



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5504 Name Stanley Heath Corps Medth.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Stanley Heath
2. What is your full Address? 2. Wards H. Green Bay.
3. Are you a British Subject? 3. Yes.
4. What is your age? 4. 21 Years 0 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 Medth.
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.

Stanley Heath 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.

Stanley Heath SIGNATURE OF RECRUIT.
Pte. P. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Stanley Heath 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 29 day of May 1915.

Signature of Attesting Officer P. 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 compiled with. I accordingly approve, and appoint him to the;

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

Date 1915 }
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)

Heath, S

5504

Hay Sept
J

July 15, 1919

#5504 Pte, Stanley Heath,

Wards Harbor, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3045.

Yours truly

Captain,
Paymaster & O.i/c Records

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5504 Rank

Name *Leah S*

Warned for demobilization on

JUN 17 19

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5504 Rank. Pte. Name. Heath Stanley
 Intended place of residence. Wards St.
 2. Occupation Fisherman
 Classification of soldier. 2 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, ST. JOHN'S

Date JUN 17 1919

H. M. Kerut
 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, ST. JOHN'S

Date JUN 16 1919

S. Heath
 Signature of soldier

J. D. Snow Capt.
 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, ST. JOHN'S

Date JUN 16 1919

S. Heath
 Signature of soldier

James O. Brennan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 29-5-18 No. of days on Military
 Discharged from service. 1-7-19 Plus 14 days Service. 413

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

Date JUL 1 1919

R. H. Lait Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 15/1919

M. Bowley Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment

a F 2019/5504

The Royal Newfoundland Regiment

Class for Demobilization: *Ej*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 16.6.19

Regimental No 6504

Name Heath Stanley Rank P6

Address Wards H. A.D. B.

Present Medical Category A-1

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

Members of Board

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

H. Peterson
Senior Medical Officer

S.W. Burden
M. O. Depot

The Royal Newfoundland Regiment

Reg. No. 55011 Rank Platoon Name Heather Stanley
 Date of Enlistment 29-5-18 Address Wards Hill District P. Gates
 Occupation Fisherman Classification for Discharge E Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 208	B 121	N.F. Med	D.F. 1
B 178	W 349A	B 122	Board Ist	" 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 16-6-19 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am 8 in a position to resume civilian occupation. Heath

Particulars passed to Vocational Officer for information and action:

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable A60

(b) Clothing Supplied Am Johnston

Date 17-6-19

O i/c: Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *A11843* to his home at *Hands St. Chicago* and Release Certificate No. *2837* issued *17-6-19*

Date *17-6-19* *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 *17-6-19*

Date *17-6-19* *J.A. Snowball*
Depot Paymaster.

Discharged approved for *1-7-19*
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		

3 Form B

Date *17-6-19* *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUL 1 1919* *R.H. Saut 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.

S. Heath

Signature of Man.

Reg. No. 5504

J. A. Shawbapt

Signature of the Vocational Officer or his Representative.

Place

N. York

Date

17-6-19.

191

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

MEDICAL HISTORY

Surname Heath OF Christian Name Stanley

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's Av. Nfld. County Her.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	29	May	1918	191
at	St John's			
Declared Age	21	years		days
Trade or Occupation	Fisherman			
Height	5	feet	5 1/2	inches
Weight	37	lbs.		lbs.
Chest Measurement	Girth when fully expanded		4	inches
	Range of Expansion			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	I. E.—V=	6/9	R. E.—V=	
	L. E.—V=	6/9	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>[Signature]</u>			
(Rank)	Major		Medical Officer.	
Enlisted	at	St John's	at	
	on	29 day of May	on	day of 191
		Corps.		Regtl. No.
Joined on Enlistment	Royal Wtd. Regiment.		5504.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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 Office 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 *Stanley Heath*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5504*

Intended address *Wards Nr. N.D.B.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *James*

Christian name of Mother *Mary*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Wards Nr. 25th Aug 1897*

Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *S Heath*

Otc
(Rank)

Station

Date *16-6-19*

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

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at

Headquarters May 29/15

1. Name

*Stanley Heath*Age (a) Declared *21*

(b) Apparent

2. Do you know of anything wrong with you?

Weak Back.

What severe illnesses have you had?

*None.**5504*

3. Height

*5'5 1/2*Weight *135*

4. Eyesight (a) Left

6/9(b) Right *6/9*5. Physical Defects (Examine after strenuous exercise) *n*6. Examination of Lungs *n*

Measurement

(a) Expiration

33

(b) Inspiration

*37*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 James Wards St. Green Bay

REMARKS—

*A 11**D. W. Burdett*
Archibald

Medical Examiners.

