



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5788 Name John Swaney Corps C of E

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>John Swaney</u> |
| 2. What is your full Address? | 2. <u>McNeil St. City</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>Labourer</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 <u>Yes</u> |
| 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. |

I, John Swaney 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 by me to the above questions.

John Swaney SIGNATURE OF RECRUIT.
R. Power mark Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Swaney 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 15 day of June 1915.

Signature of Attesting Officer Edwards Lieut.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 1st

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

Date July 16/15 1915

Place St John's

Stoney } 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 John Dwyer
 Apparent age 21 years months. Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Benjamin
McNeil St | Relationship Father
City 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. 5788 Name John Ivany Corp. C of E

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>John Ivany</u> |
| 2. What is your full Address? | 2. <u>McNeil St. City,</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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 <u>Yes</u> |
| 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 Ivany 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.

John Ivany SIGNATURE OF RECRUIT.
R. Power SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Ivany 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 15 day of June 1915.

Signature of Attesting Officer Ch. 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.....

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

Date July 16/15 1915
Place St. John's } 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).....

5788

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Swaney

Apparent age 21 years 0 months. Height 5 feet 7 1/2 inches

Chest Measurement { Girth when fully expanded 35 1/2 inches
Range of expansion 3 1/2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Benjamin
McNeil St | Relationship Father
City 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>15-7-18</u>									
Joined at <u>St John's</u> on <u>July 15-1918</u>									
<u>Discharged July 30-1919</u>									
<u>Embarks St John's train to Halifax N.S. 22-9-18</u>									
<u>to Liverpool for demobilization 24-6-1919</u>									
<u>Arrives Liverpool 1-7-1919</u>									
<u>Demobilization St John's 30-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 30-7-1919 (date of discharge) 1 years 16 days

" " Pensions " [" "] " " "

C.R. 5788

Extract from Daily Orders Part III Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5788 Pte. J. Ivany.

Reported at Headquarters 1-7-19 on "Cassandra" which
sailed Glasgow June 24th, 1919.

C.R. 5788

Extract from Nominal Roll Entrained St. John's for Overseas,
Sept. 22, 1918. "I"

5788 Pte. Ivaney John.

C.R. 5788

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 16, 1918.

#5788 Pte. John Ivany.

Attested for General Service with the Royal Nfld. Regt.
15-7-18

C.R. 5788

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 6th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED BY Officer i/c Records from noted date. 30-7-19.

5788, Pte. J. Ivany.

C.R. 5788

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

The discharge of the undernoted on demobilization has been
APPROVED by U.S. Discharge Depot with effect from 16-7-19

5788 Pte. J. Ivany.

C.R. 5788

Extract from Daily Orders by Major M.S. Sullivan, Com-
manding Hfld. Forestry Companies 26-11-18.

The undernoted having arrived from the 2nd Bn. Royal Hfld.
Regt. is attached to the strength from this date and posted to
"A" Co. for rations.

5788 Pte. J. Ivany

J. Drury

C.R. 5788

1890

Ivany, J

5788

Hay Dept.

July 30th 1919.

\$5788, Pte. J. Ivany,
McNeil Street,

Dear Sir:

Enclosed please find Discharge
Certificate # 3267.

Yours truly,

Capt. & Paymaster.

RS/.

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..... *John* 2. Surname..... *Quay*
3. Rank..... *Pvt* 4. Regtl. No..... *5188*
5. Address in full to which future payments of gratuity are to be forwarded..... *Merryman's Road, McNeil St.*
6. Date of enlistment in the Regiment..... *June 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..... */*
9. Address in full of such dependents..... */*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... */*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Thirteen months*
- 1-2

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.

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

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

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

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

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

19. Are you now serving in the Regt.?
If not give? - (a) Date of discharge
July 31/19 (b) Reason for discharge

no
Demob

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.

England

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: *John ^{hi} Quam*
 Place of Residence: *Merrymount Road - McNeil St. City*
 Declared before me at: *St John*
 This *17* day of *July* 19*.19*....

Signature of Barrister of the *John M. Carthy*
 Supreme Court, Stipendiary Magistrate; Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

POST DISCHARGE PAY.				Net amount due
Date paid	Widow	Widow	War Service Gratuity.	
	Soldier.	Dependent.		
.....
.....
.....
Certified correct.				Barrister

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5788 Rank Pte Name Joanay J
 Intended place of residence McNeil Street

2. Occupation Labourer
 Classification of soldier E Medical Category AI

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 JUL 16 1919

[Signature]
 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 JUL 16 1919

John Joanay
 Signature of soldier

[Signature]
 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 JUL 16 1919

John Joanay
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15.7.18 No. of days on Military Service 381
 Discharged from service JUL 16 1919 Plus 14 days

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 16 1919

[Signature]
 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 30/1919

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

94 B 207913267

16
30

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 788 Rank. Plt Name Joany
 Date of Enlistment. 15-7-18 Address M. Street District St. John's
 Occupation Labourer Classification for Discharge By Medical Category A1
 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..... 16-7-19.....

