



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4854 Name Chester Jones ~~and~~ West

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Chester Jones</u> |
| 2. What is your full Address? | 2. <u>mother's Hr</u>
<u>N.B. 13</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>yes</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, Chester Jones 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.

Chester Jones SIGNATURE OF RECRUIT.
J. W. Patten Signature of Witness.

Chester Jones OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Chester Jones 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 given 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 1 day of April 1918

Signature of Attesting Officer J. W. Patten

† 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 Regiment if enlisted by special authority, such will be attached to the original attestation.

Date 1918 } Approving Officer
Place

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted:

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name)..... re-enlisted in the (Regiment)..... on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name

Phelan Jones

Apparent age *19* years *0* months

Height *5* feet *9* inches

Chest Measurement { Girth when fully expanded *36* inches
Range of expansion *4* inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin

Mr M.D.B.

Agarrah Jones Mortono

Relationship

Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage. (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officer verifying correctness of entries	
					Years	Days	Years	Days		
Service towards limited engagement reckons from <i>1-5-18</i>									<div style="text-align: right;"> <i>St John's</i> <i>7-7-19</i> </div>	
Joined at <i>St John's</i> on <i>May 1-1918</i>										
<i>Discharged July 7 1919</i>										
<i>Embarked St John's St. Columella</i>					<i>22-7-18</i>					
<i>Embarked for St. John's</i>					<i>23-11-1918</i>					
<i>Re-embarked France</i>					<i>28-11-1918</i>					
<i>Joined Battr. 5-1-19</i>										
<i>Admitted to 4th H.Q. I.C.V. fings</i>					<i>17-4-19</i>					
<i>Transferred to United Kingdom</i>					<i>5-5-19</i>					
<i>Admitted King's Reg. H.Q. Stanford St.</i>					<i>5-5-19</i>					
<i>Submits her report</i>					<i>15-5-19</i>					
<i>to be pensionable for demobilization</i>					<i>22-5-19</i>					
Total Service forfeited as above.....										
<i>Demobilization</i>										
Total Service towards Engagement to					<i>7-7-19</i>	(date of discharge)	<i>1</i>	years	<i>68</i>	days

" " Pensions " " " "

C.R. 4854

December 16th 1919.

#4854, Ex. Pte. E. Jones,
Moretons Hr., N.D.S.

Dear Sir:-

Enclosed herewith is "Shooting Medal" awarded to you and your Squad as winners of the Bennett Challenge Cup 1918 for the best shooting during the competition held at Winchester, July, 1918
Congratulations.

Kindly sign the enclosed receipt and return to this Office, please.

Yours faithfully,

Lieut.

CASUALTY OFFICER.

"BENNETT CHALLENGE CUP

C.R. 4854

Received from the Dept. of Militia, Bennett
Shooting Medal for competition held at Winchester,
1918.

No. 4854 Rank. 9746 Name. Chesley Jones

Date... January 9.

Place... Western Head.

C.R. 4854

Extract from Daily Orders Part 11 Unit the Royal WFLA.
Regt. St. John's, July 10th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/o Records from 7-7-19.

4856 Pte. Chesley Jones.

CR. 4854

Extract from Daily Orders Part II Unit Royal Newfoundland
Regiment dated June 12th 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from noted date
23/6/19.

4854, Pte. Chesley Jones.

C. No. 4854

NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 97 Sent by _____ Rec'd by _____ Chec' 11 No. _____

Place from Mariton's H 2

To J. R. Bennett

Min: of Milit



In 4854 Pte Chesley Jones
St Johns where would
message get him
2 June 18 48 5-6
Not one of those
Billet list

C.R. 4854 Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World



All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address **Militia Dept.**

Line Number _____	Red _____	By _____	Sent _____	by _____	Check _____
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Dated **June 4th. 1919.**

To **Joseph Knight, Moreton's Hr.**

Req to inform you 4854 Pte. Chesley Jones in St. John's

at 19 Young Street.

