



FIRST NEWFOUNDLAND REGIMENT

4189

ATTESTATION OF

No. 4189 Name Wm French Corps P.V.E.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. William French
- 2. What is your full Address? } 2. Head Constable
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 31 Years Months
- 5. What is your Trade or Calling? 5. See opposite
- 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

DURATION OF THE WAR

I, William French 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.

H 1-12-17 SIGNATURE OF RECRUIT.
..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm French 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
on this day of 1917
Signature of Attesting Officer Wm French

†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 1917
Place } Approving Officer.

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

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

Reg. No. 4189 Rank Plt Name Truck W.J.
Attested 1-13-17 Address Stark's Court
Allotment MP Allottee Royal Bank Canada
Date of Allotment Jan 1 Returned from Overseas _____
Embarked for Overseas _____ Cause _____

Vac 7-12-17 Dec. 11-12-17, 2nd Dec. 17/12/17
granted leave 17/12/17-27/12/17 NO221

C.R. 4189

Extract from Daily Orders Part 11 Unit The Royal Mfld. Regt.,
By T.G. Mathias, D.S.O. Commanding 1st Bn. 6-11-18.

The u/m N.C.O. proceeded on Gas Course 4-11-18

4189 Epl. W. French

C Coy.

C.R. 4189

Extract from Daily Orders Part 11 Unit The Royal Rifle.

Regt. St. John's, July 4th, 1919.

The discharge of the undernoted on demobilization has been
approved by C.O. Discharge Depot, with effect from 2-7-19.
Confirmed.

4189 Sgt. Wm. French.

C.R. 4189

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

The discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from
18-6-19.

4189 Sgt. WM.French.

C.R. 4189

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, June 14th, 1919.

~~4198~~ Sgt. Wm. French.

4189

Reported at Headquarters 1-6-19 Ex "Corsican" which sailed
Liverpool 22-5-19.

C.R. 4189

Extract from Casualties received from the P.&.R.O. London
dated 5-5-19.

The u/m is taken on the strength of the 1st Bn. Winchester.

4189 Sergt. W. French.

C.R. 4189

Extract from Daily Orders part II, by Lieut.
Colonel B.J.Barton, D.S.O., Officer Commanding
2nd. Battalion. dated ~~24-4-19~~ 14-4-19.

The following having reported back from the
1st. Battalion is taken on the strength and posted
to "H" Co. from 12-4-19.

#4189 Sergt. W. French

C.R. 4189

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT IN FRANCE DATED 31/1/19.

CONFIRMED TO RANK. AND APPOINTED A/Sgt.

#4189 A/Cpl W. French.

16/1/19.

C.R. 4189

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT DATED 20/11/18.

Appointed A/Cpl.

#4189 Pte. W. French

26/10/18.

C.R. 4189

Extract from Nominal Roll of Mfld. Rget. Draft No. 53
from 2nd Bn. Depot, to 1st Bn. B.E. F. Embarked Southampton
1-10-18.

4189 Pte. W.J. French.

C.R. 4189

extract from Warfield Roll of Draft No. 88 of all other
names from Ind., Pa. Newfoundland Regiment to Int.,
No. Royal Newfoundland Regiment & B.C.F.,
conducting OFFICER /Lieut. W.C. Dunn/

4189 Pte. W. J. French,

C.R. 4189

Extract from Nominal Roll Draft (All Ranks) to 1st
Bn. B.E.F. Embarked Southampton.

4189 Pte. W.J. French

1-10-18.

C.R. 4189

Extract from Orders by Lt. Col. B. J. BARTON
COMMANDING 3rd. BN. OF THE ROYAL NEWFOUNDLAND
REGIMENT.

#4189 Pte. W. French.

A draft of 21 Other ranks will be held in readiness
to join the 1st. Bn. Those who have not already been
granted leave will proceed on Draft Leave from 2 p.m.
25th. to mid-night 27th., inst.,.

C.R. 4189

Extract from Nominal Roll Draft "H" company Embarked
S.S. "Florissel" Jan 29th, 1918.

4189 Pte. French D.

C.R.

