



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 31 Name Stephen J Furlong Corps <sup>A</sup>

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Stephen J. Furlong</u> .....       |
| 2. What is your full Address? .....  | 2. <u>Grand Falls</u> .....              |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>24</u> Years <u>9</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Teamster &amp; Lumberman</u> ..... |
| 6. Are you Married? .....  | 6. <u>no</u> .....                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                       | 7. <u>no</u> .....                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u> .....                      |
| 9. What is your Religion? .....  | 9. <u>R. C.</u> .....                    |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? ..... | 10. <u>yes</u> { Name .....              |
|  | { Corps .....                            |

I, Stephen J. Furlong 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.

Stephen J. Furlong SIGNATURE OF RECRUIT.  
Matthew J. Ellis Signature of Witness.

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

I, Stephen J. Furlong 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 Grand Falls on this 23rd day of April 1917

Signature of Attesting Officer H. J. H. G. G. G. G. G.

### †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 Corps.

If enlisted by special authority, such will be attached to the original attestation.

Date 23/4/17 1917 J. J. H. G. G. G. G. G. Approving Officer.

Place Grand Falls

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Stephen Furlong  
 Apparent age 24 1/4 years ..... months. Height 5 feet 4 inches  
 Chest Measurement { Girth when fully expanded ..... inches  
 { Range of expansion ..... inches  
 Distinctive marks Eyes - Blue. Hair Dk Brown  
1 spot on left shoulder

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William M. Furlong  
Grand Falls | Relationship Father

### Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	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									
Joined at _____ on _____									
<u>Abandoned April 14/1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ (date of discharge) \_\_\_\_\_ years \_\_\_\_\_ days  
 " " Pensions " [ " " ] " " "

C.R. 8031

Extract of Daily Orders Part II Newfoundland Forestry Corps.  
dated April 16th/19.

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The discharge of the undernoted on Demobilization has been  
CONFIRMED by Officer i/c Records from noted date.

#8031 Pte. Stephen Furlong.

14/4/19.

C.R. 8031

Extract of Daily Orders Part II Newfoundland Forestry  
Corps Depot St. John's dated April 10th/19,

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The discharge of the undernoted on Demobilization has  
been APPROVED by O.C. Discharge Depot from noted date.

#8031 Pte. Stephen Furlong.

31/3/19.

C.R. 8031

Extract of Preliminary Report of a Medical Board  
held on Thursday Evening ~~the~~ March 27th/19. The  
following was the finding.

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RECOMMENDED DISCHARGE FROM THE ARMY.

#8031 Pte. S. Furlong.

C.R. 8031

Extract from Daily Orders part II, Depot St. John's dated 11-2-19.

The undermentioned returned from Overseas and reported at Depot  
7-2-19.

#8031 Pte. Stephen Furlong.

8031

C.R.

Extract from Foresters Nominal Roll of Foresters  
Embarked S.S. Corsican, Feb. 1st, 1919.

8031 Furlong.

C.R. 8031

Extract from Nominal Roll "Foresters" Embarked St. John's for  
Overseas, per S.S. FLORIZEL. May.19,1917.

8031 Pte. S. Fullong.



C.R. 8031

Extract of Nominal Roll "Forestry" embarked for Overseas  
per U.S. Florinal May 19th, 1917.

8031 Pte. S. Furlong.

No. 11



Newfoundland Forestry Companies.

ALLOTMENTS

I, *S. J. Furlong*, Regl. No. *831*

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and *Seventy* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz :

Allotment begins. *May 1/17*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>27</i>	<i>Mother</i>	<i>Margaret Furlong</i>	<i>Grand Falls</i>	<i>70</i>
				Total Allotment, \$

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.) *W.A. Baird*  
 Officer Commanding  
 Company  
*S. J. Furlong*  
*May 4 1917*

(Sig.) *S. J. Furlong*  
 (Rank) *Private*



ST. JOHN'S, MAR 29 1919

# Newfoundland Forestry Companies

Billeting Account,

To Pte S Turlong

Billeting Soldiers as undermentioned

from Feb 8/19 to Mar 21/19

<u>8031 Pte S Turlong</u>	<u>53.70</u>
---------------------------	--------------

Btm  
 773  
 Certified correct for \$ 53.70

B. Dickson  
Billeting Officer.

S. J. Turlong

Chas.