Medical Report on an Invalid.

Station Hazlet Down.Date 1-5-19.

1. Unit Royal Newfoundland.
2. Regimental No. 5504
3. Rank Pte
4. Name Heather S.
5. Age last birthday 22.
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$ May 29. 1918
St John's
7. Former Trade } Fisherman.
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit ;
(b) Regimental No. ;
(c) Date of Discharge ;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).*Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nil

nil

nil

nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

See complaint of no disability

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatmentation

W. E. McCormie Capt. R.A.M.C.
Sydney H. M., Major

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station Hazely Down

Officer in charge of Hospital.

Date 1-5-19.

*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.

† Delete this word if no exceptions are to be made.

July 21, 1919

#5504 Pte. Stanley Heath,

Long Island, N.D.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

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..... *Stanley* 2. Surname..... *Death*
3. Rank..... *Pte* 4. Regt. No. *5504*
5. Address in full to which future payments of gratuity are to be forwarded..... *Long Island N.W.B.*
-
6. Date of enlistment in the Regiment..... *Mar. 29/1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *no*
8. Relationship of such dependents..... *no*
9. Address in full of such dependents..... *no*
-
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 Mfld. If so, give dates and particulars of such service..... *Overseas*
-
12. Give total length of time which you served on active service whether in Mfld. or Overseas..... *thirteen months*
- *2 days* 13.

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.

\$87 Clothing Etc

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 Regt.? If not give? - (a) Date of discharge.

Jan. 1/19

Renovobalization

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

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.

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: *S Heath*
 Place of Residence: *Long Island N.Y.*
 Declared before me at: *St John used*
 This *17th* day of *June 1919*
John W. Carthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Legis-
 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 Classify.	
.....
.....
Certified correct.				Paymaster

RECEIVED
 DISTRICT

.....
 To v 5

S Heath

C.R.

5504

~~1110~~

55504

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5504 Rank Plt. Name Heath Stanley
 Date of Enlistment 29-5-18 Address Woods Hill District St. John's
 Occupation Soldier Classification for Discharge 17 Medical Category 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 Ist.	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	R. A03	ME 2			" 6	
B 179c	B 120	M 93	/			

Date 16-6-19 for Woods Hill
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am S Heath in a position to resume 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 \$60.00
- (b) Clothing Supplied Am Christie

Date 17-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 911843 to his home at Hands Hill and Release Certificate No. 2857 issued.

Date 17-6-19

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 17-7-19

Date 17-6-19

W. H. W. Hunt
Depot Paymaster.

Discharge approved for 1-7-19

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
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 Fam B

Date 17-6-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

JUL 1 1919

Eligible for War Service Gratuity

R.H. Sait Capt.

Date

O. C. Discharge Depot.

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

Date July 1919

J.A. Snowball
for Depot

Receipt for Army Book 64

No. *2504* Name. *Heath*

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

Name *Stanley T. Heath*

Date *Aug 10th*

Place. *Ward Harbour*

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

C.R. 5504

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

#5504mPte. S. Heath.

C.R. 5504

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 30, 1918.

#5504 Pte. S. Heath.

Attested for General Service with the Royal Nfld. Regt.
from 29.5.18

Name who is at the front
is Pte Peter Heath.

I feel sure you will look
into this matter and have

my boy discharged
and in hope of this I

Am yours very truly

Mrs James Heath
Words St
St. John's

POST OFFICE
Request for report please
NEWFOUNDLAND
& Montserrat
JUL 18 1918
per H. G. D.
COMMANDING
July 8, 1918.

Words St

July 1st 1918

To Major Montgomery
Royal Newfoundland Reg
St John's

Dear Sir

I am writing this to
you to ask if it is possible
for my son # 5504 Pte
Stanley Heath to be relieved
from service as I have
no son now in France and
only me more to help my
husband who is not well I
have four more small children
Please let him off if
possible as I do not think
he should go now. He
is not strong himself by
any means. His father

K. K. Short

C.R. 5504

GENERAL DEALER



CUTWELL HR., No. July 3rd 191

Major Montgomery
D. O. Commanding Royal ^{4th} Reg
St. Johns

Dear Sir

with regard to an application
from Mrs James Heath of Wards He
asking that her son (Stanley Heath now
in training in St. Johns) be released
from service I may say that I consider
it would be only right if he was
given his discharge for the present time
this Chap is W. Strong. He has a Brother
Pte Peter Heath with the Reg in France
there is four small children Brothers &
Sisters to be provided for by the father
who is a delicate man with only one
other old enough to help him and
that one offered but was rejected.
Mrs Heath is asking that her son

K. K. Short

GENERAL DEALER



CUTWELL HR., Nfld.

