



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5215 Name Edward Kent Corps PE

### Questions to be put to the Recruit before Enlistment.

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Edward Kent</u> .....        |
| 2. What is your full Address? .....  | 2. <u>Belle Isle St. 105</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                |
| 4. What is your age? .....   | 4. <u>24</u> Years — Months .....  |
| 5. What is your Trade or Calling? .....  | 5. <u>Engineer</u> .....           |
| 6. Are you Married? .....  | 6. <u>no</u> .....                 |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u> .....                 |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u> .....                |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>yes</u> .....                |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....                     |
|  | Corps .....                        |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>yes</u> .....               |

I, Edward Kent 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.

Edward Kent SIGNATURE OF RECRUIT.

20-5-15

B. Bennett Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edward Kent 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 20 day of May 1915

Ernstische Lieut Signature of Attesting Officer

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191

Place.....

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted.

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





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5215 Name Edward Kent Corps P.C.

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Edward Kent
2. What is your full Address? ..... 2. Belle Isle P.B.
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 24 Years ..... Months
5. What is your Trade or Calling? ..... 5. Engineer
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
9. Are you willing to be enlisted for General Service?.. 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. yes

I, Edward Kent ..... 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.

20-5-18 ..... Edward Kent ..... SIGNATURE OF RECRUIT.

..... B. Sumner ..... Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edward Kent ..... 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. Johns on this 20 day of May ..... 1918

Signature of Attesting Officer ... C. P. 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 ..... 191 .....  
Place ..... } Approving Officer.

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

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



# DESCRIPTIVE REPORT ON ENLISTMENT

5215

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

Name Edward Kent  
 Apparent age 24 years — months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion: 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Kent  
Bella Isld CB | Relationship Uncle

### 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>20-5-18</u>									
Joined at <u>St John's</u> on <u>20-1918</u>									
<u>Discharged July 7, 1919</u>									
<u>Stowed away with draft on 22-7-18</u>									
<u>Embarked for M.C.S. 25-11-18</u>									
<u>Disembarked 29-11-18</u>									
<u>Joined Battalion 5-1-19</u>									
<u>Transfer from Homey 22-4-19</u>									
<u>Applied for demobilization 22-5-19</u>									
<u>Arrived to England 1-6-1919</u>									
<u>Demobilization St John's 2-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 2-7-1919 [date of discharge] 1 years 44 days  
 " " Pensions " [ " " ] " " "

C.R. 5215

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

Date

June 18th 1919.

<sup>5</sup>  
4215, Pte. E. Kent.

Reported at Headquarters 1/6/19.

BY "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5215

extract from Daily Orders part II, Unit the Royal 221st  
regiment dated 8-7-18.

The discharge of the undersigned on demobilization has been  
confirmed by U. S. discharge Depot on noted date.

~~8-7-18.~~

#5215 Pte. Ed. Kent.

C.R. 5215

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

The discharge of the undernoted on demobilisation has been  
APPROVED by C.O. Discharge Depot with effect from 18-6-19.

5215 Pte. Edward Kent.

C.R.

5215

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

The undermentioned of the 1st. Battalion left  
Roux Camps #2/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5215 Pte. E. Kent.



C.R. 5215

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 21, 1918

#5215 Pte. E. Kent

Attested for General Service with the Royal Nfld. Regt. from  
20.5.18 to report 24.5.18

C.R. 5-215-

Extract from Nominal Roll of draft No. 56, of the 2nd., Battalion  
of the Royal Newfoundland Regiment, Winchester to the 1st.,  
Battalion of the Royal Newfoundland Regiment, E. A. F.,  
Embarked Southampton 23/11/16.

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#5215 Pte. E. Kent.

C.R. 5215

Extract from Telegram received from Synoptical,  
London, dated October 2nd, 1918

Please send attestation sheets form K if any 5215  
Kent now at Depot documents not here or there.

"Has not gone overseas yet."  
K.S.J.

Oct. 10/18.

C.R. 5215

Extract of Daily Orders, Part 11, Unit: The Royal Newfoundland Regt.  
dated Oct. 11th 1918.

Strength Decreases:

5215 Pte. Edward Kent

Struck off the strength of Depot having stowed away with Draft  
of 22/7/18, Authority: Information received from Pay and Record  
Office



5215

Extract from telegram received from Synoptical London,  
Oct.12,1918.

Please send following forms urgently required allotment of pay  
5215 Kent.

C.R. 5215

Extract from telegram <sup>sent to</sup> ~~received from~~ Synoptical London,  
Oct. 28th, 1918.

In answer ~~to~~ your telegram Oct. 12th Kents Form K. &  
attestation has been forwarded.