4189

Extract from Daily Orders Part II Unit the Royal Wfld.
Regt. St. John's, Dec. 5rd, 1917.

4189 Pte. W.J. Frence.

Attested for General Service with the H.F.L.D. Regt. with
effect from Dec. 1st, 1917.

W. French

C.R. 4189

T. 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 Westk. Inf.*..... 7. Former Trade or Occupation } *Case open.*
2. Regtl. No. *1189*..... 3. Rank. *Sgt*..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *French*..... *W.*..... (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *23*.....
6. Posted for duty on *Dec 1st 17* 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
(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? }

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.)

He complains 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.

Repatriation

W. J. Procuier

Capt. R. H. C.

Medical Officer in charge of case.

Station H. B. Camp

Date 20/5/19

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

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

22. State whether the disabilities are:—

(a) Attributable to

(b) Aggravated by

(i) Service during the present war .. .. .	.....	.....
(ii.) Previous active service.. .. .	.....	.....
(iii.) Climate in pre-war service .. .. .	.....	.....
(iv.) Ordinary military service before the war ..	.....	.....
(v.) Serious negligence or misconduct on the part of the soldier .. .. .	.....	.....
Give details :		

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

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

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

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

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

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

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

Opinion of Military Member in case of disagreement.

OR

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

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

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

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

29. Does the soldier require:—

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

Signatures:—

Station *Hazeley D Camp* } President or Chairman.
 Date } Members.

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

Station
 Date
 Officer in charge, Central Hospital.

} Only applicable in cases of Patients in Hospitals.

OR

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

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

Station
 Date
 O.C. Discharge Centre.

SIGNALLER'S RECORD SHEET.

Rgtl. No. 4189 Rank Pte Name & Initial French 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						

Qualifies in all Standard tests

W. French

SEP 16 1918

CLASSIFICATION TESTS.

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending	98 %	100 %	99 %	98 1/2 %	%	
Reading	98 %	100 %	99 1/2 %	99 %	%	

* R.A. Signallers only.

Classified as 1st Class Signaller at Hazley Down Camp.

Date _____ Signature of Classifying Officer W. French

Reclassified as _____ Class Signaller at _____

Date _____ Signature of Classifying Officer _____

Courses

Other qualifications Telegraph operator

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 <i>vice versa</i> .
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 <i>vice versa</i> .
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 <i>vice versa</i> .
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 Semaphore.)
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 beat.

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 5 Buzzer Unit. Connect up.
TELEPHONE D. III.	
3. Connect and insert cells and cell connections.	
4. Test instrument.	
5. Localise and remedy the following faults:—	
(a) Adjustment of buzzer.	
(b) Dirty key contact.	
(c) Dirty Pressel switch contact.	
(d) Receiver discs and washers.	
(e) Microphone capsule.	
6. Connect up earth return, metallic return, and use of condenser terminal.	
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.	
	16. Identify lines by labels.
	17. Draw and explain a simple circuit diagram.
	18. Draw and explain a simple route diagram.
	19. Make a reef knot, barrel hitch and clove hitch.
	20. Joint and insulate (a) D. II. } Single or (b) D. III. } Twisted. (c) P. V. (d) D. twin Mk. III.
	21. Make simple joint in enamelled wire or single airline.
	22. Lay cable (a) in open country. (b) in trenches.
	23. Tap in on (a) metallic circuit, (b) earth circuit, and determine on which side the fault is.
	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.

* R.A. only.

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

7. What is the name and address of your last employer before joining the Army?

8. What was—
(a) your Industrial Group occupation before joining the Army?
(b) your trade or calling before joining the Army?

(To be checked from A.B. 439, A.B. 64, or A.F.B. 103).

The above statement has been read over to me, and I agree to it and have nothing to add to it.

Place of Examination..... Signed.....(Claimant).

Date..... Signed.....(Witness).

OPINION OF THE EXAMINING MEDICAL OFFICER.

(i) Clear and definite answers to the following questions are to be carefully filled in by the Examining Medical Officer, as it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the applicant's claim to pension.

Expressions such as "may," "might," "possibly," &c., should be avoided.