A. E. HICKMAN

MINISTER OF MILITIA.

CHARGE TO DEPT. OF MILITIA.

FOR TYPEWRITER

C.R. 4854

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

Date 11-6-19.

4854 Pte. Chesley-Jones.

Reported at Headquarters 1-6-19. ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4854

Extract from Casualties from Pay & Record Office, LONDON.

Dated May 14th 1919.

4854, Pte. G. Jones.

was discharged from the King George Hospital 10/5/19
and was granted furlough to 15/5/19 to report to Depot.
Fit for III Employment.

AUTHORITY:

A.F. W.3016 from King George Hospital.

NEWFOUNDLAND POST TELEGRAPHS.



Cable Connection with all the World

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(NOT TRANSMITTED)

Signature of Sender _____

Address Dept of Militia.

Line Number	Red	By	Sent	by	Check

Dated May 10th, 1919

To Azariah Jones, Morston's Dr. N.D.B.

Regret to inform you that Record Office, London, officially reports No. 4854, Private Chesley Jones at King George Hospital Stamford Street, London suffering with dead bone finger slight.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bemett

Chge Dept of Militia

Minister of Militia.

FOR TYPEWRITER

C.R. 4854

Extract from Telegram from Syn., London to Military.

Dated May 7th 1919.

.....

Dead bone finger slight.

#4854, Jones.

C.R. 4854

Extract from Memorial Roll of Sick and Wounded from
France admitted the King George Hospital, Stamford St.
France on 5/5/19.

4854 Pte. C. Jones .

Necrosis of Finger slight.

R

4854
~~5286~~

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

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

~~#5286~~ Pte. C. Jones.

4854

C.F. 4854

Extract from War Office List No. H.A. 35981.

4854 Private G. Jones.

Admitted 6th. General Hospital, Rouen 17th. April 1919.

I.C.T. Finger Mild.

C.R. 4854

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

#4854 Pte. G. Jones.

C.R. 4854

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

The following men embarked for overseas on H.M.S.
"Columbellia" July 22, 1918.

#4854 Pte. Chesley Jones.

C.R. 4837

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

#4854 Pte. Chesley Jones.

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

C. Jones

4854

P. M. O.

ADMITTED TO KING GEORGE HOSPITAL..... 5519

Only for use with Men returned from an Expeditionary Force
or from Garrisons Abroad.

Army Form W. 3016.
(In Books of 200.)

No. _____ Date 10/5/19 191

- * (1) To the Officer i/c Records } 58 Victoria
- * (2) The Officer Commanding } Ans.
- * (3) The Paymaster } _____ Station.

* Strike out that which is inapplicable.

Regimental No. 4854

Rank and Name Pte Jones E

Regiment or Corps 1st New Zealand

has been granted a furlough from 11/5/19 to 20/5/19

His address while on leave will be _____

I consider he is fit for

~~1. DUTY.~~
~~2. COMMAND DUTY.~~ **III**

* Strike out that which is inapplicable.

* **III** EMPLOYMENT.

Officer in charge _____ Hospital.
Station.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.). King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

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

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

1. Unit and Corps Royal Newfoundland 7. Former Trade or Occupation } Fisherman
2. Regtl. No. 4854 3. Rank Pvt 7a. If the soldier claims previous service in Army, he should state—
4. Name Jones (Surname) Le (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday 20
6. Posted for duty May 1/18 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. 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 *na*
 - (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, 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.)

No complaints of no Disability

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

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na*
Repatriation

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. S. Proemier - Capt R.A.M.C.
 Medical Officer in charge of case.

Station *St. D. Camp*

Date *17-5-19*

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of :—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are :—

- (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 part of the soldier
- Give details :

(a) Attributable to

(b) Aggravated by

.....
.....
.....
.....
.....

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

(b) In what other grade do the Board place him?

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
 (b) Transport from railway station to his home?
 (c) The constant attendance of another person in his own home?

