



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4853 Name Nathan Howell Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. <u>Nathan Howell</u> |
| 2. What is your full Address? | 2. <u>Round Cove</u>
<u>B. Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>26</u> years .. <u>8</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, Nathan Howell 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.

A
1-5-18

Nathan Howell SIGNATURE OF RECRUIT.
James Arlke Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Nathan Howell 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 1st day of May 1918.

Signature of Attesting Officer

† 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

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

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

Name Nathan Howell
 Apparent age 26 years 8 months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Howell Lund
Cove B B | 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 L'epot	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>1-5-18</u>									
Joined at <u>St. Helier</u> on <u>May 1-1918</u>									
<u>Discharged July 7-1919</u>									
<u>Embarked St. Helier train to Halifax N.S. 11-6-18.</u>									
<u>Embarked for S.C. 26-10-18</u>									
<u>Re-embarked France 26-10-18</u>									
<u>Joined Bath. 3-11-1918</u>									
<u>Transfers from Rouen 23-4-19. Arrives London <u>Wimborston</u> 20-4-19</u>									
<u>to the embarkment for demobilization 22-5-1919</u>									
<u>Arrives the embarkment 1-26-1919</u>									
<u>Demobilization St. Helier 7-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>7-7-19</u> (date of discharge)									
Pensions " " " " " "									

4853.

C.R.

~~4875~~

Extract from Daily Orders Part II Unit the Royal WFLD,
Regt. Depot St. John's, June 12th, 1919

The discharge of the undersigned on debilitation has been
APPROVED by C.C. Discharge Depot with effect from 23-6-19.

4853 Pte. N. Howell.

C.R. 4853

Extract from Daily Orders Part II Unit the Royal WFLA.
Regt. St. John's, July 10th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from 7-7-19.

4853 Pte. Nathan Howell.

C.R. 4853

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

Date 11-6-19.

4853 Pte. N. Howell

Reported at Headquarters 1-6-19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R.

4853

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.

#4853 Pte. N. Hawell.

C.R. 4853

Extract from Nominal Roll Re-inforcement Draft No.55, Embarked Folkestone
26/10/18, from 2nd Batta. Royal Newfoundland Regiment, Hasleby Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.E.F.

4853 Pte. Howell, N.

MP.

C.R. 4853

Extract from Daily Orders Part 11. from Unit The Royal Rifles
Regiment, St. John's, dated June 14th 1918.

4853 Pte N. Howell

Embarked for Overseas with draft 11-6218.

C.R.

4833

Extract from Daily Orders p rt 11, from Unit The Royal
Wfld. Regt. St. John's, dated May 2nd, 1918.

4833 Pte. Nathan Howell.

Attested for General Service with the Royal Wfld. Regt.
from 1/5/18.

No. 6853 Name

Howell, W.

Sqn. Batty.
or Company

B Corps

Date of
enlistment

2/17/18

O.C.
BadgesService or
Proficiency Pay

1 (2/18)

Place of last entry in
Company Conduct SheetNo. and date
of last drinkPeriod not reckoned
towards term of
freedom from extra fine

ROYAL NEWFOUNDLAND REG

Signature O.C.
Company, etc.

W. A. ...

Character

Date

Place

Date of
offence

Rank

Cases of
Drunken-
ness

Offence

Names of Witnesses

Punishment awarded

Date of award or
of order dispensing
with trial

By whom awarded

Remarks

Army Form B. 122.

R.O.

H. Howell

4803

P. R. Q.

FORM K

No 4410

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Nathan Howell, Regl. No. 4853

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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4176	Mother	Mrs Thomas (Mary) Howell	Poundstone B. B.	60
			Total Allotment, \$	60

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. Summers B.Officer Commanding
B. CompanySt. Johns8-6-1918

(Sig.)

Nathan Howell

(Rank)

Private



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Nathan Howell, Regl. No. 4853

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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4176	Mother	Mrs Thomas (Mary) Howell	Round Cove B. B.	60
			Total Allotment, \$	60

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. Summers B.

Officer Commanding
B. Company

St. Johns8-6-1918

(S)

(Rank)

Nathan Howell
Private

Germany
Jan. 14 - 19.

Dear Sir -

Could you kindly
wire for me to Newfoundland and
I am expecting to leave
Germany shortly for home
and as I have a very small
party at the record office
I am depending on you
to do so it will have plenty
time for me to receive it

Wm - Thomas Howell
Wesleyville B.B.
Newfound Land.

4853.

Nathan Howell

calls no

39

(23/1/19)

as!!

£ 8:

No. 15997/1702.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

To:

Chief Paymaster & O. i/c Records
Newfoundland Contingent
Pay & Record Office
58, Victoria Street
London, S.W. 1.

Officer Commanding,
The Bn. Royal Nfld Rgt.,
Winchester.

October 3rd, 1918

9 OCT 1918

Subject: 4853, Pte. N. Howell.

Receipt hereunder.

With reference to the following telegram (8526) from the Hon. Minister of Militia, received

C. J. [Signature]
LIEUT. COLONEL
COMMANDING THE BN. ROYAL NEWFOUNDLAND REGT.
Officer Commanding
Royal Newfoundland Regiment

"Pay to 4853, Pte. N. Howell, £8.0.0.

