

5002

**ROYAL NEWFOUNDLAND REGT.**

*Received 6.6.59*

**1914-1918**





C.R. 5002

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated 8-7-19.

The discharge of the undernoted on demobilization has  
been CONFIRMED by officer i/c records from noted date  
5-7-19.

5002, Pte. Wm. Ford.

C.R. 5002

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

The discharge of the undersigned manhood on demobilisation  
has been APPROVED by O.C. Discharge Depot with effect from  
21-6-19.

5002 Pte. Ford, Wm.

C.R. 5002

Extract from Daily Orders Part 11 Depot, St. John's,  
Date 10--6-19

5002 Pte. Wm. Ford.

Reported at Headquarters 1-6-19. RE "Corsican"  
which sailed Liverpool May 22/1919.

C.R. 5002

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.

#5002 Pte. W. Ford.

C.R. 5002

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

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

5002 Pte. W. Ford.

A Coy.



C.R. 5002

Extract from General Roll Re-inforcement Draft No. 55 Subscribed Folkestone  
26/10/18, from 2nd Batta, Royal Newfoundland Regiment Haseley Barr Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment B.S.F.

5002 Pte. Ford, W.H.

C.R. 5082

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

5002 Pte W. Ford

Embarked for Overseas with draft 11-6-18.

Extract from Holly Orders part II, from Unit The Royal  
Rifles Regt. St. John's. Dated May 15, 1918.

#5002 Pte. W.H.Ford.

Attested for General Service with the Royal Rifles Regt.  
from 11.5.18

W Ford

C.R.

5002

1000

1

**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 Engineers (Lans)* } Former Trade or Occupation } *Carpenter*
2. Regtl. No. *5002* 3. Rank... *plte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Ford William* } (a) Former Regts. or Corps ; }  
 (Surname) (Christian Names) } with Regtl. Nos.
5. Age last birthday. *23*
6. Posted for duty on *May 11/18* at *St. John* 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 ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

**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. *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. *nil*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | } <i>na</i>         | .....             |
| (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, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*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. P. Procmier*      *Capt. Pame*  
 Medical Officer in charge of case.

Station *Hazeley Down*  
 Date *29/4/19*

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







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

Sir:-

Please charge the amount set opposite my name to my account and  
pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments  
for the period of the year.  
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
5002	Pte	Lond W.	\$250	W. Ford

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

W. Ford

Date July 1/18

No. 6706/1056

A

9964

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding  
<sup>1st</sup> ~~2nd~~ Batt. Ryl. Wfld. Regiment  
Winchester

3rd May 1919

May 21<sup>st</sup> 1919

5002 Pte W.H. Ford

With reference to the following telegram from the Minister of Militia / / (162)

"Pay to- 5002 W.H. For d

£4-2-0

Cheque £ 4-2-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*B.A. Minnall Maj.*

Chief Paymaster & O. i/c Records.

Receipt hereunder.

*J. Walsman Esq*  
Officer Commdg. 1st Batt'n.

Received the sum of Four pounds  
two shillings (£4.2.0) respect of telegraphic remittance from the Minister of Militia.

*W Ford*  
No. 5002 Rank Pte  
Witness *J.N. Dicks Sgt*

To. William Ford

Charlotte Town 263

Port Blanford

Newfoundland

Cable five pounds through  
Militia.

5002. Pl. W. Ford.

4711/202

1/Bn. Royal Newfoundland Regt.,  
B.E.F.

25th March


9

5002 Pte. Ford W.

93

5002 Ford

£5. 3. 0



No. 16124/1738.

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 Bfld. Rgt,  
Winchester.

October 7th, 1918

Oct. 16<sup>th</sup> 1918

Subject: 5002, Pte. W.H. Ford,

With reference to the follow-  
ing telegram (486 ) from the Hon.  
Minister of Militia, received

"pay to 5002, Pte. W.H. Ford, £1.5.0.