## Department of Militia, Newfoundland

### Medical Department

### Medical Report on an Invalid

#### NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

#### STATEMENT OF CASE

Station ..... *St. Johns* .....

Date ..... *25<sup>th</sup> Mar 1919* .....

- Forestry*
1. Unit *Royal Newfoundland*
  2. Regimental No. *8031*
  3. Rank *Private*
  4. Name *Furlong Stephen Jr* Former trade or occupation *Truckman.*
  5. Age last birthday *27*
  6. Enlisted on *23<sup>rd</sup> April 1917*
  - at *St. Johns*

#### 8. Disability

*Injury to foot.*

#### 9. History

*He states that whilst at barracks, Scotland House, tread on foot. (left) He was removed to hospital & head of 1<sup>st</sup> metatarsal removed & toe straightened.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

He is wearing special boot.  
(as provided)  
Small scar present on dorsal surface  
foot at base of second toe. Movements of, at toe  
as regards flexion & extension limited. Complaint  
of pain in foot after walking long distance.  
Heart & lungs negative.

11. Was consent advised and refused?  
operation

operation performed.

12. Do you recommend discharge as  
permanently unfit?

Yes.

Signature

*J. B. ...*

Rank or Qualification

*Capt.*

Remarks if any by Officer in Charge Hospital.

Place

Signature

Date

Rank

## Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words.

13. For pension purposes, the disability x *may* be considered as aggravated by:—  
due to \_\_\_\_\_
- (a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
- Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

*Yes*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? *less than 5%*
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? *less than 5%*
- (State in percentage.)

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,  
Naval and Military Con-  
valescent Hospital,  
Jensen Tuberculosis Camp.

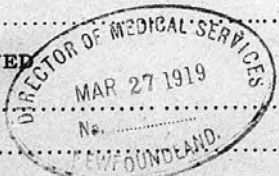
20. We recommend discharge from retention in the Army

Remarks if any:—

*[Signature]* .....  
President

Signatures *[Signature]* .....  
*[Signature]* Major

Place *[Signature]* .....  
Date *Mar 27, 19* .....

APPROVED  
Station .....  
Date .....  


*[Signature]* Major  
Administrative Medical Officer

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

# MEDICAL HISTORY

OF

Surname Furlong

Christian Name Stephen J.

Table I.—GENERAL TABLE.

Birthplace:—Parish Grand Falls County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>23</u> day of <u>April</u> 191 <u>7</u> at <u>St. John's</u>		on _____ day of _____ 191	
Declared Age	<u>24 3/4</u> years		_____	_____
Trade or Occupation	<u>Teamster &amp; Lumberman</u>		_____	_____
Height	<u>5</u> feet <u>4</u> inches		_____	_____
Weight	<u>130</u> lbs.		_____	_____
Chest Measurement	Grith when fully expanded ...		_____	_____
	Range of Expansion ..		_____	_____
Physical Development	_____		_____	_____
Vaccination Marks	Arm	_____	_____	_____
	Number	<u>1</u>	_____	_____
When Vaccinated	_____		_____	_____
Vision	R. E.—V=		R. E.—V=	
	L. E.—V=		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection	_____		_____	
Approved by (Signature)	<u>W.E. Procmier</u>		_____	
(Rank)	<u>Lieut.</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u> on <u>21</u> day of <u>April</u> 191 <u>7</u>		at _____ on _____ day of _____ 191	
Joined on Enlistment	Corps. <u>Nfld. Forestry</u>	Regtl. No. <u>8031</u>	Corps. _____	Regtl. No. _____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
(Signature)	_____		_____	
(Rank)	_____		_____	



Table II.—Only for admission to hospital or to the sic

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bear syphilis, adm of
	Day	Month	Year	Day	Month	Year			
1st SCOTTISH GENERAL HOSPITAL, ABERDEEN.	4	12	17	30	3	18	Hallux Valgus 957a.	116	Head toe 20

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

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

Signature of Medical Officer

Head of Rt <sup>1st</sup> Metatarsal removed &  
toe straightened  
to have special straight boot made  
position of toe good  
fit to remain

*W. H. [unclear]*  
21st Gen. Hosp.

