



4/ THE ROYAL NEWFOUNDLAND REGIMENT //

ATTESTATION OF

No. 4799 Name John W Foy Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John W Foy
2. What is your full Address? 2. Jarndale C. 10
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 30 Years Months
5. What is your Trade or Calling? 5. Self-employed operator
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, John W Foy 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.
John W Foy SIGNATURE OF RECRUIT.
J. Daymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John W Foy 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 stated 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 30 day of April 1915.
 Signature of Attesting Officer J. James

† 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 30, 1915
 Place St John's } Approving Officer.

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

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

Report 10-5-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John W. Fox
 Apparent age 20 years 0 months. Height 5 feet 8 1/4 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Budget 44 Anondale Bay | Relationship mother
 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>30-4-18</u>					<u>Lance Corporal 30¹²/₁₈</u>
				Joined at <u>St. John's</u> on <u>April, 30-1918</u> <u>Discharged June 29/19</u>					
				<u>To report for duty 10-5-1918</u>					
				<u>Embarked for duties to Halifax N.S. 16-6-18</u>					
				<u>To be repatriated for demobilization 22-5-1919</u>					
				<u>Arrived home 16-1919</u>					
				<u>Demobilization St. John's 29-6-1919</u>					
Total Service forfeited as above.....									

Total Service towards Engagement to 29-6-1919 (date of discharge) 1 years 50 days
 Pensions _____

C.R. 4799

Extract from Daily Orders Part 11 Unit The Royal WFLA.
Regt. St. John's, June 30-1919.

The Discharge of the underneted on demobilization has been
RE CONFIRMED by Officer i/c Records from 29-6-19.

4799 L/Cpl. John Fox.

C.R. 4799

Extract from Daily Orders Part 11 Unit The Royal Hfld.
Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 16-6-19.

4799L/Cpl. J. Fox.

C.R. 4799

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

4799, L/C. J.W. Fox.

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

C.R. 4799

Extract of Daily Orders by Lt. Col. B.J. Barton, D.S.O.,
COMMANDING 2nd Battalion Royal Newfoundland Regiment,
30/12/18.

#4799 Pte. J.W. Fox. G.Co'y.

To be Lance Corporal.

C.R. 4799

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

4799 Pte J. Fox

Embarked for Overseas with draft 11-6-18.

C.R. 4799

Extract from Daily Orders part 11, from Unit The Royal
Wld. Regt. St. John's, dated May 1st, 1918.

#4799 Pte. Hohn W. Fox.

Attested for General Service with the Royal Wld. Regt.
from 20/4/18. to report 10/5/18.

J. Key

C.R. 4799

~~PKO~~

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. (1), 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. *4799* 3. Rank..... *Platoon*
4. Name *Fox*..... *John W*
(Surname) (Christian Names)
5. Age last birthday..... *22*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *See pp. of*
- 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? }

The Complaint of no Disability

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.)

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?

Reparation

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. J. Proctor *E. J. Rame*

Station *Hayley Down*

Date *11/16/19*

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.

FOR K

Nº 4407



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Wm Fox, Regl. No. 4799
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Thirty 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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4173	Wife	Mrs Phil (Bridges-?) Fox	Arendale	30
Total Allotment, \$				30

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) Ab Summers A.
 Officer Commanding
 "B" Company
St. Johns
8-6-1918

(Sig.) John Wm Fox
 (Rank) Private

FORM K

N^o 4407



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Wm Fox, Regl. No. 4744
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Thirty 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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4173</u>	<u>Wife</u>	<u>Mrs Pm (Bridget - 7) Fox</u>	<u>Acadiale</u>	<u>30</u>
			Total Allotment, \$	<u>30</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.) Al. Summers J.
 Officer Commanding
B. Company
St. Johns
8-6-1918

(S) John Wm Fox
 (Rank) Private

To: The Chief Warrant Officer,
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.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.
Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4799	Lt	L. J.	\$250	T. W. Fox

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

T. W. Fox

ato

July 1/18

SIGNALLER'S RECORD SHEET.

Rgtl. No 4799 Rank Pte Name & Initial Fox J.W.

Unit Royal Newfoundland Regt

STANDARD TESTS. (Details overleaf.)