Draft £1.5.0. is enclosed  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

*H.A. Maxwell*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*N. Barton* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg.        Batt'n  
Royal Newfoundland Regiment

Received the sum of £1-5-0

One pound five shillings on account of  
cable remittance from Newfoundland.

W Ford.  
No. 5002 Rank Pte.

*Witness*  
*P. Manning*

l  
No. 16652/1614.

~~NEWFOUNDLAND~~



N.F.P. /79.

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. Regt.,  
Winchester.

Oct. 16th, 1918

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

Subject: 5002, Pte. W.H. Ford,

With reference to the following telegram ( 8895 ) from the Hon. Minister of Militia, received

"Pay to 5002, Pte. W.H. Ford, £4.0.0.

Draft £ 4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. A. Guinness Maj.*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*A. J. Barlow* LIEUT. COLONEL  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg.        Batt'n  
Royal Newfoundland Regiment

Received the sum of 4-0-0

Four pounds on account of cable remittance from Newfoundland.

Wm Ford

No: 5002 Rank Pte.

Witness *P. Manning*

No. 4711/202

From: NEWFOUNDLAND

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

CHIEF PAYMASTER & OFFICER I/C. RECORDS,  
NEWFOUNDLAND CONTINGENT,  
58, VICTORIA STREET, N.F.F./80.  
LONDON S.W. 1.  
ENGLAND.

To: Officer Commanding,  
1/Bn. Royal Newfoundland Regt.,  
B.E.F.

25th March 1919

5002 Pte. Ford W.

With reference to the following telegram from the Minister of Militia, / / ( 93 )

"Pay to- 5002 Ford

£5. 3. 0

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

*A. A. Simpson*  
Chief Paymaster & O. i/c Records

6 - 4 - 1919

5002 Pte Ford W.

*This man wishes this amount retained to credit of his account please,*

*Accepted*

No. 5002 Name *Jord. W.* Sqn., Batty., or Company *A* Corps *ROYAL NEWFOUNDLAND REG.* Date of enlistment *11/5/18* *GE* Service or Proficiency Pay *11/28/19*  
 Date of last entry in Company Conduct Sheet *23/12/18* No. and date of last drink *11/1/19* Period not reckoning towards freedom from extra fine *11/1/19* Sheet No. *100* Signature O.C. Company, etc. *J. M. [Signature]* Character *100*

Army Form B. 122.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Field</i>	<i>23/12/18</i>	<i>Rte.</i>		<i>Ref of black boots, double caps, white whiskers, brass tin cover</i>	<i>Cpl Pike</i>	<i>Pay for same</i>	<i>Major [Signature]</i>	<i>23/12/18</i>	<i>4/11/19</i>
<i>Parade</i>	<i>16/1/19</i>	<i>Rte.</i>		<i>Deficient in kit</i>	<i>Capt [Signature]</i>	<i>Pay for same</i>	<i>Major [Signature]</i>	<i>15/1/19</i>	<i>Rte.</i>



1  
Kord, W<sup>d</sup>

5002

Ray Dept.  
(

July 5, 1919

#5002 Pte. William Ford,

Charlottetown, B.B.

Dear Sir:-

Please find enclosed Discharge Certificate  
No. 2664.

Yours truly

Captain.  
Haymaster & O.i/o Records.

**The Royal Mfld. Regiment**

**DEMÖBILIZATION**

No. 5007 ✓ Rank \_\_\_\_\_

Name John W. \_\_\_\_\_

*Warned for demobilization on*

**JUN 7 1919**

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5002 Rank Pte Name Ford, William  
 Intended place of residence Charlotte town B.B.

2. Occupation Railroader  
 Classification of soldier E Medical Category A L

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 7 1919  
 for H. M. [Signature]  
 Comanding 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 JUN 7 1919  
ST. JOHN'S  
W. Ford  
 Signature of soldier  
Arthur [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 and date ST. JOHN'S  
JUN 7 1919  
W. Ford  
 Signature of soldier  
James O. Newman  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 11-5-18 No of days on Military  
 Discharged from service 21-6-19 14 days Service 421

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S  
 Date JUN 21 1919  
R. H. [Signature]  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's Nfld  
 Date July 5/1919  
M. Bowley, Capt  
 Officer i/c Records  
 The Royal Newfoundland Regiment

AFB 202019/564

# The Royal Newfoundland Regiment

Class for Demobilization:

*E.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *6.6.19* .....