**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 Signature
	<p style="text-align: center;"> <i>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as</i>  <i>B</i> <i>for discharge on Discontinuation.</i> <i>Medical category</i> <i>E</i>  <i>27.3.19</i>  <small>Date of S.M.B.</small> </p> <p style="text-align: right;"> <i>[Signature]</i>  <small>Physician in Charge</small> </p>

**TABLE IV.—SERVICE TABLE.**

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

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
R 121.  
2A.

Number of Sheet First

Regiment of Newfoundland Forestry Company Signature of O. C. Company \_\_\_\_\_

Regimental Number and Name: No. <u>1031</u> <u>B. Furlong</u>		Enlistment Age on <u>24</u> years <u>9</u> months		Trade <u>Lumberman</u>	Good Conduct Badges, Service pay or proficiency pay
Joined _____ Date _____	Place and Date of Enlistment } <u>St. John's</u> <u>2/14/17</u>	Period of { with Colours <u>15</u> years. with Reserve <u>36</u> years.	Religion <u>R. C.</u>	Place of Birth	
Joined _____ Date _____					
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
				Demobilized St John's 14-19					
				To be carried over					

Army Form B. 121.

April 15, 1919

#8061 Pto. Stephen Furlong,

Grand Falls.

Dear Sir:-

Please find enclosed "Discharge Certificate

No. 1888."

Yours truly

Paymaster & O.i/c Records  
Capt.



## 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

Turlong, Stephen

Regiment from which discharged

Royal Newfoundland

Regimental number

4331.

Intended address

Graw Falls.

Height on discharge

5 Feet 6"

Color of hair on discharge

Light

Complexion

Fair.

Color of eyes

Blue.

Descriptive Marks

Figure on discharge

Short

Christian name of Father

Matthew

Christian name of Mother

Margaret

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

St John's 23.8. 1898.

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)

S Turlong

(Rank)

A6

Station

ST. JOHN'S.

Date

24.3.19.

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

Station

Date



# 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 ..... 24-3-19 .....

Regimental No. .... 8031 .....

Name ..... Furlong, Stephen .....

Address ..... Grand Falls .....

.....

Present Medical Category ..... ~~A~~ E .....

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

(b) Standing Medical Board .....

R.H. [Signature] Capt.  
O.C. Discharge Depot.

Members of Board {

[Signature]  
Senior Medical Officer

[Signature]  
M. O. Depot

April 19, 1919

#8031 Pte. Stephen Furlong,  
Grand Falls.

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

Capt.  
Paymaster & O.i/c Records



1201

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 20th. 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 *Stephen*..... 2. Service.....

3. Rank *Cpl.*..... 4. Regt. No. *8031, Forestry*

5. Address in full to which future payments of gratuity are to be forwarded..... *Grand Falls, Nfld.*

6. Date of enlistment in the Regiment..... *Apr. 23/17*

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..... *No*

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?..... *No*

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

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

*From Apr 23/17 to Mar 29/19 date of temporary discharge.*

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.

*Clothing allowance*  
*Board*

*60 -*  
*34.28*  
*53.70*

15. Have you been issued with a War Service Badge?

*No*

16. Have you, during the present war, served in the Imperial Forces?

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

*No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

*No*

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the Rest.? If not give? - (a) Date of discharge

*Nov 29/19*  
*Temporary*

(b) Reason for discharge?

*De-mobilization*

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.

*No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

*No*

And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *J. J. J. J. J.*  
 Place of Residence: *Grand Falls, Nfld.*  
 Declared before me at: *St. John's, Nfld.*  
 This *29th* day of *March* 19*19*.

