



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5844 Name John Groves Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------|
| 1. What is your name? | 1. <u>John Groves</u> |
| 2. What is your full Address? | 2. <u>Bonavista</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years |
| 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, John Groves 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.

26.7.1915 John GrovesSIGNATURE OF RECRUIT.
Pte Donald DowdellSignature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Groves 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 26 day of July 1915
 Signature of Attesting Officer P. S. Dicks 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 rank of Private

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

Date 27-7-181915 } Approving Officer.
 Place St John's

† 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 John Groves
 Apparent age 21 years months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 30 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Groves
Bonavista | Relationship Brother

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 _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____ "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5844 Name John Groves Corps Meth

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. John Groves.....
- 2. What is your full Address? 2. Bonavista.....
- 3. Are you a British Subject? 3. Yes.....
- 4. What is your age? 4. 21 Years Months
- 5. What is your Trade or Calling? 5. Fisherman.....
- 6. Are you Married? 6. No.....
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No.....
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes.....
- 9. Are you willing to be enlisted for General Service?..... 9. Yes.....
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... 10. Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes.....

I, John Groves..... 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.

26.7.18 John Groves..... SIGNATURE OF RECRUIT.
Pte. Donald Dowdun..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Groves..... 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. Johns on this 26 day of July..... 1918
Signature of Attesting Officer Asst. Dick's 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 27-7-18..... 191.....
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).....

DESCRIPTIVE REPORT ON ENLISTMENT

5844

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

Name John Groves
 Apparent age 21 years 0 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Groves
Bonavista | 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 <u>26.7.18</u>									
Joined at <u>Mexico</u> on <u>July 26-1918</u>									
<u>Discharged</u> <u>Jan 13-1919</u>									
<u>Granted leave without pay from</u> <u>6-8-18</u>									
<u>Demobilization</u> <u>Mexico</u> <u>13-1-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 13-1-1919 (date of discharge) 0 years 30 days
 " " Pensions " " " " " " " " " " " "

C.R. 5844

Extract from Daily Orders Part II Unit The Royal Rifles
Regt., St. John's, Jan. 25th, 1919.

The Discharge of the Undernoted on demobilization has been
approved by Officer I/c Records on noted dates.

Confirmed

5844 Pte. John Groves.

Jan. 25th, 1919.

C.R. 5-844

Extract of Daily Orders Part II, Depot St. John's, dated
Jan. 14th 1919.

DISCHARGE APPROVED ON DEMOBILIZATION

The discharge of the undernoted man on demobilization has
been approved by the Officer Commanding Discharge Depot on
noted date.

5844 Pte. John Groves.

Discharged 10-1-19

C.R. 5844

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, Dated August 15th 1918.

5844 Pte. I. Groves.

Granted leave from 15-8-18 to 24-8-18.

C.R. 5844

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 27, 1918.

#5844 Pte. John Groves.

Attested for General Service with the Royal Nfld. Regt.

26-7-18

Proves, John

5844

Ray, Sept.

January 25th., 1919

#5844 Pte. John Groves,
Bonavista, B.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 744."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records

Enc 1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5844 Rank Pvt Name James John
 Intended place of residence Bonaville
 2. Occupation Fisherman
 Classification of soldier D Medical Category A II

3. The above named man is discharged in consequence of.....
 DEMOBILIZATION

4. His accounts are correctly balanced and I have in accordance with Regulations. ENLISTED under the MILITARY SERVICE ACT and granted leave without pay.
 Place
 Date 10-1-19 NOT ELIGIBLE for PAY and ALLOWANCES
 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 ENLISTED under the MILITARY SERVICE ACT and granted leave without pay.
 NOT ELIGIBLE for PAY and ALLOWANCES
 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 NOT APPLICABLE.
 Granted Leave without pay at his own request after attestation to continue in civilian occupation
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 26.7.18 No of days on Military Service
 Discharged from service 10.1.19 Service March 10 1919

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 Sgt J. JOHN' Bay R.H. Sait Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date JAN 10 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place Sgt John' Bay R. Bowley Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment.
 Date January 13/1919

2013 70991 744

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5811 Rank Plt Name James John
 Date of Enlistment 26/7/18 Address Burton District St. John's
 Occupation Chef Classification for Discharge D Medical Category A II
 Recommendation S.M.B. Disability Rating On date Leave without Pay granted,

Passed to Demobilization Officer with following documents:—

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

Date 2.1.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

NOT APPLICABLE.