E Kent

C.R. 5215

1886

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

# MEDICAL HISTORY

*Report 5215*

Surname *Kent*

OF

Christian Name *Edward*

Table I.—GENERAL TABLE.

Birthplace:—Parish *St. John's* County *St. John's*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	<i>20</i>	<i>May</i>		<i>191</i>
	at	<i>St. John's</i>	at	
Declared Age	<i>27</i>	years		days
Trade or Occupation	<i>Engineer</i>			
Height	<i>5</i>	feet <i>8</i>		inches
Weight		<i>121</i>		lbs.
Chest Measurement	Girth when fully expanded	<i>34</i>		inches
	Range of Expansion	<i>4</i>		inches

Physical Development	Right	Left	Right	Left
	Vaccination Marks			

When Vaccinated				
Vision	R. E.— <i>6/6</i>		R. E.—V=	
	L. E.— <i>6/12</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) *James Paterson*  
 (Rank) *Major* Medical Officer.

Enlisted at *St. John's* on *20* day of *May* *1908*

Corps	Regtl. No.	Corps	Regtl. No.
<i>The Royal</i>	<i>5215</i>		
<i>Nfld Regt</i>			

Became non-effective by (Signature) on day of 191 on day of 191  
 (Rank)





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

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

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

1. Unit and Corps. *Royal Newfed.*.....
2. Regtl. No. *5216* Rank.....
4. Name *Neut. Edwards*.....  
(Surname) (Christian Names)
5. Age last birthday... *25*.....
6. Posted for duty on *May 20/18* at *St John's*.....  
in category (or grade).....
7. Former Trade or Occupation } *Engineer*  
7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
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.
12. Place of origin of disability.
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.

14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | (a) attributable to | (b) aggravated by |
| (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, discharges, 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?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invaded at Foreign Stations.

Station 7 D Camp

Date .....

*Repatriation*

*Capt. R. B. Mc*  
Medical Officer in charge of case.

**OPINION OF THE MEDICAL BOARD.**

NOTES.—(i) 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:—
- |  |                     |                   |
|--|---------------------|-------------------|
|  | (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.

\* 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?

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 *Hazley Camp* ..... } President or Chairman.  
 Date ..... } 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.



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. *H. Infal Newfoundland*
2. Regtl. No. *52167* 3. Rank.....
4. Name *Keat-Edwards*.....  
 (Surname) (Christian Names)
5. Age last birthday... *25*.....
6. Posted for duty on *May 24/15* at *St. John's*.....  
 in category (or grade).....
7. Former Trade or Occupation } *Engineer*
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. 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) 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.
12. Place of origin of disability.
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.

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, discharges, etc., a specialist's report is to be attached with radiographs where possible; and in case 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?

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.

Station Loagely, D. Camp.

Date 19-5-19

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.—(i) 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:—
- |  | (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.

*Repatrication*

*Capt R. O. M. J. C.*

Medical Officer in charge of cases

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 *Hayley D. Camp* ..... } President or  
 Date *10-5-19* ..... } Chairman  
 ..... } Members.

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

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

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.





**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 } *Engineer*
2. Regtl. No. *5215* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Stent Edward* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *25*
6. Posted for duty on *May 20/18* at *St. John's* 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 .. .. .                          | ..... | ..... |
| (iv.) Ordinary military service before the war .. .. .             | ..... | ..... |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | ..... | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } .. .. .

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

15. What is his present condition ?

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

*He employs gun 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. Procaine*  
*Capt R.A.M.C.*

Station *Sandy D. Camp* .. .. .

Date *29-4-19* .. .. .

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









~~Fee~~

Duplicate Copy.

ENTERED.
PAY LEDGERS <i>Amu</i>
NUM. ROLL <i>P. 2</i>
ALLOT. INDEX <i>15/17</i>
REGISTER
EXAMINED

FORM K<sup>e</sup>  
 14089A  
~~602~~  
 No. ....



# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Edward Kent, Regl. No. 5212,

hereby agree, until further notification by me, and in similar official form, to make an Allotment of \_\_\_\_\_ Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz: Allot. begins July 1<sup>st</sup> 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person).
4273	Uncle	William Kent	Belle Island	60
Total Allotment, \$				60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) W G James 2<sup>d</sup> Lt  
 Officer Commanding  
D. Company  
St John's  
June 22 1918

(Sig.) Edward Kent  
 (Rank) Pte  
P. L. Army  
OR W. S. Bursey  
Adj't.

7MO.  
To ~~#~~ W. Kent

Bell Island

Newfoundland

Cable ten pounds through  
Militia.