No.	Map Reading		Electrical Instrument		Signal Training	
	Date	Officer's Sig.	Date	Officer's Sig.	Date	Officer's Sig.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

Qualified in all standard tests
Whitty Capt

CLASSIFICATION TESTS.

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending ...	99%	98%	99%	100%	%	
Reading ...	100%	100%	99%	99%	%	

* R.A. Signaller only.

Classified as 1st Class Signaller at Hazelton Down Camp
 Date 9.12.18 Signature of Classifying Officer Whitty Capt

Reclassified as _____ Class Signaller at _____
 Date _____ Signature of Classifying Officer _____

Courses

Other qualifications

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

MAP READING. STANDARD TESTS.

No. of Test.	DESCRIPTION OF TEST.
1.	Point out on a map the conventional signs of objects enumerated.
2.	From a map to point out on the ground points and objects selected on the map, and vice versa.
3.	Measure shortest distance from point A to B on a map according to scale.
4.	Set a map without a compass (a) by the ground. (b) by the sun and stars.
5.	Describe a point on a squared map by means of a map reference, and vice versa.
6.	Measure on a map the distance from one point to another by road.
7.	Set a map by compass.
8.	Determine if a point A is visible from point B by studying contours, but without drawing a section.
9.	Take a bearing with a protractor off a map.
10.	Convert a magnetic bearing into true bearing, and vice versa.
11.	Take a bearing with a compass and measure it on a map with protractor.

SIGNAL TRAINING. STANDARD TESTS.

1.	Accept a message including counting and filling in preamble.
2.	Fill in Sent Column on message form.
3.	Fill in Signal Register.
4.	Fill in Received Column on message form.
5.	Send and receive a verbal message on the telephone.
6.	Call up with (a) flag, known and unknown station. (b) buzzer. (c) ringing phone.
7.	Put through a call on a 4 plus 3 switch unit.
8.	VISUAL. Carry out duties of reader. (For R.A. Signallers includes Semaphors.)
9.	" " " caller. " " "
10.	" " " writer. " " "
11.	" " " answerer. " " "
12.	" " " answer-reader. " " "
13.	" " " sender. " " "
14.	LUCAS LAMP. Set up and align.
15.	" Replace cells.
16.	" Connect up cells.
17.	" Trace the electric circuit with a view to locating a fault.
18.	" Change a bulb.
19.	" Change nightshades.
20.	" Test flexible cord.
21.	TELESCOPE. Set up on stand and align.
22.	" Focus on a blue flag unreadable to the unaided eye and read a message.
23.	HELIOGRAPH. Set up and align with vane.
24.	" Change to duplex and align.
25.	" Regulate the heat.

ELECTRICAL INSTRUMENTS TESTS.

CELLS.	MISCELLANEOUS.
1. Render active.	14. Connect up Fullerphone and Telephone on same circuit so that they may be used at the same time without interruption.
2. Connect in series and parallel.	15. 4 plus 3 Buzzer Unit. Connect up.
TELEPHONE D. III.	LINEMAN'S DUTIES.
3. Connect and insert cells and cell connections.	16. Identify lines by labels.
4. Test instrument.	17. Draw and explain a simple circuit diagram.
5. Localise and remedy the following faults:—	18. Draw and explain a simple route diagram.
(a) Adjustment of buzzer.	19. Make a reef knot, barrel hitch and clove hitch.
(b) Dirty key contact.	20. Joint and insulate (a) D. II. } Single or (b) D. III. } Twisted, (c) D. V. (d) D. twin Mk. III.
(c) Dirty Pressel switch contact.	21. Make simple joint in enamelled wire or single wire.
(d) Receiver discs and washers.	22. Lay cable (a) in open country. (b) in trenches.
(e) Microphone capsule.	23. Tap in on (a) metallic circuit, (b) earth circuit, and determine on which side the fault is.
6. Connect up earth return, metallic return, and use of condenser terminal.	24. Test with Q, and I. detector— (a) cells; (b) a circuit, for disconnection earth and contact; (c) in order to pick up wires in a rope.
FULLERPHONE.	
7. Connect and insert cells and cell connections.	
8. Test instrument.	
9. Localise and remedy the following faults:—	
(a) Adjust No. 1 or (A) contact of armature.	
(b) Adjust No. 2 or (B) contact of armature.	
(c) Dirty contacts.	
VIBRATOR, R.A.	
*10. Connect up hand set and cell connections.	
*11. Test instrument.	
*12. Localise and remedy the following faults:—	
(a) Adjustment of buzzer.	
(b) Dirty key contact.	
(c) Dirty Pressel switch contact.	
(d) Receiver disc and washers.	
(e) Microphone capsule.	
13. Connect up earth and metallic return.	