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

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	
.....	.....	.....	<i>None</i>	<i>\$ 280.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified Correct.				Paymaster. <i>[Signature]</i>

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 8031 Rank Private Name Durlong R.J.  
Intended place of residence Grand Falls

2. Occupation Seaman  
Classification of soldier B Medical Category F

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 MAR 29 1919  
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  
29-3-19  
Signature of soldier S. J. Durlong  
Signature of witness J. A. Knowlton

### 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  
29.3.19  
Signature of soldier S. J. Durlong  
Signature of witness W. J. O'Leary RQMS

### STATEMENT OF SERVICE

7. Enlisted for service 23-4-17 No of days on Military  
Discharged from service 31. 3-19 Plus 04 days Service 722

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
Date MAR 31 1919  
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 Med.  
Date April 14/1919  
Office in Charge of Records  
The Royal Newfoundland Regiment

*A.B. 5097/1888*

368  
327

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 8031 Rank Pte Name Subling S. J.  
 Date of Enlistment 23-4-17 Address Grand Falls District Twente  
 Occupation Quarter & Gunner Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Remain in the Unit Disability Rating Less 50%

Passed to Demobilization Officer with following documents:—

N.F. P36	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 29-3-19

*H. Mous H.*  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*S. J. Purtony*

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied

Date 29-3-19

*Handwritten Signature*  
 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 1094 to his home at Grand Falls and Release Certificate No. 1889 issued.

Date 29. 3. 19 Abdika C. P.  
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 11-4-19

Date 29-3-19 J. K. Thomas  
Depot Paymaster.

Discharge approved for. 31. 3. 19  
Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.	B 268.	B 121.	N.F. Med.	D.F. 1.	
F 178.	W 3494	B 122.	Board 1st.	" 2.	<u>from 10</u>
F 178a.	D 400A.	B 1915.	do 2nd.	" 3.	<u>2</u>
B 179.	D 400B.	Form L.	do 3rd.	" 4.	
B 179a.	D 400C.	Form K.	do 4th.	" 5.	
B 179b.	B 103.	ME 2.	<u>see 1</u>	" 6.	
B 179c.	B 120.	M 93.			

Date 29-3-19 J. A. Crawford  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—  
Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date MAR 31 1919 R. H. Sait  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date April 12 1919 J. A. Crawford  
for O.C. Depot

War Veterans Allowance

Name: *Stephen Joseph Furlong* No: *8031*

1. THEATRES OF SERVICE

(1) South African War

Date and port of disembarkation:

(2) World War I

*Newfoundland U.K.*  
*Date of disembarkation not stated.*  
Date(s) disembarked in U.K. *19 May 1917*  
IF CANADA ) *Embarked for U.K.*  
AND ) Date(s) S.O.S. in U.K. for Canada *1 February 1919.*  
U.K. ONLY ) Period(s) of desertion in U.K.

(3) World War II

Date of embarkation:

(4) Korean War

Date of embarkation:

2. Date and place of all enlistments:

*23 April 1917 St. John's Nfld.*

3. Date of all discharges and reason:

*14 April 1919. Demob.*

4. Date and place of birth as per attestation paper:

*23 August 1892. St. John's Nfld.*

5. Marital status: If married, name in full of wife:

*Single*

6. Any other military service:

*Nil*

7. Decorations, if any.

*Nil.*

*Halifax  
21/1/59*

Clerk's Initials:

DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

TO: DATE ... 26-6-74 .....

À:

NAME FURLONG STEPHEN JOSEPH Service No. 8031 NFLD FORESTRY UNIT CC No.  
NOM ..... Matricule No ..... CCP No .....

WVA No. 219224  
AAC No .....

Information Received from: DVA 93 HX DIST  
Information reçue de: .....

Date of Death 17 APRIL 1974  
Date du Décès .....

Place  
Endroit CITY OF SYDNEY HOSPITAL

Distribution: WSR-DASG  
VI - ASS  
~~XXXXXXXX~~  
HO - BC

*check*

Pour le chef,  
*[Signature]*  
for Chief, Central Registry Division.  
Dépôt central des dossiers.