5215. H. E. Kent.

219

No. 16244/1752

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2nd. Bn. Royal Nfld. Regt.,  
Winchester.

October 9th, 1918

Oct. 12 1918

Subject: 5215m Pte, E. Kent.

With reference to the following telegram (8417.) from the Hon. Minister of Militia, received

"Pay to 5215, Pte. E. Kent, £4.0.0."

Draft £4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A.A. Minnaert Maj.*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*Edward Kent*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2nd Batt'n  
Royal Newfoundland Regiment

Received the sum of Four  
Pounds on account of  
cable remittance from Newfoundland.

Edward Kent  
No. 5215 Rank Private

Witness: J. Murphy Pte

No. 5970/303

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
1/Bn. Royal Newfoundland Regiment,  
B.E.F.

16th April 1919

191

5215 Pte. Kent E.

With reference to the following telegram from the Minister of Militia, / / ( 137 )

"Pay to- 5215 Kent,

£16. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

*R. A. Minnie Maj.*  
Chief Paymaster & O. i/c Records.

*Deposited*



EXTRACT OF TELEGRAM.

SUSPENSE

CLEARED

"Despatched. 2/10/18. (1262):

"Military. St. John's.

"Please send- Attestation Sheet- Form- K- if any- 5215- Kent-  
"now at- Depot- documents- not here- or there- fullstop."

(Sd) SYNOPTICAL.

*M. J. Ryan*



Kent, Edward

5215

Ray Sept.





May 9, 1919

Mr. William Kent,  
Bell Island.

Dear Sir:

With reference to your telegram  
of May 1st. I beg to state that I have cabled  
5215, Edward Kent £10.

Yours truly,

Lieut.  
For Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5215 Rank. Private Name. Kent Ed  
 Intended place of residence. Bell Islands
2. Occupation ..... Engineer  
 Classification of soldier. 1E Medical Category. A1
3. The above named man is discharged in consequence of

### DEMobilIZATION

### Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUN 18 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 .....

*[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 18.6.19

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 20-5-18 No. of days on Military  
 Discharged from service. 18-6-19 Plus 14 days Service. 409

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date .....

*[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 2/1919

*[Signature]*  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

*[Handwritten]*  
 A/B 2029/2579

# The Royal Newfoundland Regiment

Class for Demobilization:—

*E. 6.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*18. 6. 19*

Regimental No

*5215*

Name

*Kent Ed.*

Rank

*Pte*

Address

*Bell Island*

Present Medical Category

*A1*

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

*R.H. East Major*  
O.C. Discharge Depot.

*J. Paterson*  
Senior Medical Officer

*Geo. Curdew*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOLIBIZATION OF

Reg. No. 310 Rank The Name Kent Ed  
 Date of Enlistment 2005-18 Address Bellefleur District St. John's  
 Occupation Engineer Classification for Discharge 17 Medical Category A1  
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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.....

O. C. Discharge Depot.

### PARTICULARS FOR DEMOLIBIZATION

#### 1. Civil Re-Establishment.

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

Edward Kent

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6000

(b) Clothing Supplied know left

Date 18-6-19

O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 9,783,9,784 to his home at Bell Island and Release Certificate No. 2913 issued.

Date 18-6-19 *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 2-11-19

Date 18-6-19 *J. H. Munsie*  
Depot Paymaster.

Discharged-approved for 18-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	9. 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	2505-1	" 6
B179c	B 120	M 93		

*2 Form B*

Date 18-6-19 *J.A. Knowlton*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date 18-6-19 *R.H. Sait Capt*  
O. C. Discharge Depot.

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

Date .....

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Msg No. 48 Sent by M Rec'd by M Charge 1/2p No. \_\_\_\_\_

Place from Bell Island

To Miss Militia



Please cable ten pounds  
5215 Edwards Kent Call  
money order office for  
money  
William Kent.

## 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.

*Edward Kent*  
Signature of Man.

Reg. No. \_\_\_\_\_

*J. A. Snow Capt.*  
Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date *18-6-18* 191\_\_\_\_\_

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* } Former Trade } *Engineer*  
or Occupation }
2. Regtl. No. *5215* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
4. Name *Hart* *Edmond*  
(Surname) (Christian Names)
5. Age last birthday... *25*...
6. Posted for duty on *May 20/18* at... *P. I. S. Co.*  
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  
(b) Where (if any)  
(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*







## 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 *Kent, Edward*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5215*

Intended address *Bell Island Lab.*

Height on discharge *5* Feet *9*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *—*

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 *Bell Island. 7-11-1894*

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) *Edward Kent* *St.*

Station \_\_\_\_\_ Date *18-6-19* (Rank)

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 \_\_\_\_\_



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 *Edward* 2. Surname *Keat*  
3. Rank *Pte* 4. Regtl. No. *5215*  
5. Address in full to which future payments of gratuity are to be forwarded *Bell Island, C.B.*  
6. Date of enlistment in the Regiment *May 20/18*  
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 Mfld. If so, give dates and particulars of such service. *Overseas*  
12. Give total length of time which you served on active service, whether in Mfld. or Overseas *from May 20/18 to June 18/19* 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.