* R.A. only.

This space to be pasted in A.B. 64.

J. J. J.

4799

Hay sept.

June 29, 1919

#4799 L/C. John Fox,

Wondale, C.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2539.

Yours truly

Captain,
Paymaster & C. i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4799 Rank Cpl Name Lox, J.
 Intended place of residence Avondale, St. John's
2. Occupation Telegraph Operator
 Classification of soldier F Medical Category AT
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 16 1919
- for Mrs. H.*
 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 16 1919
- John W. Fox*
 Signature of soldier
Wm. Leighton
 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 16 1919
- John W. Fox*
 Signature of soldier
Wm. Leighton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 30-4-18 No of days on Military
 Discharged from service 16-6-19 PLUS 14 DAYS Service 427

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 JUN 16 1919
- R. H. Lait 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 30 1919
- Mr. Bowley Capt*
 Officer in Charge
 The Royal Newfoundland Regiment

a 2809/1919

The Royal Newfoundland Regiment

Class for Demobilization:

7
16/

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

14.6.19

Regimental No

4799

Name

Sgt J. H.

Rank

Address

Canada

Present Medical Category

A1

Recommended for :-

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

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

H. A. Brown
Senior Medical Officer

G. W. Burdson
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4799 Rank S/Pl Name Fox
 Date of Enlistment 30-11-18 Address Arundale District S. Main
 Occupation Signal Operator Classification for Discharge A 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
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 14-6-19 O. C. Discharge Depot. H. M. W. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

John W. Fox

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 Amel Linstr L

Date 16-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P. 1804 to his home at Bromfield Ont. Canada and Release Certificate No. 2817 issued.

Date 16-6-19

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 30-6-19

Date 16-6-19

J.A. Knowlton
Depot Paymaster.

Discharged approved for 16-6-19

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	2 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	
B179c	B 120	M 93			

Date 16-6-19

J.A. Knowlton
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to—

Officer in Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date JUN 16 1919

R.H. Jait 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:

To resume former Occupation.

4702 J.

Signature of Man.

Reg. No. *4789.*

J. A. Shawley

Signature of the Vocational Officer or his Representative.

Place

Mt. John.

Date

16-6-19

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

MEDICAL HISTORY

OF

Surname

Fox

Christian Name

John W.

Table I.—GENERAL TABLE.

Birthplace:—Parish

Avondale

County

St. John's

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>30</i> day of <i>Apr</i> 191 <i>8</i>	on	day of	191
	at <i>St. John's</i>	at		
Declared Age	<i>26</i> years		years	days
Trade or Occupation	<i>Telegraph Operator</i>			
Height	<i>5</i> feet <i>8 1/2</i> inches		feet	inches
Weight	<i>123</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>35</i> inches		inches
	Range of Expansion	<i>5</i> inches		inches

Physical Development	Right	Left	Right	Left
	/			
Vaccination Marks	Arm			
	Number			

When Vaccinated				
Vision	<i>6/10</i>	R.E.—V=		
	<i>6/20</i>	L.E.—V=		

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) *Lambert*

(Rank) *Major* Medical Officer.

Enlisted at *St. John's* on *30* day of *Apr* 191*8*

Corps Regtl. No. Corps Regtl. No.

Joined on Enlistment *De Royal 4799*

Nfld Regt

Became non-effective by


(Signature) on day of 191 on day of 191

(Rank)

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	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 hospitals 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
	Day	Month	Year	Day	Month	Year				
Hazley Down	7	8	18	24	8	18	Mumps	17	Discharged to duty.	<i>E.S. Johnson</i> CAPT. R.A.M.C.
Hazley Down	12	3	19	28	3	19	Shingles	16	Cured	<i>A. H. Hiffell</i> MAJOR, R.A.M.C.

