



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5472 Name Peter Green Corps Medth.

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

- |  |                                   |
|--|-----------------------------------|
| 1. What is your name? .....  | 1. <u>Peter Green</u>             |
| 2. What is your full Address? .....  | 2. <u>Seldom Come Bay</u>         |
|  | <u>N. P. B.</u>                   |
| 3. Are you a British Subject? .....  | 3. <u>Ye</u>                      |
| 4. What is your age? .....   | 4. <u>21</u> Years <u></u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</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. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes.</u>                    |
| 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. <u>Yes.</u>                   |

I, Peter Green 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.

Peter Green SIGNATURE OF RECRUIT.

A. Power Signature of Witness.

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

I, Peter Green do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 27 day of May 1915

Signature of Attesting Officer Edwards Lieut.

### † 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 ..... 1915 } Approving Officer.  
Place .....

† 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

5472

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

Name Peter Green

Apparent age 21 years      months. Height 5 feet 3 inches

Chest Measurement { Girth when fully expanded 34 1/2 inches  
 Range of expansion 3 1/2 inches

Distinctive marks     

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Seldom Come By | 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 entrv.

(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 <del>written</del> engagement reckons from <u>27-5-18</u>									
Joined at <u>Mkhas</u> on <u>27-5-18</u>									
<u>Discharged July 12, 1919</u>									
<u>Embarked Mkhas S.S. Costantello to Halifax N.S. 22-7-18.</u>									
<u>Embarked for B.C. 23<sup>rd</sup> Kosenbaker France 25<sup>th</sup> 18</u>									
<u>Joined Batta. 5<sup>th</sup> transferred from Queen 22<sup>nd</sup> 19. Arrived Newcastle 25<sup>th</sup> 19</u>									
<u>Wife for demobilization 22-5-19.</u>									
<u>Arrived the air force camp 1-6-1919</u>									
<u>Demobilization Mkhas 12-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 12-7-1919 (date of discharge) 1 years 47 days

“ “ Pensions “ “ “ “ “ “ “ “ “ “



C.R. 5472

Extract from Daily Orders Part II Unit The Royal Wfld.

Regt. St. John's, July 16th, 1919

The discharge of the undersigned on demobilization has been  
ASSHC CONFIRMED by Officer i/c Records from 12-7-19.

5472 Pte. Peter Green.



C.R. 5472

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

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 28-6-19.

5472 Pte. P.Green.

C.R. 5472

Extract from Family Orders Part 11 Depot. St. John's,  
Date June 18th 1919.

5472, Pte. P. Green.

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

C.R. 5472

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5472 Pte. P. Greene.

C.R. 5472

Extract from Nominal Roll of Draft No, 56, from the 2nd.,  
Battalion of the Royal Newfoundland Regiment, to the  
1st., Battalion of the Royal Newfoundland Regiment. B. E.F.  
Embarked Southampton 23/11/18.

5472 Pte. P. Green.



C.R. 5472

Extract from Daily Orders part 11, from Unit The Royal Field  
Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#5472 Pte. Peter Green.

C.R. 5472

Extract from Daily Orders part 11, from Unit The  
Royal Nfld. Regt. St. John's, dated May 29, 1918

#5472 Pte. Peter Green.

Attested for General Service with th Royal Nfld. Regt  
from May 27, 1918

*A Green*

C.R.

5472

~~*LIRO*~~

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 F., or P. (T), of the Reserve.

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

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

1. Unit and Corps... *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *6422*, 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Green P.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *22*
6. Posted for duty on *28.5.18* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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  
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.)

se 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. E. Proctor, Capt R.A.M.C.

Medical Officer in charge of case.

Station Hazley Down

Date 29/1/19

\* 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







Green, Peter

5472

Ray Dept.



July 12, 1919

#5472 Rte. Peter Greens,

Seldom Come By.