Regimental No. ... *5002* .....

Name ..... *Lord. Wm* ..... *Pte* .....

Address ..... *Charlotte Town B B* .....

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

Recommended for:— { (a) Immediate discharge .....

(b) Standing Medical Board .....

Members of Board {

..... *R.H. Hart Capt.* .....

O.C. Discharge Depot.

..... *Paterson* .....

Senior Medical Officer

..... *Lee Burden* .....

M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5002 Rank Pls Name Ford, William  
 Date of Enlistment 11-5-19 Address Charlottetown District Donaville  
 Occupation Parliamentary Classification for Discharge E Medical Category H1  
 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 6-6-19 O. C. Discharge Depot. W Ford

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

W Ford

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 Amelbinstor

Date 7-6-19 O. C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1557 to his home at Charlottetown and Release Certificate No. 2440 issued.

Date 7-6-19 J.A. Snow Capt.  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 5-7-19

Date 7-6-19 J. H. [unclear] Lt.  
Depot Paymaster.

Discharge approved for 21-6-19

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
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 7-6-19 J.A. Snow Capt.  
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 21 1919 R.H. [unclear] 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:

*He resume former Occupation*

*W Ford*

Signature of Man.

Reg. No. *5002*

*J. H. Snowball*

Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*JUN 7 1919*

191



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

# MEDICAL HISTORY

Surname Ford OF Christian Name William B

Table I.—GENERAL TABLE.

Birthplace:—Parish Charlottetown Nfld County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	11	May 1918		191
	at <u>St Johns</u>		at	
Declared Age	27 years - days		years	days
Trade or Occupation	<u>Railroadman</u>			
Height	5	8 inches	feet	inches
Weight	155 lbs.			lbs
Chest Measurement	Girth when fully expanded... 31 inches			inches
	Range of Expansion... 4 inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/			
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>Surgeon</u>		Medical Officer.	
Enlisted	at <u>St Johns</u>		at	
	on	11 day of <u>May</u> 1918	on	day of 191
	Corps		Corps	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	<u>The Royal 5002</u>			
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on		on	
(Signature)	day of 191		day of 191	
(Rank)				



**Casualty Form - Active Service.**

Regiment or Corps 2/1st ROYAL NEWFOUNDLAND REGT.  
 Rank Plt Surname Ford Christian Name William A.  
 Religion meth. Age on Enlistment 22 years — months  
 Enlisted (a) 11/5/18 Terms of Service (a) DURATION Service reckons from (a) 11/5/18  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
S { ..... } (??) meth. { ..... } or Corps Trade and rate .....  
 Occupation Railman W. M. Russell 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 ...	26 OCT 1918		
		Disembarked ...	3/11/18		
		Joined Battalion			
		Arrived in UK		9/4/19.	

(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, Shoemaker, etc.

Next of Kin Father, William Ford, Charlottetown, NB Newfoundland.

July 5, 1919

#5002 Pte. William Ford,

Charlottetown, B.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 & C.i/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name *William* ..... Surname *John* .....
3. Rank *Pte* ..... 4. Regtl. No. *5002* .....
5. Address in full to which future payments of gratuity are to be forwarded *Charlotte Town B.B.* .....
6. Date of enlistment in the Regiment *May 11 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not applicable* .....
8. Relationship of such dependents *Wife* .....
9. Address in full of such dependents *Wife* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No* .....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service *Overseas* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas *Thirteen months* .....
- also Twelve days* ..... 1.  $\frac{1}{2}$  .....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers, ..... *Not applicable* .....

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. .... *# 81.69 Clothing & Ration allowances* .....

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

19. Are you now serving in the Rest? ... *no* ... If not give? - (a) date of discharge. *June 27/19* (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* .....