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

Date	Brief Details, and Signatures
12/6/18	Vacc. to
16.6.18	T.A.B. <i>ABY</i>
10-7-18	TAB <i>APK</i>
3/7.18	T.A.B. <i>APK</i>
	<p>V.A.S. $\frac{6}{12}$ with R. $\frac{6}{6}$ L. $\frac{6}{24}$ <i>Blane</i> } L. $\frac{6}{18}$ <i>compound</i> R. Myopic Astigmatism L. Myopic Astigmatism. <i>R. Lovell & Co. opticians</i></p>

NO. & RANK 4799 Pt.		DATE OF EXAM 6-9-18	
NAME Fox R. W.		DATE OF INJURY 15-9-18	
CORPS 2nd Bn. R. W. Bn.		OPHTH. CENTRE 71	
VISION WITHOUT GLS	AXIS STANDARD ROTATION	VISION WITH GLS	FRAME NO. FOR MEASUREMENTS
R $\frac{6}{12}$	SPH 100	CYL 0.50 180	66
L $\frac{6}{24}$	-	-4.00	180 6/18
SIGNATURE OF M.O. <i>R. Lovell & Co. opticians</i>		OPTICIAN'S INITIALS <i>CL</i>	

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
<p>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>A 1</u></p> <p><i>R. C. 15</i> Date of T.M.B.</p>					

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4799 Rank _____

Name F. J. H.

Warned for demobilization on

JUN 16 19

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 Regt* 7. Former Trade or Occupation } *Telegraph Operator*
2. Regt. No. *4799* 3. Rank *S. Sgt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Boa* *John W* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regt. Nos.
5. Age last birthday *22*
6. Posted for duty on at
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 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? }

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.)

The Complaint of no 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

W. Procunier. Capt. R.M.C.

Station *Harley Down*

Medical Officer in charge of case.

Date *11/4/19*

* 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 W Fox*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4799*

Intended address *Canada.*

Height on discharge *6* Feet *—*

Color of hair on discharge *Light.*

Complexion *Fair*

Color of eyes *Blue.*

Descriptive Marks *—*

Figure on discharge *Salt.*

Christian name of Father *—*

Christian name of Mother *Bridget*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Canada, April 24 1897*

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 W Fox

R/Cpl.

(Rank)

Station **ST. JOHN'S.**

Date *14-6-19.*

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.

Medical Officer i/c Hospital,
Unit of **COMBAT QUARTERS**



Station

Date

The Royal Newfoundland Regiment

DEMOBILIZATION

No. *987* Rank _____ Name *Levy L*

You are hereby warned to report to the Demobilization
Officer, Empire Barracks, at 10 a.m. on

JUN 9 1919

EMPIRE BARRACKS
ST. JOHN'S, N.F.

R. H. TAIT, CAPTAIN
COMMANDING DISCHARGE DEPOT

June 29, 1919

#4799 L/C. Hahn W. Fox,
#379 King Street west,
Brockville,
Ontario, Canada.

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 i/c Records.

25286

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.

1. Christian name..... *John W* 2. Surname..... *Fox*

3. Rank..... *Lance Corporal* 4. Regt. No. *H 799*

5. Address in full to which future payments of gratuity are to be forwarded..... *379 King St West*
B. Rockville Ontario Canada

6. Date of enlistment in the Regiment..... *April 30th / 18*

7. Name of dependant, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not applicable

8. Relationship of such dependants..... *Not applicable*

9. Address in full of such dependants.....
Not applicable

10. Is said dependant, now, or was said dependant at any time in receipt of Separation Allowance on account of another soldier..... *Not applicable*

11. Were you on active service only in Nfld, if so, give dates and particulars of such service.....
Not applicable

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Eleven and one half months*
Ouseas

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.

Not applicable

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.

Not applicable

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? *Not applicable*

19. Are you now serving in the Rest? *No.* If not give? - (a) Date of discharge *16.11.19* (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.

Not applicable

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? *Not applicable*

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: *John W. Fox*
 Place of Residence: *Prossville Out Can.*
 Declared before me at: *St. Johns Nfld*
 This *fifteenth* day of *June* 19*19*....

