilian occupation.

J. Flight

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
- (b) ~~Clothing Supplied~~

[Signature]

Date 12-6-19

O/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 3687 to his home at POWELL COR. 2 and Release Certificate No. 2644 issued.

Date 12-6-19 *J.A. Knowlton*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 29-6-19

Date 12-6-19 *J.A. Knowlton*  
Depot Paymaster.

Discharge approved for 15-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	Form B
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B-120	M 98			

Date 12-6-19 *J.A. Knowlton*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records,  
Board of Pension Commissioners.

with following additional documents:

**Eligible for War Service Gratuity**

Date JUN 15 1919 *R.H. Sait Capt.*  
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:

*By resume former occupation*

*J. Flight*  
Signature of Man

Reg. No. 4509

*J. H. Crawford*  
Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date *12-6-19.*

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

# MEDICAL HISTORY

Surname Sligh OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Beach Cove County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>19<sup>th</sup></u> day of <u>April</u> 191 <u>8</u>	on	day of	191
	at <u>S. John's</u>	at		
Declared Age	<u>19</u> years — days		years	days
Trade or Occupation	<u>Fireman</u>			
Height	<u>5</u> feet <u>5</u> inches		feet	inches
Weight	<u>123</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>35 1/2</u> inches			inches
	Range of Expansion... <u>1 1/2</u> inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R. E.—V= <u>6/6</u> L. E.—V= <u>6/6</u>		R. E.—V= 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. M. B. Adams</u>			
(Rank)				
Enlisted	at <u>S. John's</u>	at		
	on <u>19<sup>th</sup></u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps. <u>The Royal Nfld Regt</u>	Regtl. No. <u>4509</u>	Corps.	Regtl. No.
Transferred to				
Became non-effective by	on	day of	191	on
			day of	191
[Signature]				
[Rank]				

Table II.—Only for admission to hospital or to the sick list

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions, of treatment
	Day	Month	Year	Day	Month	Year			
M. AGDALEN CAMP HOSPITAL. WINCHESTER. Col 2	14	7	18	13	8	18.	Phemosis.	28.	Severe Cond. Cured. Di

tal or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Severe condition. Circumcision healed, & Intention  
cured. At brigon unit.

D. M. O. H. A. D.  
T. M. P. K. O. M. C.

**Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Reengagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.**

Date	Brief Details, and Signature
23. A. V.	Vac. 40
3. 5. 18	T.A.B. 40
10-5-18	Do 20
17-5-18	T.A.B. 20
<p><i>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as <u>6</u> for Discharge on Demobilisation. Medical category <u>1</u></i></p> <p><u>10-6-19</u> Date of Table.</p> <p><i>[Signature]</i> Medical Officer Discharge Depot (New Zealand)</p>	

**Table IV.—SERVICE TABLE.**

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

**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.

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## 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 Zealand Land.* Former Trade or Occupation } *Fisherman.*
2. Regtl. No. *45019* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *F. Leggett* (Surname) *G.* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *20*
6. Posted for duty on. *18/7/15* 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 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. *nil*



14. State whether the disabilities are
- |  |       |                     |       |                   |       |
|--|-------|---------------------|-------|-------------------|-------|
| (i) Service during the present war   | ..... | (a) attributable to | ..... | (b) aggravated by | ..... |
| (ii) Previous active service   | ..... | }                   | Na    | }                 | ..... |
| (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? | ..... |                     |       |                   |       |

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?

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

*Repatriated*

*Majors ADAMS*

Station *Hazley A.D. Camp*

*Sgt*

*JSR Knight*

*Capt. R. C. M. C.*

Medical Officer in charge of case.

Date *30* *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



## 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 *John Flight*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4509*

Intended address *Pouch Cove,*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *James*

Christian name of Mother *Lucy*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Pouch Cove, 6<sup>th</sup> Oct, 1900*

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)

*John Flight* *Pte*  
(Rank)

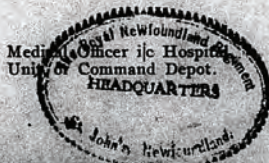
Station *ST. JOHN'S.*

Date *10-6-19.*

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

Station

Date



Army Form B. 103.

Regimental Number *4. I. R. 9.*

## Casualty Form - Active Service.

Regiment or Corps..... *27th ROYAL NEWFOUNDLAND REGT.*

Rank *Plt* Surname *Flight* Christian Name *John*

Religion *meth* Age on Enlistment *19* years *6* months

Enlisted (a) *1.9/4/18* Terms of Service (a) *DURATION* Service reckons from (a) *1.9/4/18*

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

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

Occupation *Postman* *J. M. Euseman 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. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...	<i>26 OCT 1918</i>		
		Disembarked ...			
		Joined Battalion	<i>3 NOV 1918</i>		
	<i>ok.</i>	<i>Co Hospital</i>	<i>Field</i>	<i>14-11-18</i>	<i>5013.</i>
	<i>29.9.18</i>	<i>Co Bnls Trans</i>	<i>67 C C S</i>	<i>15-11-18</i>	<i>3.0.9370</i>
	<i>14 Dec 18</i>	<i>"</i>	<i>Wingens</i>	<i>20/11/18</i>	<i>700 32071.</i>
	<i>"D" Platoon</i>	<i>Arrived</i>	<i>Kewen</i>	<i>27-11-18</i>	<i>Kew</i>
		Joined Batt.	<i>5</i>	<i>JAN. 1919</i>	
		<i>Arrived in UK</i>		<i>93/4/19.</i>	

(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) Signaller, Shipping, Smith, &amp; Co.