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

(iii) When there is more than one disability the replies will distinguish between them.

9. Give Diagnosis and particulars of:—

(a) Each disability claimed or discovered.

(b) The present condition thereof.

10. State whether each disability is:—

- (a) Service during the present war.
- (b) Previous active service.
- (c) Climate in pre-war service.
- (d) Ordinary military service before the war.
- (e) Serious negligence or misconduct on the part of the claimant.

Give details:—

(i) Attributable to or (ii) Aggravated

11. (a) Is each disability in a final stationary condition?
(b) If not is re-examination before the expiration of the period of twelve months specially advised?

12. (a) What is the degree of disablement at which in your opinion he should be assessed at present?

(Degrees of disablement should be expressed in words in the following percentages: 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil).

(b) In case of aggravation, what in your opinion was the degree of disablement which existed before joining the Army?

Examining Medical Officer's Signature } Rank.....

Unit to which attached.

Place of Examination..... Date.....

THIS PORTION IS NOT TO BE COMPLETED IF A CLAIM IS NOT MADE.

STATEMENT AS TO DISABILITY.

(This form is not applicable to Officers and Soldiers in Hospital or on leave therefrom who will be brought before a Medical Board.)

On Demobilization every Officer and Soldier, whether remaining with the Colours or not, will be given an opportunity of filling in this Form. Should he not wish to put forward any claim in respect of a Disability due to Military Service he must sign the Statement hereunder to this effect, in the presence of an Officer of the Unit with which he is serving, who will witness the Signature. Whether a Claim is made or not, this Form will be forwarded by the Unit Commander, in the case of every Officer, direct to the Secretary, War Office; and in the case of every Soldier, to the Record Office of his Unit.

Unit: 1st Bn Royal Newfoundland Regt

Regiment or Corps: Newfoundland Regt

Regt'l No: 41591 after

Surname: FRENCH (Block letters.)

Christian Names in full: WILLIAM

Permanent address: Hearts Content Newfoundland

Age last birthday: 23

First joined for duty (Date): 1/12/17 at (Place): St Johns, Newfoundland

Medical Category or Grade in which joined: A

If the Officer or Soldier has previously been discharged from the Army, Royal Navy or the Royal Air Force, he will state:—
 (a) Former Regiments or Corps with Regimental Numbers—
 (b) Dates of discharge—
 (c) Causes of discharge—
 (d) Particulars of Pension or Gratuity received (if any)—

I do not claim to be suffering from a disability due to my military service.

Place of Examination: Reven

Date: 8/4/19

Signature of Officer or Soldier: D French Sargent

Signature of Officer witnessing: H Bone of Hinds

Before the claimant answers questions 1—8 the following should be read by, or to, him:—
 "Your statement will be checked by Official Records. In answering question 2, any special matters which in your opinion caused or aggravated any distress from which you are suffering, must be clearly stated."
 The claimant will answer the questions in his own words and after completing the form will sign it. The Officer will witness the signature. If the claimant cannot write, he will affix his mark, such act being witnessed.

THIS PORTION IS NOT TO BE COMPLETED IF A CLAIM IS NOT MADE.

1. (a) In what countries have you served during this war and for what periods?
 (b) In what capacity?

2. If you are suffering from any disease, wound or injury, state what it is, the date upon which it started, and what in your opinion was the cause of it.
 (If more space is required a sheet of foolscap should be used and attached firmly to this form).

3. Give the names of any Hospitals in which you have been treated for the above disabilities during this war.

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it before joining the Army? If so, give details and dates.

5. Give the names and addresses (if you know them) of any Hospitals you were in or Doctors who attended you before you joined the Army.

6. Give the name of your National Health Approved Society and, if possible, your membership number.

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
53 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts 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 one year.

Commencing on the 1st July 1916.