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 & O. I. c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

1. Christian name *Peter* ..... 2. Surname *Greene* .....  
3. Rank *Private* ..... 4. Regt. No. *5472* .....  
5. Address in full to which future payments of gratuity are to be forwarded *Seldom Cove Bay, 1st District* .....  
6. Date of enlistment in the Regiment *May 28/18* .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge .....  
8. Relationship of such dependents .....  
9. Address in full of such dependents .....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Yes* .....  
11. Were you on active service only in field. If so, give dates and particulars of such service *Overseas* .....  
12. Give total length of time which you served on active service whether in field or Overseas *From May 28/18 to June 14/19* ..... 113

issued, or was being issued, immediately prior to your 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.

..... *No* .....

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

16. Have you, during the present war, served in the Imperial Forces..... *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*

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

19. Are you now serving in the Regt.?..... *No* If not give? - (c) date

of discharge..... *Paul 14/11/19* Reason for discharge..... *Desertion*

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 Nov. 27/19 to April 1919*

21. (a) Are you receiving treatment from the Civil Re-Establishment

Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *No*

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



lic.  
-3-  
cc: -3-

*Peter Green*

Signature of Applicant: 0

Place of Residence: 0

Declared before me at: 0

This 14<sup>th</sup> day of June 1919

*John P. Kelly*  
*John P. Kelly*

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

POST DISCHARGE PAY.

Date paid	Sold	Sold	War Service	Net amount
Sold		Dependent	Gratuity.	due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	



July 18, 1919

#5472 Pte. Peter Green,

Seldom-Come-By.

Dear Sir:-

Please find enclosed Discharge Certificate #2970.

Yours truly

Captain,  
Paymaster & C. I. / o Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5472 Rank PLC Name Green P  
 Intended place of residence Selden Lane - Bay St. John  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category A

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 14 1919  
 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 14 1919  
 Signature of soldier P Green  
 Signature of witness Ambleton St

### 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 14 1919  
 Signature of soldier P Green  
 Signature of witness James O. Brennan SM-

### STATEMENT OF SERVICE

7. Enlisted for service 2-7-5-18 No of days on Military  
 Discharged from service 28-6-19 plus 14 days Service 412

### 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 28 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  
 Date July 12/1919  
 Officer in Charge  
 The Royal Newfoundland Regiment

*Handwritten:* 27/2079/2970

# The Royal Newfoundland Regiment

Class for Demobilization: 8/6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 13.6.19

Regimental No 5472

Name Green Peter

Rank Pl

Address Seldom - Come - Bay

Present Medical Category A1

Recommended for: (a) Immediate discharge  
(b) Standard Medical Board

Members of Board

R.H. Lant Capt  
O.C. Discharge Depot.

L.P. Paterson  
Senior Medical Officer

S.W. Burden  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5472 Rank Plt Name Green P  
 Date of Enlistment 27 5 18 Address Suttons Cove by District 1  
 Occupation Labourer Classification for Discharge 6 Medical Category 1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 288	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 13 6 19 P.O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation. J Green

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$65.00
- (b) Clothing Supplied. [Signature]

Date 14-6-19 O i.c. Re-clothing \_\_\_\_\_



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 2744 to his home at Bellevue, Va. and Release Certificate No. 2750 issued.

Date 14-6-19 *J. H. Law 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 12-7-19

Date 14-1-19 *J. H. Law Capt.*  
Depot Paymaster.

Discharged approved for 28-6-19  
Forwarded with following documents to O. C. Discharge Depot.

N.F. P36	B 268	B 121	/	N.F. Med	D.F. 1	/
B 178	W 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 14-6-19 *J. H. Law 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**

JUN 28 1919

Date *R. H. Suit 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.

*P Green*

Signature of Man.

*J. A. Snowlett*

Signature of the Vocational Officer or his Representative.

Reg. No.

5472

ST. JOHN'S

Place

Date

14-6-19.

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**Note.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps Royal Newfoundland 7. Former Trade or Occupation } Fisherman  
 2. Regtl. No. 5475 3. Rank... Plt. 7a. If the soldier claims previous service in Army, he should state—  
 4. Name Green, P. (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.  
 5. Age last birthday... 27...  
 6. Posted for duty on 28. 5. 18. at St. John's in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

**Note.**—The foregoing particulars are to be filled in and A.F.B. 179 n (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 .. .. .                  | } <i>na</i>         |                   |
| (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.)*

*All Complaints 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. Proenier, Capt RMC*  
 Medical Officer in charge of case.