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits. *[Signature]*

POST DISCHARGE PAY.					Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.		
.....	<i>4 mo</i>		200 00
.....
.....
Certified correct.				Paymaster	<i>[Signature]</i>

2nd. Oct. 1918.

Mrs. Bridget F. Fox,
AVONDALE, C. B.

Dear Madam:

With reference to your claim for Separation Allowance, I have been instructed to point out to you that if you are in a position to have money out on mortgage, you are not one of those whom could be considered as entitled to Separation Allowance.

Yours truly,

Lieut.
For Paymaster

1631

Haley's

June 20/18

Lieut Summers O.C.B.
Rogers Coy Regt.
S.I. Hus.

Dear Sir -

Yours is to hand. Please
change allotment made by me
in favor of Bridgman to
read 50 fifty cents per day instead
of thirty cents. Enclosing form
filled out. Thanking you for
attention.

Acknowledged
July 4/18
John # 4799 (to)

ours truly

John Wm Fox

JWF

Raynham -

This was sent because with death
of June 11th. This request comes from Halifax.
One for please give your attention.

Haley's

Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

2757

AVONDALE,

Sept. 27th. 1918.

Department of Militia,

St. John's.

Dear Sirs:-

Replying to yours of the 25th. inst. relative to a Separation Allowance at the request of my son, John William Fox, #4799, I beg to say that I have already sent on the papers as requested by a letter from the Department and which I am attaching to this.

If however it is necessary to have them done over again please let me know and I shall do so.

Yours truly,

Bridget J. Fox



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

..... July 4th. 1918.

Mrs. Bridget F. Fox,
Avondale.

Dear Madam;

I have been requested to forward you
form of Application for Separation Allowance.

Will you kindly have this filled in,
answering each question in full before your Magistrate
or Justice of the Peace and return to this Office, on
receipt of which your claim will be considered.

Yours truly,

H. M. Maddie
For Paymaster *Lift*

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

NOTICE!

THIS STATUTORY DECLARATION is to be filled in correctly & in every detail and a complete reply must be given to each question.

Each statement is considered as being made on oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

THE PAYMASTER,
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.
John William Fox. Plt. Royal Nfld. 4799
2. Age of soldier. Married or single.
21 Single
3. Name in full of mother. Age. Occupation. Permanent Address.
Bridget F. Fox. 63. Housewife. Awoodale
4. Give name of your husband. Age. Occupation. Where employed
Patrick Fox - Deceased
5. If your husband is not supporting you, state the reason. —
6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)
Attachment correct for 50 cents commencing June 1. 1918 B.B.S.
7. If you are a widow, state date and place of death of your husband. *Mar 20th 1916 Carbonear. Nf.*
8. Have you married again since death of above mentioned husband? *No*
9. Names of your other children. Address in full. Age. Occupation. Married or single.
*Catherine M Fox. 22. Operator Single
Brockville Ont.
Canada.*

51960

State amount earned (a) Yourself *nil*
(b) Your husband *nil*

11. State amount and source of any other income *about 70 dollars a year from interest on mortgage*

12. State value of real property belonging to you and your husband. *nil*

13. State ~~value~~ value of personal property belonging to you and your husband. *nil*

14. If husband is dead, state value of real and personal property left by him *property valued 18000.00 but record.*

15. Actual amount contributed by soldier during the year prior to enlistment. *About 360 dollars a year*

16. Was this amount contributed weekly or monthly. *monthly*

17. Did this amount include payment of son's Board, etc. *No*

18. State your son's trade or occupation prior to enlistment. *Telegraph Operator*

19. State amount of his wages per week. *15 dollars*

20. State name and address of his last employer. *Reid Newfoundland Co*

21. State amount of monthly support from son since enlistment. *10 from first 3 months pay and allotment of 15 for one month*

22. State amount of allotment received by you from son monthly. *\$15*

23. State from what date did you receive allotment? *Received first allotment on July 8th.*

24. Actual amount contributed by other ~~children~~ children *Weekly. nil. Monthly.*

25. Are any of these children in the employ of you or husband? *No*

26. If not receiving support from other children, state cause. Explain fully? *None needed it.*
27. With whom are you residing at present? *Alone*
28. Have you made a previous claim for Separation Allowance? If not, why? Give particulars. *No, understand my case was doing so.*
29. Are you already in receipt of Separation Allowance from any source? If so, how much. *No*
30. Are you in receipt of any payment from any Patriotic Fund? If so, how much. *No*
31. Was the soldier at the time of his enlistment an employee of the Nfld. Government? *No*
32. In what capacity and in what place? *—*
33. Is he in receipt of a salary as such while serving in the Royal Nfld. Regt. If so, how much? *No*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant... *Bridget J. Fox*