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. ....

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: *Wm. Ford*  
 Place of Residence: *Charlottesville B.B.*  
 Declared before me at: *Spinafeld*  
 This *7<sup>th</sup>* day of *June* 19*18*....

*John W. Carthy*  
 Signature of Barrister of the  
 Supreme Court, Stipendiary Magis-  
 trate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.

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

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. *5002* 3. Rank. *Pte*
4. Name *Ford* *William*  
 (Surname) (Christian Names)
5. Age last birthday *23*
6. Posted for duty on *May 11/18* at *St Johns*  
 in category (or grade).....
7. Former Trade or Occupation } *Carpenter*
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When  
 (b) Where  
 (c) Opinion of Court
- (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 (d) Particulars of Pension or Gratuity (if any)

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
- |  | (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? } *ki*

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

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*He complains of no disability*

16. Was an operation performed? If so, when and what was its nature? *no*
17. If not, was an operation advised and declined? *no*
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? *no*
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? *no*

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*  
*W.P. Provenie*  
*Capt R.A.M. 6*

Station *Bezeley D. Camp.*

Date *29/1/19*

Medical Officer in charge of case.

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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William H Ford, Regl. No. 5002

hereby agree, until further notification by me, and in similar official form to make an Allotment of          Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> 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)
4072	Father	Wm Ford	<del>Charlotte</del> BB Charlottetown BB	
Total Allotment, \$				60 <sup>4</sup>

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.) [Signature]

Officer Commanding  
B. Company

St John's  
May 29th 1918

(Sig.) Wm H Ford

(Rank) Pte

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.

Date.. 17. May. 1919  
Place.. C. Charlotte town

Name.. SAQZ... Wm... Ford

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundlands

Number of Sheet 152  
Signature of O. C. Company C. S. Dicks  
*Lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5502</u>	Age on	22 years	<u>Railroadman</u>	
	<u>J. W. H.</u>	months		Religion	
Joined	Date	Place and Date of Enlistment	<u>8.10.18</u>	<u>Meth</u>	
Joined	Date	Period of } with Colours <u>5</u> years. with Reserve <u>36</u> years.		Place of Birth	
Joined	Date			<u>Charlotte town B.B.</u>	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's 5/19</i>					

To be carried over

# The Royal Newfoundland Regiment

D 5002

DEMobilIZATION OF

Reg. No. 5002 Rank Plt Name Ford, William  
 Date of Enlistment 11-5-19 Address Charlottetown District Benavista  
 Occupation Railroadman Classification for Discharge F1 Medical Category H1  
 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 6-6-19 .....  
 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

W. Ford

Particulars passed to Vocational Officer for information and action.

Date .....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00 .....

(b) Clothing Supplied [Signature] .....

Date 7-6-19 ..... O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1557 to his home  
 at Attetown and Release Certificate No. 2440 issued.

Date 7-6-19 J.A. Snow Capt  
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to 5-7-19

Date 7-6-19 # Mess H  
 Depot Paymaster.

Discharge approved for 21-6-19

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.....
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 7-6-19 J.A. Snow Capt  
 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 07 1919 R.H. [Signature]  
 O. C. Discharge Depot.

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

Date June 14/19 [Signature]  
 for O.C. Records

Reg. No. *5002.* Rank *Pfc* Name *Donald W. H.*

Attested ..... Address *Charlottesville D.C.*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *23.1.19.*

Returned on S.S. *Crosscan* Cause *Discharge.*

*6-6-19*

**PASSED TO DEMOBILIZATION OFFICE**

*21-6-19*

**CHANGE APPROVED ON DEMOBILIZATION**



## 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 *Wm. Ford*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5002*

Intended address *Charlottetown, P.E.*

Height on discharge *5* Feet *5*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *William*

Christian name of Mother *Sarah*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Charlottetown, P.E. Jan. 18<sup>th</sup> 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)

*Wm Ford*

*Pte.*  
(Rank)

Station **ST. JOHN'S.**

Date *5-6-19*

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