Signatures:—

Station *Draxley D. Camp* { President or Chairman.
 Date *17-5-19* { Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station { Only applicable in cases of Patients in Hospitals.
 Date Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date O.C. Discharge Centre.

Jones, L

4854

Gay Sept.

July 7, 1919

#4854 Pte. Chesley Jones,

Moreton's Br., N.D.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2723.

Yours truly

Captain
Paymaster & O.I.C. Records.

The Royal Mtd. Regiment

DEMOBILIZATION

No. 4854 Rank _____

Name Jones B _____

Warned for demobilization on

JUN 9 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4,8574 Rank Pvt Name James Chesley
 Intended place of residence St. John's Trullingale
2. Occupation Fisherman
 Classification of soldier F Medical Category A
3. The above named man is discharged in consequence of DEMOBILIZATION
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 Commanding Discharge Depot
 Date 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
- SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.
E. Jones
 Signature of soldier
Wm. Clouston
 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
- E. Jones
 Signature of soldier
James O'Sheehan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-3-18 No of days on Military
 Discharged from service 23-6-19 plus 14 day 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 R. H. Lait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
- Date JUN 23 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St. John's Ed
July 7/1919
- Ed Bowley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

a 982079/2773

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. *4864*

Name

James C. Mealy

Address

In extension 24th

Present Medical Category

A1

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

Members of Board

R.H. Lait Capr.

O.C. Discharge Depot.

P. Paterson

Senior Medical Officer

Geo. Bearden

M.O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 804 Rank Pvt Name James Clesley
 Date of Enlistment 1-5-18 Address Marctown District St. John's
 Occupation fisherman Classification for Discharge E1 Medical Category H1
 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	W
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 Marctown

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am C Jones 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

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.1669* to his home at *Moretown, N.C.* and Release Certificate No. *2485* issued

Date *9-6-19* *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 *7-7-19* SUBJECT TO ADJUSTMENT OF ONE YEAR PAY ACC.

Date *9-6-19* *J. Williams*
Depot Paymaster.

Discharge approved for *23-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.	
F 178	W 3494	B 122	Board 1st.	" 2.	<i>2 Form B</i>
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. Snowball*
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

JUN 23 1919

Date *R.H. Sait 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

B Jones

Signature of Man.

J. A. Snow

Signature of the Vocational Officer or his Representative.

Reg. No. *4854*

Place *H Jones*

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 Jones OF Christian Name Chesley

Table I.—GENERAL TABLE.

Birthplace:—Parish Moxton's Her County nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1 st	May 1918		
at	St John's	nfld.		
Declared Age	19	years		
Trade or Occupation	Fisherman			
Height	5 feet	9 inches		
Weight	138 lbs.			
Chest Measure-ment	Girth when fully expanded... 36 inches			
	Range of Expansion... 4 inches			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		7	
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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>Tammot Peterson</i>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St John's nfld.	at	
	on	1 st day of May 1918	on	day of 191
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.	4854	Regtl. No.	
Transferred to	The Royal nfld Regt.			
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 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

Chealey Jones

Regiment from which discharged

Royal Newfoundland

Regimental number

4854

Intended address

Mortons Str.

Height on discharge

5 Feet *9*

Color of hair on discharge

Dark Brown

Complexion

Dark

Color of eyes

Blue

Descriptive Marks

—

Figure on discharge

medium

Christian name of Father

Agarion

Christian name of Mother

Matilda

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Mortons Str., Feb. 9th, 1899

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)

Chealey Jones

(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



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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. *Regt. Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regt. No. *4604* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *James* (Surname) *E* (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday. *20*
6. Posted for duty on. *May 1/18* 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. 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*

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(i.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

*no
The complainant
is unable*

22. 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 part of the soldier | | |

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

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. } | | |

no

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.)

*no
The complainant
is unable*

no

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

no

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

no

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?

no

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?

Repatriation

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. Prosser .. *Capt. R.A.M.C.*
Medical Officer in charge of case.