Place of residence... *Avondale*

Declared and subscribed before me at... *Avondale*

this... *13th* ... day of... *July* ... 1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *William E. Jones Jr.*

This application must be signed by two responsible parties, one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge and careful investigation, the above statements are correct and the soldier first above mentioned, is the sole support of the applicant.

Signature of Clergyman... *B. McShean R.P.*

Signature of Member of Patriotic Fund Committee... *Not any here.*

FORM K

No 4407



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Wm Fox, Regl. No. 4799

hereby agree, until further notification by me, and in similar official form to make an Allotment of Thirty Dollars and 00 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

1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
4173	MOTHER	Mrs Bill (Bridget F.) Fox	Crondale		30
Total Allotment, \$				30	30

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) Ab. Summers A.

Officer Commanding
"B" Company

Dr. Johns

8-6-1918

(Sig.) John Wm Fox

(Rank) Private

Capt. M. Howley,
Paymaster,
Dept of Militia.

OK
[Signature]

St John's. Dear Sir

You will find
here please, my address,
should my allotment
be sent to my brother
the Barnis Road. Before this
reaches you, he will
forward it to me

Mrs. F. Fox, Yours truly
To Miss H. M. Fox, G. F. Fox,
Opp. G. P. Station, Mother of
Brookville, 1798 The John Wm. Fox
Ont. Canada. \$100 25/1918

Dec. 4, 18

Mrs. P. Fox,
C/o Miss K.M. Fox, Operator, G.T.R. Station,
BROCKVILLE, Ont.,
C a n a d a.

Dear Madam:

With reference to your letter of recent date, I beg to inform you that your change of address has been noted, and that in future all your cheques will be forwarded to the above address.

Yours truly,

Lieut.
For Paymaster

Capt. J. M. Howley,
Department of Militia,
City.

Dear Sir -

Please find here
my present address
Wm. Patrick Fox
c/o Capt. W. Humphrey,
14 Barnes Road,
City.

Yours

Patrick ^{no} 4799
Wm. Fox
City of Aوندale
Oct 30th
1910

November 2nd. 1918.

Mrs. Patrick Fox,
C/o Capt. W. Pumphrey.
14, Barnes Road.

Dear Madam:

I wish to inform you that your
change of address has been noted, as per above.

Yours truly,

Lieut.
For Paymaster

Sept. 25th., 1918.

Mrs. Bridget F. Fox,
Avondale.

Dear Madam:-

Application has been made by
your son John William Fox, #4799, to have Separation
Allowance issued to you.

I enclose Statutory Declaration in
connection with same, which kindly have completed in
the presence of a Magistrate or Justice of the Peace
and return to me at your earliest convenience.

Yours faithfully,

Capt. & Paymaster.

July 4th. 1918.

Mrs. Bridget F. Fox,
Avondale.

Dear Madam:

I have been requested to forward you
form of Application for Separation Allowance.

Will you kindly have this filled in,
answering each question in full before your Magistrate
or Justice of the Peace and return to this Office, on
receipt of which your claim will be considered.

Yours truly,

For Paymaster

The Royal Newfoundland Regiment.

To J. W. Fox, 4799

March 26th. 1918.

Fare from Avondale to St. John's to enlist \$1.15.

(As per Voucher).

*Paid
J. W. Fox
Mar 27/18*

W. H. G. G. G.
~~Adjutant~~
St. John's, Nfld.
26-3-18

*Transportation
5115
Frank*

REID-NEWFOUNDLAND COMPANY.

PASSENGER DEPARTMENT.

AGENTS', CONDUCTORS' & PURSERS' RECEIPT.

Received from

J. W. Hall

the sum of

One

Dollar

fifteen

Cents, being the amount of

just

Class Fare

From

A. B. Hall, Jr. of Jamaica

and have issued him Ticket No.

78 HK

Form No.