Received the sum of £8.0.0

Draft £8.0.0. is enclosed for payment to this Soldier.

Eight pounds on account of cable remittance from Newfoundland.

Kindly obtain his receipt hereon.

A. H. Howell
No. _____ Rank _____

J. H. Marsden
Chief Paymaster & O. i/c Records.

No. 1700/62/P&A

B

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.1/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
1st. Bn. Royal Nfld. Regt.,
B.E.F. France.

28th January, 1919

3-1-1919

Subject: 4853, Pte. N. Howell,

ANSWER.

With reference to the following telegram (867) from the Hon. Minister of Militia, received

4853 Pte N. Howell

"Pay to 4853, Howell, £8:0:0.

This man wishes this amount placed to the credit of his account please

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

R.A. Minshall
Chief Paymaster & O. 1/c Records.

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 Garrison Band* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *14753* 3. Rank *plb* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Howell Nathan* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *27*
6. Posted for duty on *May 20/18* at *St. Johns* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179a (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. *we*
12. Place of origin of disability. *he*
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. *he*

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? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., 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.)

The complainant 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?
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

Major DADMS

Station *Hayley, B.M.*

Date *30/4/19*

Sgt. J.P. Knight *Capt. Rose*
 Medical Officer in charge of case.

* 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

Howell, H

4853

Hay Sept.

July 8, 1919

#4853 Pte. Nathan Howell,

Wesleyville, B.B.

Dear Sir:-

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

Yours truly

Captain
Paymaster " U. S. 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.

Christian name *Nathaniel* *Howell* 2. Surname *Howell*

3. Rank *Private* 4. Regtl. No. *4853*

5. Address in full to which future payments of gratuity are to be forwarded... *Wesleysville, B.B.*

6. Date of enlistment in the Regiment... *May 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge...
Not Applicable

8. Relationship of such dependents... *Not Applicable*

9. Address in full of such dependents... *Not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*

11. Were you on active service only in Wfld. If so, give dates and particulars of such service... *Six months in France*

12. Give total length of time which you served on active service, whether in Wfld. or Overseas... *From May 1918*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

.....
..... *only one*

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?..... *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.

..... *Have received nothing*

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?..... *not applicable*

19. Are you now serving in the Regt.?..... *Yes*... If not give? - (a) date of discharge..... *not applicable*..... (b) Reason for discharge..... *not applicable*

.....

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:

Place of Residence:

Declared before me at:

This *ninth* day of *June* 191*9*...

Nathan Howell
Wesleyville, Mo

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

[Signature]
[Signature]

POST DISCHARGE PAY.

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

July 7, 1919

#4853 Pte. Nathan Howell,

Wesleyville, B.B.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2741.

Yours truly

Captain
Paymaster & C. I. & Records.

The Royal Mtd. Regiment

DEMOBILIZATION

No. 4853 Rank _____

Name Howell R

Warned for demobilization on

JUN 8 1919

The Royal Newfoundland Regiment

Class for Demobilization:

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

7.6.19

Regimental No.

4953

Name

Howell Nathan

Address

Merleyville B.B.

Present Medical Category

A-1

Recommended for:-

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

H. Paterson
Senior Medical Officer

D.W. Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4853 Rank PLT Name Howell R
 Date of Enlistment 15.18 Address Wesleyville District Brayford
 Occupation fisherman Classification for Discharge Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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.....
B 179c.....	B 120.....	M 93.....		

Date 16.19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. [Signature]

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 [Signature]

Date 9-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.16149.648 to his home
Hesleyville at 2479 and Release Certificate No. 9-6-19 issued.

Date 9-6-19

J. A. [Signature]
 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 19

Date 9-6-19

J. A. [Signature]
 Depot Paymaster.

Discharge approved for 93-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st.	" 2	2 Form B
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 9-6-19

J. A. [Signature]
 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 JUN 23 1919

R. H. [Signature]
 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

H Howell

Signature of Man.

Alfred Houston

Reg. No.

21853

Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date JUN 9 1919

191

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

MEDICAL HISTORY

Surname

Howell

OF

Christian Name

Nathan

Table I.—GENERAL TABLE.

Birthplace:—Parish

Pound Cove

County

Nflda

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on 1 st	day of May 1918	on	day of 191
Declared Age	at St John's	Nflda	at	
Trade or Occupation	26 1/2	years		days
Height	5 feet	9 inches	feet	inches
Weight		40 lbs.		lbs
Chest Measure- ment {	Girth when fully expanded ...	36 inches		inches
	Range of Expansion	3 inches		inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	Arm	Two		
When Vaccinated	1 month ago			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/4	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)	Samuel Parsons			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St John's	Nflda	at	
	on 1 st	day of May 1918	on	day of 191
	Corps.	Regtl. (No.	Corps	Regtl. No.
Joined on Enlistment	The Royal Nfld Regt.			
	4853			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

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

1. Unit and Corps *Royal Newfoundland* }
2. Regtl. No. *48 B. 3* }
3. Rank *Pte.* }
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Bowell* }
Nathan }
(Surname) (Christian Names)
5. Age last birthday *27*
6. Posted for duty on *May 30/18* at *St. Johns*
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
(a) When (b) Date of Discharge;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil.*
12. Place of origin of disability. *nil.*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil.*

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | ..... | ..... |
| (ii.) Previous active service | ..... | ..... |
| (iii.) Climate in pre-war service | ..... | ..... |
| (iv.) Ordinary military service before the war | ..... | ..... |
| (v.) Serious negligence or misconduct on the man's part. | ..... | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? *na.*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He employs no dentures

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
Wm. J. D. D. R. S.
W. J. D. D. R. S.
W. J. D. D. R. S.