Station *H. D. Camp*

Date *17/6/14*

* 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

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Lozely D. Camp* { President or Chairman.
 Date *17/6/14* } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable in case of Patients in Hospital.
 Date } Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date O.C. Discharge Centre.

July 8, 1919

#4854 Pte. Chesley Jones,

Horroton's Hr., 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 & U. i/c Records

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Chesley* 2. Surname..... *Jones*
3. Rank..... *Pte* 4. Regtl. No. *4854*
5. Address in full to which future payments of gratuity are to be forwarded..... *Moreton's Str. N.S. B.*
6. Date of enlistment in the Regiment..... *apl. 25/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents.....
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
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..... *From apl. 25/18 to June 9/19* 12

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

..... *No*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

..... *No*

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

19. Are you now serving in the Res?..... *No* If not give:- (a) date of discharge..... *June 9/19*

(b) Reason for discharge..... *Temporary Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....

France, Belgium & Germany - From Nov. 21/18 to April 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *No*

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

Signature of Applicant: *E. Jones*
 Place of Residence: *Moreton's Hill, N.S.W.*
 Declared before me at: *Sydney, N.S.W.*
 This *9th* day of *June* 19*19*...

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

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

Signature of Applicant:
 Place of Residence:
 Declared before me at:

SEPARATION ALLOWANCE.

Claimant... *Jones Matilda (mother)*.....
 On account of *Shesley Jones* No. *4854* Rank. *Pte.*.....

Decision... *Refused.*.....
Husband not incapacitated......

Date... *5/5/19*.....
J. R. Smith
W. J. Rydell Lt. Col.
M. Bowley Capt.

Instructions.....

Allotment of *70^{cs}* per day payable to *Mariah Jones*
 his *Father* from *4/6/18* to *Full Current*
 Discontinued on account of

R. K. [Signature].....

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.
Chester Jones Private R.F.L.D. 4954
2. Age of soldier. Married or Single.
20 years Single
3. Name in full of mother. Age. Occupation. Permanent Address.
Matilda Jones 48. Housewife St. John's Nfld.
4. Give name of your husband. Age. Occupation Where Employed.
Azariah Jones 52. Fisherman St. John's Nfld.
5. If your husband is not supporting you state the reason.
6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)
7. If you are a widow, state date and place of death of your husband.
8. Have you married again since death of above mentioned husband?
9. Names of your other children. Address in full. Age. Occupation. Married or Single.
- | | | | | |
|-----------------------|-------------------------|----|---------|--------|
| <i>Samuel Jones</i> | | 6 | None | |
| <i>Anna Jones</i> | <i>St. John's Nfld.</i> | 22 | None | Widow |
| <i>Charles Jones</i> | " | 20 | Butcher | Single |
| <i>Isabella Jones</i> | " | 16 | None | " |
| <i>Kellean Jones</i> | " | 12 | " | " |

10. State amount earned by (a) Yourself *None*
(b) Your husband. *\$ 400.00.*

11. State amount and source of any other income. *None*

12. State value of real property belonging to you and your husband. *Two hundred dollars*

13. State value of personal property belonging to you and your husband. *\$200.00.*

14. If husband is dead state value of real and personal property left by him.

15. Actual amount contributed by soldier during the year prior to enlistment. *None.*

16. Was this amount contributed weekly or monthly.

17. Did this amount include payment of son's board, etc.

18. State your son's trade or occupation prior to enlistment. *Fisherman*

19. State amount of his wages per week.

20. State name and address of his last employer. *None.*

21. State amount of monthly support from son since enlistment. *\$20.00*

22. State amount of allotment received by you from son since enlistment. *\$20.00*

23. State from what date did you receive allotment? *July 14th 1918.*

24. Actual amount contributed by other children. Weekly Monthly *None.*

25. Are any of these children in the employ of you or your husband?

- 26. If not receiving support from other children, state cause. Explain fully. *Not of age*

- 27. With whom are you residing at present? *Husband*

- 28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *No.*

- 29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No.*

- 30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No.*

- 31. Was the soldier at the time of his enlistment an employee of the H.M.S. Government. *No.*

- 32. In what capacity and in what place?