100

Date

March 8

191

Agent, Conductor or Purser

A. Crocker

This form to be used when requested to give receipt for amount paid for tickets.

103 Bethune St.
Brookville, Ont.
July 2nd 1919.

5703

Office 1/2 P & R
Dept. Militia.
G. S. Jones.

Dear Sir -

Please refer application
for payment of war service
gratuity made by (H.C. 1799)
J.W. Fox on June 11th and
make address read
103 Bethune St instead of
379 King St West.

Yours Truly
J.W. Fox

(Ex H.C. 1799)


June 29

ST. JOHN'S, June 16/19

Royal Newfoundland Regiment.

Billeting Account,

To L/pt. J Fox
14 Burns 129

Billeting Soldiers as undermentioned

from June 1/19 to June 16/19

4794 L/pt J Fox	16. 60
-----------------	--------

By Burn
No. 23750
Certified

Certified correct for \$ 16.60

M. L. Constable
Billeting Officer.
J. W. Fox

Corr.



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.



Fold Here

OCT 15 1921

1921.

The accompanying ~~Vietnam Medal~~ and/or British War Medal
is/are forwarded herewith to

John W. Fox

in respect of his service as No. 4799 Rank Pte.

Name J.W. Fox

Royal Nfld. Regt.

~~Nfld. Fusiliers~~

Receipt of the same should be acknowledged hereon.

Received

British War Medal

Signature

John W. Fox

Date

Nov 17 1921

Address

Cochrane Out

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
29.

Regiment of

Royal New Zealand

Number of Sheet 911

Signature of O. C. Company

J. J. J. J.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years months		
4799	For J. K.	20		Telegraph Operator	
Joined	Date	Place and Date of Enlistment		Religion	
		20.4.18		R.C.	
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date		with Reserve		
			1/21 years.		
			3/6 years.	Amondale C.B.	

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
-------	-----------------	------	-----------------------	---------	--------------------	--------------------	---	-----------------	---------

Demobilized John's 29 6/19

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 799 Rank Private Name Rose

Date of Enlistment 30-11-18 Address Avondale District St. John's

Occupation Telegraph Operator Classification for Discharge A Medical Category A.1

Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.P. 136	B 905	B 101	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board Ist.	" 2	3
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 14-6-19 O. C. Discharge Depot. J. M. S. Jr.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

John W Fox

Particulars passed to Vocational Officer for information and action.

MISSING SERVICE UNIT

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Nothing Supplied

Date 16-6-19

O i.c. Re-clothing

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4799 Rank Private Name Fox
 Date of Enlistment 30-1-18 Address Avaldale District St. John's
 Occupation Telegraph Operator Classification for Discharge A Medical Category A
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. 1436	B 245	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	3
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 123	ME 2		" 6	
B 179c	B 120	M 83			

Date 1-11-19 O. C. Discharge Depot. J. W. Fox

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am John W. Fox in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 1-11-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied None

Date 1-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B-1204 to his home at Brockville Ont. Canada and Release Certificate No. 2817 issued.

Date

16-6-19

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

Date

11-6-19

J. A. Snow Capt
Depot Paymaster.

Discharge approved for

16-6-19

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 list	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 178	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		" 7

Handwritten notes: 2 Form B, P.D. H

Date

16-6-19

J. A. Snow Capt
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 16 1919

J. A. Snow Capt
O. C. Discharge Depot.

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

Date

June 14/19

J. A. Snow Capt

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 2817 to his home at Bristolville, Ohio, Canada and Release Certificate No. 2817 issued.

Date 16-6-19 *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 16-6-19

Date 16-6-19 *J. A. Snow Lt*
Depot Paymaster.

Discharge approved for 16-6-19
Forwarded with following documents to O.C. Discharge Depot.

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
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		

2 Form B

Date 16-6-19 *J. A. Snow Capt*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 16 1919
O. C. Discharge Depot.

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

Date June 1919

No. *4799* Rank *Le.* *Bob. J.*

Attested *Boyer*

Allotment Allottee

Date of Allotment Returned from Overseas *29.8.19.*

Returned on S.S. *Rossian* Cause *Discharge*



14-6-19
16-6-19

PASSE

DISCHARGE APPROVED ON DECLASSIFICATION