Regtl. No.	Rank	Name	Amount	Signature:
4189	Pl	French W.	\$2 ⁵⁰ / ₁₀₀	

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

Date

14-7-16

W French

No. 4189 Rank Asst Sgt Name French Jt

Pay 70 F.A. 70 Wks 150 1918
 Less Allowance 50
 Net Rate 100

DEBITS	Date	£ s d			CREDITS	Period		Rate	Days	No. of Sheets	No. of Pages			
		From	To	Days										
Balance					Balance	70	12-18			7	12	4		
Acquittance Rolls		13	6	8	Pay @ Net Rate	21	¹² / ₁₈ - 15	¹ / ₁₉ - 26	70 ^c	18	20	3	14	9
Hospital Advances						16	¹ / ₁₉ - 15	⁴ / ₁₉ - 30	1.00	90	00	18	9	10
A.B. 64. 155 francs		5	18	10	R.A.	14	⁴ / ₁₉ - 24	¹¹ / ₁₉ - 10	70				17	6
A.B. 64. 30 "		1	2	6					2/1				4	0
P.&.R.O. Payments					£ Bal									
<i>Depot pay</i>		5	0	0	£ 10 6 6									
					£ 5 9 4									
Cash R 2024	15	⁴ / ₁₉	5	10	0									

JCH
 £ 25-8-0

~~£ 30 17 5~~
 £ 30-17-9

MEMORANDUM CONTINGENT

No. of Sheets

of how often the balance of

French, W²

H189

Gay Sept.

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

MEDICAL HISTORY

OF

Surname

J. Muck

Christian Name

William

Table I.—GENERAL TABLE.

Birthplace:—Parish

St. John's, Nfld. County

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	<i>1st</i>	<i>Dec</i>		
	at	<i>St. John's</i>	at	
Declared Age	<i>21</i>	years		
		<i>9</i>	months	
Trade or Occupation	<i>Sub. Operator</i>			
Height	<i>5</i>	feet	<i>10 1/2</i>	inches
Weight			<i>126</i>	lbs.
Chest Measurement	Girth when fully expanded....		<i>36 1/2</i>	inches
	Range of Expansion..		<i>3 1/4</i>	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	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)	<i>Lamm Peterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<i>St. John's</i>	at	
	on	<i>1st Dec</i>	on	
		day of		
		1917		191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>1st Nfld</i>			
	<i>Regt.</i>	<i>H189</i>		
Became non-effective by	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

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 Newbold*..... 7. Former Trade or Occupation } *operator*
2. Regtl. No. *4189* 3. Rank *Sgt.*..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *French W.*..... (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *33*.....
6. Posted for duty on *Dec 1/17* at *21 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? (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 (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

na
He Complains of no Disability

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.)

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?

na
na
na
na

Repatiation

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. E. Proemier. *Capt. R. A. M. C.*
 Medical Officer in charge of case.

Station *F. D. Camp*

Date *20-15/9*

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

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

22. State whether the disabilities are:—

(a) Attributable to

(b) Aggravated by

(i) Service during the present war .. .. .	.....	.....
(ii) Previous active service.. .. .	.....	.....
(iii.) Climate in pre-war service .. .. .	.....	.....
(iv.) Ordinary military service before the war .. .. .	.....	.....
(v.) Serious negligence or misconduct on the part of the soldier .. .. .	.....	.....

Give details :

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

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

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

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

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

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

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

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

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

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

29. Does the soldier require:—

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

Signatures:—

Station *Hazeley Camp* } President or Chairman.
 Date } Members.

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

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

OR

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

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

Station }
 Date } O.C. Discharge Centre.

July 2, 1919

#4189 Sergt. William French,

Hearts Content.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2428.

Yours truly

Captain,
Paymaster & O.i/c records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4189 Rank Serjeant Name J French Wm
 Intended place of residence St. John's

2. Occupation Telegraph Operator
 Classification of soldier E Medical Category A1

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. H. Lewis*
 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 ST. JOHN'S
JUN 12 1919
W. French
 Signature of soldier
J. H. Lewis
 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 12 1919
W. French
 Signature of soldier
W. H. Lewis
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-12-17 No of days on Military
 Discharged from service JUN 18 1919 Plus 14 days Service 579

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
JUN 18 1919
R. H. Last 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
 Date July 2 1919
J. H. Lewis
 Officer i/c Records
 The Royal Newfoundland Regiment

28 B 2079 / 1418

31
21
21
20
21
20
21

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 11-6-19.....