Granted Leave without pay at his own request after
attestation to continue in civilian occupation

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

ENLISTED under the MILITARY SERVICE ACT
and granted leave without pay.

(b) Clothing Supplied

NOT ELIGIBLE for PAY and ALLOWANCES.

Date

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at _____ and Release Certificate No. 727 ^{Mailed} issued.

Date 10-1-19

C. B. Dicks Capt
 Demobilization Officer

4. Pay and Allowances.

ENLISTED under the **MILITARY SERVICE ACT**

The herein named soldier's accounts have been correctly balanced and all matters in connection
 and granted leave without pay,
 therewith settled. He has received pay **NOT ELIGIBLE** for **PAY** and **ALLOWANCES**.

Date 10-1-19

W. H. Alley Capt.
 Depot Paymaster.

Debit Balance ^{to} \$47¹⁰

Discharge approved for 10. 1. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36.....	B 268.....	B 121.....	✓ 1	N.F. Med.....	D.F. 1.....		
E 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	1	✓
B 178a.....	✓ 1 D 400A.....	B 1915.....	✓ 2	do 2nd.....	" 3.....	2	✓
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....		
B 179a.....	D 400C.....	Form K.....	✓ 1	do 4th.....	" 5.....		
B 179b.....	B 103.....	ME 2.....			" 6.....		
B 179c.....	B 120.....	M 93.....	✓ 2				

Date 12.1.19

C. B. Dicks Capt
 Demobilization Officer.

APPROVED.

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

with following additional documents.

JAN 10 1919

Date

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

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

Date

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

MEDICAL HISTORY

OF

Surname

Groves

Christian Name

John

Table I.—GENERAL TABLE

Birthplace:—Parish

Bonaville

County

Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined on *26* day of *July* 191*8* on day of 191*8*

at *St. John's* at

Declared Age years days years days

Trade or Occupation *Fisherman*

Height *5* feet *6* inches feet inches

Weight *133* lbs. lbs. H's.

Chest Measurement { Girth when fully expanded *35* inches inches

{ Range of Expansion *3 1/2* inches inches

Physical Development

Vaccination Marks { Arm Right Left Right Left

{ Number

When Vaccinated

Vision R.E.—V= *6/10* R.E.—V= L.E.—V= *6/10* L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease..... (a)

(b) Slight defects but not sufficient to cause rejection (b)

Approved by (Signature)

Samuel Peterson

(Rank)

Medical Officer

Medical Officer

Enlisted

at *St. John's* at

on *26* day of *July* 191*8* on day of 191*8*

Corps

Regtl. No.

Corps

Regtl. No.

Joined on Enlistment.....

Royal 58th

Transferred to

1st Regt

Became non-effective by.....

on day of 191*8* on day of 191*8*

(Signature)

(Rank)

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination held at Bonavista

Date _____ 191 _____

1. Name John Groves Age (a) Declared 31
Bonavista (b) Apparent

2. Do you know of anything wrong with you? No.

What severe illnesses have you had?

Typhoid 1917.

3. Height 5' 7" Weight 141

4. Eyesight (a) Left 6/6 (b) Right 6/6.

5. Physical Defects (Examine after strenuous exercise)

None

6. Examination of Lungs Normal

Measurement

(a) Expiration 23(b) Inspiration 26²

7. Examination of Heart Normal

8. Examination of Urine Normal.

9. Examination of Mouth—(Defective Speech)

Teeth FairThroat NormalNose Normal

Ears—(Deafness, Otorrhea)

10. Have you been successfully vaccinated, and when? Not vaccinated

11. Name and address of next of kin Mrs. Thomas Groves, mother

REMARKS—

We consider this man { Fit
~~Temporarily unfit for Military Service~~
~~Permanently unfit for Military Service~~

(If unfit, Form M.S.B., 10 A, should be filled and attached).