O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

[Signature]
 x Joany
 mark wife

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..... 16-7-19.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at 115 Guil St and Release Certificate No. 3645 issued.

Date 16-7-19

Amble Conston
 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 30-7-19

Date 16-7-19

Amble Conston
 Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 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		

2 Form B

Date 17-7-19

Amble Conston
 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 JUL 16 1919

A.R. Cooper Capt.
 O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:—

R.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 15/19

Regimental No.

5788

Name

Quay, J.

Address

Mc Neil St

Present Medical Category

A1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

J. R. Cooper Capt.

O.C. Discharge Depot.

W. A. ...

Senior Medical Officer

M.O. Depot

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.

M. Blonish
Signature of the Vocational Officer or his Representative.

Wang J
Signature of Man.
Reg. No. 5788

Place **ST. JOHN'S**

Date **16-7-19** 191

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

MEDICAL HISTORY

OF

Surname

Joan

Christian Name

John

Table I.—GENERAL TABLE

Birthplace:—Parish

Merrie St. G. John's County

Hes.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	15 th	July		191
	at	<i>St. John's</i>	at	
Declared Age	<i>21</i>	years		days
Trade or Occupation	<i>labourer</i>			
Height	<i>5</i>	feet <i>7 1/2</i> inches		
Weight	<i>133</i>	lbs.		lbs.
Chest Measurement	Girth when fully expanded	<i>35 1/2</i> inches		inches
	Range of Expansion	<i>3 1/2</i> inches		inches
Physical Development				
Vaccination Marks	Arm	Right	Left	Right
	Number	<i>—</i>	<i>Seav.</i>	
When Vaccinated	<i>7 years ago</i>			
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	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)	<i>Samuel P. Brown</i>			
(Rank)	Medical Officer			Medical Officer
Enlisted	at	<i>St. John's</i>	at	
	on	15 th day of July	on	day of 191
Joined on Enlistment	Corps	<i>Royal Wes. Regiment</i>	Corps	
	Regtl. No.	<i>5788</i>	Regtl. No.	
Transferred to				
Became non-effective by	on	day of	on	day of
(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 O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

James John

Regiment from which discharged **Royal Newfoundland**

Regimental number

5758

Intended address

W. Holt St.

Height on discharge

5 Feet *9*

Color of hair on discharge

Black.

Complexion

Fair.

Color of eyes

Blue.

Descriptive Marks

Figure on discharge

Tall

Christian name of Father

Benjamin

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

St. John's *1895*

Nature and locality of civil employment required

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

(Soldier's signature in full)

James John

(Rank)

Warrant Officer (Rank) *Plt*

Station

St. John's

Date

14 7 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.

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station

Date

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, &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 complains of no disability

16. Was an operation performed? If so, when and what was its nature?
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?
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?

Repaturation

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.

W.E. Procter, Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *9/4/19*

* 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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland Regt Number of Sheet One
Signature of O. C. Company C. B. Dickson

Regimental Number and Name		Enlistment		Trade
No.	<u>5781 John Looney</u>	Age on	<u>21</u> years <u>0</u> months	<u>Laborer</u>
Joined	Date	Place and Date of Enlistment	<u>St John</u>	Religion
Joined	Date	Period of	<u>16-4-18</u>	Place of Birth
Joined	Date			
Joined	Date	with Reserve <u>1 3/8</u> years.		

Good Conduct Badges, Service pay or proficiency pay

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
				<u>Demobilized St John's 30 7/19</u>					

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5788 Rank Plt Name Joany J
 Date of Enlistment 15-7-18 Address M. Neil St. District St. John's
 Occupation Labourer Classification for Discharge 1 Medical Category 1st A.I.
 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 15-7-19

R. M. Neil St.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

Civil Re-Establishment.

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

*This is Joany J
x mark. with wife*

Particulars passed to Vocational Officer for information and action.

Date.....

a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$65.00

(b) Clothing Supplied

16-7-19
M. Neil St.

Date 16-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at 115 Fair St and Release Certificate No. 3645 issued.

Date 16-7-19 Amul Gosh
 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 30-7-19

Date 11-7-19 Amul Gosh
 Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 17-7-19 Amul Gosh
 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 JUL 16 1919 H.R. Cooper Capt
 O. C. Discharge Depot.

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

Date July 28/19 H.R. Cooper

Reg. No. *1741* Rank *Private* Name *Harry J. McNeil*

Attested Address *McNeil St.*

Allotment Allottee :

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S. *Cassandra* Cause *Broken Leg*

15 7 19
16 7 19
PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Labourer*
2. Regtl. No. *5788* 3. Rank. *Sgt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Doany* *John*
(Surname) (Christian Names)
- (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday *21*
6. Posted for duty on..... at.....
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
(b) Where
(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? }

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 complains of no disability.

16. Was an operation performed? If so, when and what was its nature?

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?

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?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation
W.E. Proctor
Capt. Raul

Station .. *Mazleydown*

Date .. *9/14/19*

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