Regimental No. 4189.....

Name French, William Sgt.....

Address Hinton.....

Present Medical Category..... A1.....

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~.....

Members of Board {

R.H. Last
O.C. Discharge Depot.

Paterson
Senior Medical Officer

Swinden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4189 Rank Sergeant Name French William
 Date of Enlistment 1-12-17 Address Harbourfront District Trinity
 Occupation Telegraph Operator Classification for Discharge E Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	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 11-6-19 O. C. Discharge Depot. H. M. Pr

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W. French

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 _____

W. French

Date 12-6-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R1747 to his home at Hearts Content and Release Certificate No. 2669 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 2-7-19

Date 12-6-19 *H. H. S. H.*
Depot Paymaster.

Discharge approved for 18-6-19
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
B179c	B 120	M 93		

2 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.

Eligible for War Service Gratitude

Date JUN 18 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:

To resume former occupation

Sergt W French

Signature of Man.

Reg. No.

4189

J. Snowball

Signature of the Vocational Officer or his Representative.

Place

ST JOHN'S.

Date

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Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification, depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i | c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *William French*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4189*

Intended address *Wants Content 1. I.B.*

Height on discharge *5* Feet *9*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father *John F.*

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Wenterton, Feb 14th, 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)

William French

Sgt
(Rank)

Station **ST. JOHN'S.**

Date *11.6.19*

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.

The Royal Newfoundland Regiment
 HEADQUARTERS
 ORDERLY ROOM
 Medical Officer i|c Hospital,
 Unit, or Command Depot.
St. John's, Newfoundland

Station

Date

July 3, 1919

#4149 Sergt. William French,

Hearts Content, T.B.

Dear Sir:-

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

Yours truly

Captain,
Paymaster & U. i. c Records.

544

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* 2. Surname... *French*

3. Rank... *Sergeant* 4. Regtl. No... *4149*

5. Address in full to which future payments of gratuity are to be forwarded... *Stark's Content, N. B.*

6. Date of enlistment in the Regiment... *Dec 1/17*

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.....

June 12/19 *From Dec 1/17 to* 12

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? *No*

19. Are you now serving in the R.C.S.T.? If not give? - (a) date of discharge *June 12/19* (b) Reason for discharge *Demobilization*

Compulsory 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 Sept. 1/18 to Oct. 1919 - Ypres, Passchendaele,

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.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Regiment of 1st Newfoundland

Number of Sheets One

Signature of O. C. Company W. H. J. [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>French W.</u>	Age on	<u>21</u> years <u>9</u> months	<u>Sgt Operative</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u> <u>1-12-17</u>	Religion	
Joined	Date			<u>C. of E.</u>	
Joined	Date	Period of	} with Colours <u>21 1/2</u> years. } with Reserve <u>3 1/2</u> years.	Place of Birth	
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
				<u>Demobilized St. John's, 27th</u>					

To be carried over

The Royal Newfoundland Regiment 219

DEMOBILIZATION OF

Reg. No. 4189 Rank Serjt. Name French, William
 Date of Enlistment 1-12-17 Address St. John's District Trinity
 Occupation Telegraph Operator Classification for Discharge F Medical Category F.1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1'36	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 17H	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 11-6-19 H. Mrs H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W French

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 _____

W. Alderson

Date 12-6-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R1747 to his home at Hearts Content and Release Certificate No. 2669 issued.

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

4. Pay and Allowances.

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

Date 12-6-19 *H.M. [Signature]*
Depot Paymaster.

Discharge approved for 18-6-19
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
B179c	B 120	M 93		

2 Form B

Date 12-6-19 *J.A. Snowless*
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 18 1919 *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date June 20 1919 *[Signature]*

Reg. No. *4189*. Rank *Sgt.* Name *Brecht, Wm*

Attested Address *Winterton*

Allotment Allottee

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

Returned on S.S. *Loisican* Cause *Discharge*

11-6-19
18-6-19

PASSED TO DEMOCRATIC
REGISTRATION
DISCHARGE APPROVED ON DEMOCRATIC REGISTRATION