Station *Hazley, D. D. R. S.*

Date *20. 11. 19.*

Medical Officer in charge of case.

* 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

No 4410

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Nathan Howell, Regt. No. 4853

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*1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4176	Mother	Mrs. Hena. (Mary) Howell	Pound Cove B. B.	60
			Total Allotment, \$	60

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.)

Ab Summers B.Officer Commanding
B CompanySt. Johns8-6-1918

(Sig.)

Nathan Howell

(Rank)

Private

Casualty Form Active Service.

Regiment or Corps *4th BR ROYAL NEWFOUNDLAND REGT.*Rank *Pl* Surname *Howell* Christian Name *Thomas*Religion *Method* Age on Enlistment *26* years *8* monthsEnlisted (a) *1/1/18* Terms of Service (a) *DURATION* Service reckons from (a) *1/1/18*

Date of promotion to present rank Date of appointment to lance rank

Extended (.....) Re-engaged (.....) Qualification (b)
or Corps Trade and rateOccupation *Tradesman* *J. M. Lawson* Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 215, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 215, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...	<i>26 OCT 1918</i>		
		Disembarked	<i>3 NOV 1918</i>		
		Joined Battalion			
		<i>Arrived in UK</i>		<i>7/1/19</i>	

(4) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(5) Signaller, Shoeing Smith, &c.

G.P.O. FORM B. 103, 1915.

[P.T.O.]

next of kin Father Thomas Howell, Pond Cove St. John's

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheets 1Forms
B. 121.
39Regiment of Royal NewfoundlandSignature of O. C. Company J. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>1155 Howell M.</u>	Age on	<u>26</u> years <u>0</u> months	<u>Insiderman</u>		
Joined	Date	Place and Date of Enlistment	<u>St John's</u>	Religion		
Joined	Date	Period of	<u>1.5.18</u>	<u>Melth</u>		
Joined	Date	} with Colours <u>1/68</u> years. } with Reserve <u>3/65</u> years.		Place of Birth		
Joined	Date			<u>Point Cove</u>		

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
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				<u>Demoted</u>	<u>St John's</u>	<u>7</u>	<u>19</u>		
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To be carried over

Army Form B. 121.

14953

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4853 Rank PLT Name Howell R
 Date of Enlistment 15.18 Address Wesleyville District Bonaire
 Occupation Ensign Classification for Discharge R Medical Category A.I.
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 490A	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	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 7.6.19 _____
 _____ O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. R Howell

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 None

Date 9-6-19 _____ O/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 15.1614.4.648 to his home at Hesleyville and Release Certificate No. 2479 issued.

Date 9-6-19

[Signature]
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

Date 9-1-19

[Signature]
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 288	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
F 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 9-6-19

[Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 23 1919

[Signature]
O. C. Discharge Depot.

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

Date June 14/1919

[Signature]
for records

Reg. No. 4813 Rank 1st Lt Name Howell, T.

Attested Address Sound Cove

Allotment Allottee

Date of Allotment Returned from Overseas 29.5.19

Returned on S.S. Osrican Cause Overcharge

8-6-19
23-6-19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED BY DEMOBILIZATION OFFICER

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4853 Rank Pvt Name Hanell R
 Intended place of residence St. John's
 2. Occupation Soldier
 Classification of soldier # Medical Category P 1

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 9 1919
 for H. M. S. H.
 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 9 1919
H. M. S. H.
 Signature of soldier
M. H. S. H.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and date ST. JOHN'S
JUN 9 1919
H. M. S. H.
 Signature of soldier
J. M. S. H.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No of days on Military
 Discharged from service 23-6-19 then 14 days Service 433

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 23 1919
R. H. S. H.
 Officer in Charge Records
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's
 Date July 7/1919
J. M. S. H.
 Officer in Charge Records
 The Royal Newfoundland Regiment

a. F. Brody / 244 2741

1000-2-99



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. & 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

Walter Howell

Regiment from which discharged *Royal Newfoundland*

Regimental number *4853*

Intended address *Wesleyville N.S.*

Height on discharge *5* Feet *11*

Color of hair on discharge *Black.*

Complexion

*Dark
Brown*

Color of eyes

Descriptive Marks

— Tall

Figure on discharge

Christian name of Father

Thomas

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

Wesleyville, 15th Sept. 1891

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)

W Howell

Pte.
(Rank)

Station **ST. JOHN'S.**

Date

5-6-19

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

