



THE ROYAL NEWFOUNDLAND REGIMENT

No. 4567 Name Peter Jones Corps RC

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? Peter Jones
- 2. What is your full Address? Grey Island White Bay
- 3. Are you a British Subject? Yes
- 4. What is your age? 19 Years Months
- 5. What is your Trade or Calling? Quartermaster
- 6. Are you Married? no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? no
- 8. Are you willing to be vaccinated or re-vaccinated? Yes
- 9. Are you willing to be enlisted for General Service? Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 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? } Yes

I, Peter 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.

Peter Jones SIGNATURE OF RECRUIT.

Peter Jones Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Peter 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at
on this 22 day of April 1918

Signature of Attesting Officer J. James

†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 omitted by special authority, such will be attached to the original attestation.

Date April 22 1918
Place J. J. James } 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)

Paper 29-4-18

Jones, P.

C.R. 4567

P.R.C.

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

MEDICAL HISTORY

Surname Jones OR Christian Name Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish Gros Islet White Bay County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>27th</u> day of <u>April</u> 1918		on _____ day of _____ 1911	
	at <u>St Johns</u>		at _____	
Declared Age	<u>19</u> years _____ days		years _____ days	
Trade or Occupation	<u>Fishermen</u>			
Height	<u>5</u> feet <u>7 1/4</u> inches		feet _____ inches	
Weight	<u>126</u> lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded... <u>36</u> inches		_____ inches	
	Range of Expansion... <u>5</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Right		Right	
	Left		Left	
When Vaccinated	<u>2 mos ago</u>			
Vision	R. E.—V= <u>6/6</u>		R. E.—V=	
	L. E.—V= <u>6/6</u>		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>Major</u>		Medical Officer.	
Enlisted	at <u>St Johns</u>		at _____	
	on <u>22nd</u> day of <u>April</u> 1918		on _____ day of _____ 1911	
Joined on Enlistment	Corps. <u>The Royal Newfoundland</u>	Regtl. No. <u>4567</u>	Corps. _____	Regtl. No. _____
Transferred to				
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
[Signature]				
[Rank]				

al or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Has occurred

Edward L. Cap. Lane
DWM 'L' 1902

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 Artillery*
2. Regt. No. *4567* 3. Rank. *Pvt.*
4. Name *Jones* *J. Smith*
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
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? } v

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?
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.

Refused

W.S. Proctor
 Medical Officer in charge of case.

Station *Hoydayburn*

Date *2-11-19*

* 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

C.R. 4567

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, Aug. 15th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 5-8-19.

4567 Pte. P. Jones.

C.R. 4567

Extract from Daily Orders Part 11 Unit The Royal Wfld.

Regt. St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has been

APPROVED by O.C. Discharge Depot with effect from 23-7-19

4567 Pte. P. Jones.

C.R. 4567

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

4567 Pte. J. Jones

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

C.R. 4567

Extract from Casualties received from P.&R.O. London,
Aug. 22 31st. 1918.

The undermentioned man (Admitted to Hosp. from Major Carty's
draft from Newfoundland) was discharged from Central Hos-
pital, Chatham, 30/8/18. and proceeded direct to Depot.

4567 Pte. Jones P.

C.R. 4567

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

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#4567 Pte. Peter Jones.

C.R. 4567

Extract from Daily Orders part 11, from U to The Royal Wfld.
Regt. St. John's, dated April 23, 1918.

#4567 Pte. Peter Jones.

Attested for General Service with the Royal Wfld. Regt.
from 28/4/18 to report 29/4/18

CR 4567 Army Form B. 179A

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 Artillery*
- 2. Regtl. No. *4567* 3. Rank. *Sgt*
- 4. Name *Jones* *Peter*
(Surname) (Christian Names)
- 5. Age last-birthday. *21*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Postman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
- 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) 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 ? }

No complaint of no disability

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.)

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 ?

Reoperation

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. Procuier. Capt. R. R. R.

Station *Hazelton*

Date *21/4/19*

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.



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 *Jones Peter*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4567*

Intended address *St. John's Island White Bay*

Height on discharge *5 Feet 7 1/4*

Color of hair on discharge *Dark Brown*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *Reddish*

Figure on discharge *George*

Christian name of Father *Joanah*

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 Island 6-12-1897*

Nature and locality of civil employment required _____

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

(Soldier's signature in full) *Jones Peter*

Plt
(Rank)

ST. JOHN'S.

Station

Date

5-7-19

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



Janes, P.

4567

Hay Sept.