W. 2453-21276 20000 9117 (38611) G. P. &amp; S., Ltd., Form D.1103 E/1807.

P.T.O.

*Next of Kin*  
*Father James Flight, Beach Cove, Newfoundland.*



June 29, 1919

#4509 Pte. John Flight,

Pough Cove,

St. John's East.

Dear Sir:-

Referring to your application I enclose  
cheque for seventy dollars (\$70.00), being amount  
of first payment due you on account of the "War  
Service Gratuity."

Yours truly

Captain  
Paymaster & Officer in Charge Records.

25285

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. *John* ..... 2. Surname. *Flight* .....

3. Rank. *Plt* ..... 4. Regtl. No. *4589* .....

5. Address in full to which future payments of gratuity are to be forwarded. *Touch Cove, St. John's, Nfld.* .....

6. Date of enlistment in the Regiment. *Apr. 18/18* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. ....

8. Relationship of such dependents. ....

9. Address in full of such dependents. ....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? .....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service. *Overseas* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From Oct. 1918* .....

*To June 13/19* ..... 13. ....

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.

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 Rest? *No* If not give- (a) Date of discharge *June 13/19* (b) Reason for discharge *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, Belgium + Germany - from Oct. 1918 to Apr. 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: *J. Fe light*  
 Place of Residence: *Douglas Cove, St. Johns Lab.*  
 Declared before me at: *St. Johns, Nfld.*  
 This *13th* day of *June* 19*19*

*John M. Carthy*  
 Signature of Registrar of the  
 Supreme Court, Stipendiary Magistrate,  
 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 mes.</i>	<i>150/-</i>	
.....	.....	.....	.....	.....	
.....	.....	.....	.....	.....	
Certified correct.				Paymaster	

Signature of Applicant:

Place of Residence:

Declared before me at:

This ..... day of .....

Signature of Registrar of the  
 Supreme Court, Stipendiary Magistrate,  
 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	
.....	.....	.....	.....	.....	
.....	.....	.....	.....	.....	
.....	.....	.....	.....	.....	
Certified correct.				Paymaster	

Signature of Applicant:

Place of Residence:

Declared before me at:

This ..... day of .....

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



Flight (+509)

Balance \$67  $\frac{21}{100}$

C.B. Hefferton. 1/21/19  
for P.M.

Payment of Balance

Authorized

C.B. Hefferton  
for Cash

20/19/19

ST. JOHN'S, June 12<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To 16. J. Flight

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 15<sup>th</sup> /19

<u>4509. 16. J. Flight</u>	<u>15 50</u>
----------------------------	--------------

ACCOUNT	<u>B. V. H. Co.</u>
CH. NO.	<u>23286</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 15.50

A. J.

W. J. Flight  
Billeting Officer.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 67<sup>21</sup>/<sub>100</sub>

Sept 22 1919

Received from the First Newfoundland Regiment  
the sum of Fifty Seven <sup>21</sup>/<sub>100</sub> Dollars.  
on account of Pay. w-s G.  
balance

J. Flight

Regtl. No. 4508 Rank Pte

Ch. No. 10420	Initials... C.B.H.
Pay Ledger. 172/3	Initials... C.B.H.
Gen. Ledger.....	Initials.....

Noted

No. 4579

Rank Pte

Name J Flight



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4509 Rank PTE Name Flight J  
 Date of Enlistment 19 4 18 Address Pouch 5000 District Sydney  
 Occupation Fisherman Classification for Discharge 6 Medical Category AI  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1 <sup>st</sup> 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 10.6.19

*J. O. C.*  
J. O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

*J. Flight*

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 \_\_\_\_\_

*Ch. L. ...*

Date 12-6-19

O i/c. Re-clothing

### 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 3687 to his home at Pancho Cove and Release Certificate No. 2649 issued.

Date 12-6-19 *J.A. Knowlton*  
Demobilization Officer

### 4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 12-1-19.

Date 12-1-19 *J.A. Knowlton*  
Depot Paymaster.

Discharge approved for 15-8-19  
Forwarded with following documents to O. C. Discharge Depot.

N.F. P36	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
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		

*Form B*

Date 12-6-19 *J.A. Knowlton*  
O. C. Discharge Depot.

### APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

JUN 15 1919

Eligible for War Service Gratuity

*R.H. Sait Capt.*

Date .....  
O. C. Discharge Depot.

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

Date June 20 1919

*J.A. Knowlton*  
*for Depot*

Reg. No. *4509* Rank *Plt* Name *Flight Lt. John*

Attested ..... Address *South Lane.*

Allotment ..... Allottee *4*

Date of Allotment ..... Returned from Overseas *29.1.19.*

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

*10-6-19* PASSED TO DEMOBILIZATION OFFICER

*15-6-19* DISCHARGE APPROVED ON DEMOBILISATION.