- 33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much.

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant. *Mabelda Jones*
 Place of Residence. *St. John's, Nfld. via Montreal N.C.*
 Declared and subscribed before me at *St. John's, Nfld.*
 this *Twenty Fifth* day of *February* 191*9*
 Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *J. B. O'Rourke J.P.*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman. *George L. Mercer*
 Signature of member of the Patriotic Fund Committee. *Sophia Brett, Sec.*

May 25, 1919

Mrs. Matilda Jones,

Moreton's Harbor, N. S. W.

Dear madam:-

Referring to your application for Separation Allowance, I have been directed to inform you that same cannot be granted to you, as there is nothing in your application to show that your husband is not able of supporting you and your family.

Yours truly

Captain,
Paymaster & Officer i/c Records

The Department of Militia

The sum of *Three* - Dollars is due

#3⁰⁰

MR FOR

Reg No. *4554* Rank *Pte* Name *Jones G.* for passy

From *Lewapoti* To *Moston Hill*

Voucher attached *Account for 3.00*
J. A. Shaw Captain
Demobilisation Officer.

11-8-19



Lewersport-

June 16 1919

I received from Gite & Jones 4854⁷⁰
\$ 2 50¢ for hire of motor Boat on his way home

Mr Paul Lillie
Minister of Military

Morston's 761.

June 19 1919

Dear

Sis

owing to ice condition
preventing Clyde to get at Lewisport
I had to hire motor boat to go home
which cost \$40.00 & 60¢ which I paid
My Lillie

and also paid 60¢ at
Manwells hotel at Lewisport for
one meal of food.

hoping to hear from you soon.
I am yours

truly C Jones 970 4864.

Morston's 761.

North Dame Bay

C.R. 4854

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name... *E. Hesley Jones*

Date... *Nov. 18*

Place... *Western Head*

Receipt for Army Book 64

No. 4854 Name de Jones

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

Name C. Chesley Jones

Date Sept 27th 1920

Place Moretown, N.J.

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

510/2

WJ

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form
B 121.
29

Number of Sheet 111

Regiment of Royal Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>H 8574 Jones Ches,</u>	Age on	19 years months	Fisherman	
Joined Date		Place and Date of Enlistment	<u>St Johns 1.5.15</u>	Religion	
Joined Date		Period of	with Colours <u>168</u> years. with Reserve <u>365</u> years.	Method	
Joined Date				Place of Birth	<u>Martin Hauler</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
				<u>Demobilized</u>	<u>St Johns</u>	<u>7</u>	<u>19</u>		

To be carried over

4854

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 854 Rank Plt. Name James Cleary
 Date of Enlistment 1-5-18 Address Marbleton St. District Wellington
 Occupation Insulan Classification for Discharge E Medical Category H
 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 7-6-19 for James H O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am C Jones 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 James H

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.1669* to his home at *Mosetons Ar* and Release Certificate No. *2485* issued.

Date *9-6-19*

J.A. Knowlton
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 SUBJECT TO ADJUSTMENT BY CHEMISTS PAY AGENT

Date *9-6-19*

R.H. Jait
Depot Paymaster.

Discharge approved for *23-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 288	B 121	/	N.F. Med.	D.F. 1	/
B 178	W 3494	B 122		Board 1st	" 2	/
B 178a	D 400A	B 1915	/	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date *9-6-19*

J.A. Knowlton
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

JUN 23 1919

Date

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

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

Date *June 16/19*

James H. ...
for O.C. Records

Reg. No. *4384* Rank *PLC* Name *James C.*

Attested Address *Washington St.*

Allotment Allottee

Date of Allotment Returned from Overseas *1.1.19*

Returned on S S *C. H. H. H.* Cause *Discharge*

76.19
23.6.19

PASSED TO DEMONSTRATION OFFICER

DISCHARGE APPROVED ON THE 23.6.19