Station *Harley Camp*  
 Date *29.11.19*

\* 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 *Peter Green*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5472*

Intended address *Seldom Lane. By. N.D.B.*

Height on discharge *5* Feet *4*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father *J. St.*

Christian name of Mother *Lousia*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Glarenville. Sept 15<sup>th</sup> 1895*

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

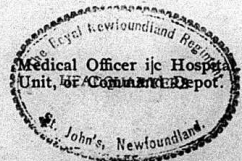
(Soldier's signature in full) *Peter Green*

*pte*  
(Rank)

Station **ST. JOHN'S.**

Date *12/6/19*

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



Station

Date



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

# MEDICAL HISTORY

Surname Greene

Christian Name Peter

Table I.—GENERAL TABLE.

Birthplace:—Parish Selmon Cove St. John's County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	27 <sup>th</sup>	May	1918	
	at	St. John's	at	
Declared Age	21	years		days
Trade or Occupation	Fisherman			
Height	5	feet 3		inches
Weight				lbs.
Chest Measurement	Girth when fully expanded	34 $\frac{1}{2}$		inches
	Range of Expansion	3 $\frac{1}{2}$		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	?	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. J. P. Peters</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	St. John's	at	
	on	27 <sup>th</sup> day of May	on	
		1918		191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	Royal Nfld. Regiment			
		5472		
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				







C.R. 5472

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal 1914-1919.

Name *Percy Green*.....

Date *Dec. 1. 1919*

Place *Burlington*...



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 ~~Victory Medal~~ and/or **British War Medal**

is/are forwarded herewith to

Peter Green

in respect of his service as No. 5472 Rank Pte.

Name P. Green Royal Nfld. Regt.  
and Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received octo 22 1921

Signature Peter Green

Date octo 31 1921

Address Seldom com Bzi

[P.T.O.]



Receipt for Army Book 64

No. .... 5472 ..... Name Green .....

To Certify that I have received the AB 64 of the above  
named soldier.

Name Peter Green .....

Date. July 29 .....

Place. Seldon Come By .....

N.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of The Royal Newfoundland

Number of Sheets One

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Greene Peter</u>	Age on <u>21</u> years <u>1</u> months		<u>Fisherman</u>	
Joined _____	Date _____	Place and Date of Enlistment <u>St. John's</u>		Religion <u>meth.</u>	
Joined _____	Date _____	Period of <u>with Colours 1<sup>1</sup>/<sub>2</sub> years</u>	Place of Birth <u>Seldom Cove Pt. N.B.</u>		
Joined _____	Date _____	<u>with Reserve 3<sup>1</sup>/<sub>2</sub> years</u>			

Place	Date of Offence	Rank	Cases of Discretion	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order decreasing with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's</u>		<u>12 <sup>7</sup>/<sub>19</sub></u>			

To be carried over.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5472 Rank Plt Name Green P  
 Date of Enlistment 27.5.18 Address Sutton Camp by District District Logo  
 Occupation Lushmard Classification for Discharge 6 Medical Category AI  
 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	" 6
B 179c	B 120	M 93		

Date 13.6.79 J. H. H. H.  
 O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation. J Green

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
- (b) Clothing Supplied Amc Bush A

Date 14-6-19 O ic. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 2714 to his home at Johnson Home Bldg and Release Certificate No. 2710 issued.

Date 14-6-19 *J.A. Snowball*  
Demobilization Officer

**4. Pay and Allowances.**

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

Date 14-1-19 *J.A. Snowball*  
Depot Paymaster.

Discharge approved for 18-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	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 14-6-19 *J.A. Snowball*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-  
Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents. **Eligible for War Service Gratuity**

Date June 20 1919 *R.H. Sait Capt.*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date June 30/19 *Thorpe*  
*Records*



Reg. No. *4477* Rank *Plt* Name *Green, J.*

Attested ..... Address *Seldom come by*

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

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

Returned on S.S. *Orizaba* Cause *Discharge*

*12.6.19.*  
*24.6.19.*

PAID TO DEMOBILIZATION  
DISCHARGE APPROVED ON .....ION.