67 Gray Island Branch store
690 White Bay of F & D
October 7th 1919

Mr W. Stovely

Dear sir
Just a word to ask you
about my money i only
received one lot of money
and that was with my
Discharge i secure receive any
cents i would like to see what
is wrong please look forward
a to check it please and see
what is wrong and. Prop
a word to me

I remain your truly
Petter Jones

Number 690

August 6th 1919.

#4567, Pte. P. Janes,
Groais Islds. W.B.

Dear Sir:

Enclosed please find Discharge Certificate
3435.

Yours truly,

Capt. W. J. Records.

RS/.

The Royal Newfoundland Regiment

Class for Demobilization:

Aj

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *4567*

Name *Jones Peter*

Address *Grois Island*

Present Medical Category *Ai*

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

Members of Board {

R. J. M. Maxie
.....
O.C. Discharge Depot.

H. Paterson
.....
Senior Medical Officer

Geo. Berdson
.....
M. O. Depot

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4567 Rank PC Name James P
 Intended place of residence Shoals Falls
 2. Occupation Fisherman
 Classification of soldier E Medical Category A 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 JUL 9 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 9 - 1919

[Signature]
 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 9 - 1919

[Signature]
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service... 22-4-18 No. of days on Military
 Discharged from service... 23-7-19 Plus 14 days Service... 472

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 23 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 August 6/1919

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

[Handwritten note] out B 2079/5435

9
31
20
31
6
107

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. # 4567 Rank Pls Name James P
 Date of Enlistment 22.4.18 Address St. Johns District St. John's
 Occupation Government Classification for Discharge 16 Medical Category 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.....	E 103.....	ME 2.....	" 6.....	" 6.....
B 179c.....	B 120.....	M 93.....		

Date 8.7.19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am.....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 #6

(b) Clothing Supplied

Date 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 4870..... to his home at Woit Rd..... and Release Certificate No. 3347..... issued.

Date 9-7-19.....

J. J. 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

Date 9-7-19.....

Depot Paymaster.

Discharge approved for 23-7-19.....

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.....	
F 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 9-7-19.....

J. J. Knowlton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 23 1919

Date

L. R. Cooper
for 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.

P Jones

Signature of Man.

Reg. No. 4567

J. H. Snowcraft

Signature of the Vocational Officer or his Representative.

Place

21 - Johns

Date

9-7-19

191

Augst 12, 1919

Mr. Peter Jones,
Grey Islands,
WHITE BAY.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Peter* 2. Surname *Jones*

3. Rank *Plt.* 4. Regtl. No. *4569*

5. Address in full to which future payments of gratuity are to be forwarded, *Grey Islands, White Bay, Nfld*

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, 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*

July 8/19 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?..... *No*

19. (a) Are you now serving in the Regt.?..... *No* If not give:- (a) Date of discharge..... *July 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....

..... *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.

Peter Jones

Signature of Applicant:

Place of Residence:

Grey Islands, White Bay

Declared before me at:

M. John's road,

This

9th

day of

July 1919

John McCarthy

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

POST DISCHARGE PAY.

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

Certified correct.

Barrister

4567

6903

October 22, 1919

Mr. Peter Jones,
Gray Islands, White Bay
Nfld.

Dear Sir:

With reference to your letter
of recent date, please quote your regimental
number.

Yours truly,

Lieut.
For Paymaster.

C.R. 4567

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..... Peter James ^{no} 4567

Date..... March 30

Place..... grease island - seehit Bay

9

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 111

Regiment of Royal Marine Light Infantry

Signature of O. C. Company C. S. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	19	years — months	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>		
Joined	Date	Period of	22.4.18	with Colours <u>106</u> years.	
Joined	Date	with Reserve	<u>365</u> years.	Religion <u>R.C.</u>	
Joined	Date			Place of Birth <u>Greyfriars White Bay</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 John's</u>					<u>5 5/19</u>

To be carried over

Army Form B. 121.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9870 to his home at Groix Rd and Release Certificate No. 3347 issued.

Date 9-7-19 *J. H. 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

Date 9-7-19 *J. H. Snowball*
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	/	N.F. Med.	D.F. 1	/
E 178	W 3494	B 123	/	Board 1st	" 2	
B 178a	/ D 400A	B 1915	/	do 2nd	" 3	<i>L. Form B</i>
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 9-7-19 *J. H. Snowball*
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

JUL 23 1919

Date *J. R. Cooke Capt*
for O. C. Discharge Depot

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

Date July 21/19 *J. H. Snowball*

Reg. No. *4067* Rank *Plt.* Name *Jones. P.*

Attested Address *Gray Islands, W. B.*

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

9-7-19
~~*9-7-19*~~

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED BY DEMOBILIZATION