Aii
cm.C A Forbes

Medical Examiners.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Groves, Regl. No. 5844
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
 concerned, viz. :

Allotment begins 1. 9. 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6574	Wife	Mrs. John Groves	Concordia	60
Total Allotment, \$				<u>60</u>

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

(Sig.) [Signature]
 Officer Commanding
 Company
St Johns
Aug 2 1918

(Sig.) [Signature]
 (Rank) Pte



THE ROYAL NEWFOUNDLAND REGIMENT
ALLOTMENTS

I, John Groves, Regl. No. 5844
hereby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and Sixty Cents, per diem, from my Pay,
to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof
of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
concerned, viz.:

Allotment begins 1. 9. 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6574	Father	Mr Jas Groves	Bonavista	60
Total Allotment, \$				60

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

(Sig.) A. C. Summers
Officer Commanding
Company
St Johns
Aug 2 1918

(Sig.) John Groves
(Rank) Pte

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters on July 26 1918

1. Name John Guvas Age (a) Declared 21
(b) Apparent

2. Do you know of anything wrong with you? Pain in the eye

What severe illnesses have you had? None

Lungs Brown
Chest Fair
Marked

3. Height 5-6 Weight 155

4. Eyesight (a) Left 6/9 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) n

5844

6. Examination of Lungs n

Measurement (a) Expiration 32 1/2 (b) Inspiration 35

7. Examination of Heart n

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears—(Otorrhea)
- (Deafness)

} n

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin Father Thomas Bonavista

REMARKS—

A II

Archibald
Sturdee
Medical Examiners

Bonaville
July 21st
1919

3824

Dear Sir

Some time last fall I received an Identity Certificate certifying that I was to receive an Allotment but it hasn't turned up as yet

My Service name is John Groves Rank etc. Regl. No 5844

Certificate states date of Allotment commences 2-8-1918

Kindly see this matter fixed up and oblige

Yours truly

Thomas Groves

A. J. Summers
St Johns

allotment was suspended as he was granted S. M. P. before it came into effect. (Discharged 15/1/19)

5844

Feb. 8, 1919.

Thomas Groves, Esq.,
Bonavista.

Dear Sir:-

Referring to your letter of January 21st, I beg to inform you that John Groves was granted Leave without Pay before his allotment came into effect, and was discharged on June 13th. Therefore, you are not entitled to any allotment on his account.

Yours truly,

Lieut.

For Paymaster.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland Regt

Number of Sheet

30

Signature of O. C. Company

C. Dicks Lieut.

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>55114 John Groves</i>	Age on <i>21</i> years <i>0</i> months	<i>Yadernan</i>	
Joined	Date	Place and Date of Enlistment	Religion	
Joined	Date	<i>St John's 26-7-10</i>	<i>Meth</i>	
Joined	Date	Period of <input checked="" type="checkbox"/> with Colours <i>17</i> years <input checked="" type="checkbox"/> with Reserve <i>30</i> years.	Place of Birth	
Joined	Date		<i>Bonaville</i>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's</i>	<i>13</i>	<i>19</i>			

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 554 Rank Pte Name Groves John
 Date of Enlistment 26.7.18 Address Bonaville District Bonaville
 Occupation Fisherman Classification for Discharge D Medical Category A
On date Leave without Pay granted.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 2.1.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

NOT APPLICABLE.

Granted Leave without pay at his own request after
attestation to continue in civilian occupation

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable..... **ENLISTED** under the **MILITARY SERVICE ACT**
 and granted leave without pay...
- (b) Clothing Supplied

NOT ELIGIBLE for **PAY** and **ALLOWANCES**

Date.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home at and Release Certificate No. 727 issued.

Date 10-1-19 Demobilization Officer *Capl*

4. Pay and Allowances.

ENLISTED under the MILITARY SERVICE ACT

The herein named soldier's accounts have been granted leave and all matters in connection therewith settled. He has received pay and allowances to **NOT ELIGIBLE for PAY and ALLOWANCES.**

Date 10-1-19 *Sub Major Capl*
Debit Balance \$7⁰⁰
Depot Paymaster

Discharge approved for 10. 1. 19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11.2.19 *Capl*
Demobilization Officer.

APPROVED. *h.*

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

Date JAN 10 1919 *R.H. Jant Capl*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date *Jan 19 4/19* *Capl*

Reg. No. 5844 Rank *Pl* Name *Grave John*
Attested *26-7-18* Address *Bona Vista*
Allotment *60* Allottee *Mr John Grave (Father)*
Date of Allotment *1-9-18* Returned from Overseas
Embarked for Overseas Cause

Vacc 9-2-18, 1st free 2-8-18.

R.L. 15-8-18. Do 24-5-18.

9. Leave without pay 25-2-18 to 15-10-18 Retd 30-3-18.

PASSED TO DEMOBILIZATION OFFICER **JAN 10 1919**

10-1-19.

DISCHARGE APPROVED ON DEMOBILISATION.