191

5504 Pte Stanley Heath be released
from service and she has asked
me to also drop you a line. I
can confirm what Mrs. Heath says
and under the circumstances with
one ~~son~~ son gone and a large
family helpless and only a husband
in poor health to provide I think
her appeal should receive some
consideration.

Yours respectfully
K. K. Short



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

July 11th, 1918 191

To District Officer Commanding, Newfoundland,
Militia Department

5504 Pte. Stanley Heath

Reference attached - Pte. Heath is 21 years of age and enlisted with the Regiment on May 29th, 1918. He states that he has three brothers, viz. Peter, at present with the Battalion in France; Nathaniel, aged 23, discharged; and George, aged 25, married, and residing at Ward's Harbour, N.D.B.

He has made an allotment of 50¢ per day to his mother with effect from August 1st, 1918.

R. H. Sait

Captain

Acting O.C. Depot.

Encl.

C.R. 5504

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

The following men embarked for overseas on H.M.S.
"Colubelle" July 25, 1918.

#5504 Pte. Stanley Heath.

C.R.

5504

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 Harre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5504 Pte. S. Heath.

C.R. 5504

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

Date June 18th 1919.

5504, Pte. S. Heath.

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

C.R.

5504

Extract from Daily Orders West II Unit The Royal WFL, Regt.
St. John's, June 20th, 1919.

The discharge of the undernoted on disability has been
APPROVED by C.O. Discharge 1, get with effect from 1-7-19.

5504 Pte. Stanley Heath.

C.R. 5504

extract from Daily orders part II Royal Newfoundland Regiment
Depot St. John's dated 17-7-19.

The discharge of the undernoted on de mobilization has been
CONFIRMED by officer i/c Records from noted date
12-7-19.

5504, Pte. Stanley Heath.

No. 5504 Name *Jeath. S* Sqn., Batty., or Company *D.* Corp. *R. Newfoundland* Date of enlistment *29/5/18* G.C. Badges *5* Service of Proficiency *Pay* *1W* *1288*
 Date of last entry in Company Conduct Sheet *1* No. and date of last drunk *1* Period not reckoning towards freedom from extra fine *1* Sheet No. *1* Signature O.C. Company, etc. *W. J. O'Connell* Character *Good*

Army Form B. 122.

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
<i>field</i>	<i>8.2.19</i>	<i>Priv</i>	<i>2</i>	<i>drunken. Holdalls</i>	<i>19/3</i>	<i>2MS Mess Officer</i>	<i>8.3.19</i>	<i>Major</i>	<i>Pay to 2nd Lt</i>
<i>"</i>	<i>8.4.19</i>	<i>"</i>	<i>1</i>	<i>Def.</i>	<i>1/8/14</i>	<i>do</i>	<i>8.4.19</i>	<i>Major</i>	<i>do</i>

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Regiment of The Royal Newfoundland

Signature of O. C. Company C. D. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No.	Name	Age on	years	months	Trade				
5504	Stanley Heath	21			Fisherman				
Joined	Date	Place and Date of Enlistment		Religion					
Joined	Date	} <u>Seymour's</u> <u>29-05-18</u>		Method.					
Joined	Date	} with Colours <u>1/48</u> years.		Place of Birth					
Joined	Date	} with Reserve <u>3/63</u> years.		Woods H. N. B. B.					
Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order discharging with trial	By whom awarded	REMARKS
				Demobilized	St John's	15	7/19		

To be carried over.

Army Form B. 121.

Medical Report on an Invalid.

Station Hazley D. Camp
Date 6. 6. 19.

1. Unit Royal Newfold
 2. Regimental No. 5504
 3. Rank Pte
 4. Name Heath S.
 5. Age last birthday 22
 6. Enlisted { on May 29 1918
 at St Johns
7. Former Trade or Occupation } Fisherman
 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
 10. Place of origin of disability. nil
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). na.
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains of no disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
(b) Where?
(c) Opinion?

16. Was an operation performed? If so, what?

na.

17. If not, was an operation advised and declined?

na.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na.

Repatriation

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

W.S. Proemier, Capt R.A.M.F. Major W.R.P.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazeley D. Camp*

Officer in charge of Hospital.

Date *1. 11. 1911*

*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.

† Delete this word if no exceptions are to be made.