..... *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 Regt.?..... *No* If not give:- (a) Date of discharge. *June 18/19* (b) Reason for discharge.

..... *I. Imperial Forces* ..... *to Cuba Belgium* .....

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. 27/18 to Sept. 1919*

21. (a) Are you receiving treatment from the Waril 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.

*Edward Kent*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*19th* day of *June* 19*19*.

*Bell St., C. P.  
St. Louis, Mo.*

*John McCarty*

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

POST DISCHARGE PAY.

Date paid *1919* Paid *to*  
Soldier or Dependents

War Service  
Certificate  
*4 mos.*

Net amount  
due  
*280.00*

.....  
.....  
.....  
Certified correct. Paymaster *M.*





THE ROYAL NEWFOUNDLAND REGIMENT  
HEADQUARTERS

2907

*St. John's, Newfoundland,*

Oct. 11th, 1918 191

From Officer Commanding,  
Depot

To Paymaster and Officer i/c Records,  
Militia Department.

5215 Pte. Edward Kent

Reference above noted man, who stowed away with Draft of 22-7-18: his account has been carried on Company Pay Sheets up to and including Sept. 30th, on which date he had a credit balance due him of \$30.50, with an allotment current of 60¢ per day.

This amount has now been struck from October lists and transferred to your Department. Will you please arrange the transfer of his account to Depot, Winchester.

CCD\*AC

*W. W. W.*  
Ass't Adjutant  
Depot The Royal Newfoundland Regiment  
St. John's, Nfld.

*W/W*



ST. JOHN'S, June 19<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To Mr. E. Kent

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 18<sup>th</sup> /19

5215 - Mr. E. Kent 18 80

ACCOUNT	<u>B. V. M.</u>	INITIALS
CH. NO.	<u>23782</u>	INITIALS
IND. LEDGER		INITIALS
PAY LEDGER		INITIALS
GEN. LEDGER	<u>80</u>	INITIALS

18

Certified correct for \$

R. J. [Signature]  
Billeting Officer.  
E. Kent

Receipt for Army Book 64

No. 5215 Name E. Kent

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

Date August 11<sup>th</sup> 1920

Name E. Kent

Place Bell Island

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



## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet

*One*Forms  
B 121.  
39

Regiment of

*Royal Newfoundland*

Signature of O. C. Company

*W. D. Dicks*  
*Lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5215 Kent, Edward</i>	Age on	<i>24</i> years <i>0</i> months	<i>Engineer</i>	
Joined		Date	Place and Date of Enlistment } <i>St John's</i> <i>28.5.18</i>	Religion	
Joined		Date		<i>A.C.</i>	
Joined		Date	Period of } with Colours <i>1<sup>st</sup></i> years. with Reserve <i>3<sup>rd</sup></i> years.	Place of Birth	<i>Bell Bld CA</i>

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>2/19</i>			

To be carried over

Army Form B. 121.





Δ 321A

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 321 Rank Pvt Name Private Ed  
 Date of Enlistment 200-18 Address Bellefleur District St. John's  
 Occupation Engineer Classification for Discharge 1 Medical Category A.1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1'36	B 268	B 121	<u>2</u>	N.F. Med	D.F. 1	<u>1</u>
B 178	W 3494	B 122	<u>1</u>	Board 1st	" 2	<u>3</u>
B 178a	D 400A	B 1915		do 2nd	" 3	
B 178b	D 400B	Form L		do 3rd	" 4	
B 178c	D 400C	Form K		do 4th	" 5	
B 179a	B 103	ME 2	<u>2505-1</u>		" 6	
B 179b	B 120	M 93				

Date 16-6-19 H. W. S. Kent  
 P.O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

Edward Kent

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied none left

Date 18-6-19

O i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling <sup>Warrants No. 4753</sup> and Release Certificate No. <sup>2713</sup> issued to his home at 12119 Old and Release Certificate No. 2713 issued.

Date 18-6-19 *J.A. Browne*  
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 18-6-19

Date 18-6-19 *J.A. Browne*  
Depot Paymaster.

Discharge approved for 18-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	2	N.F. Med	D.F. 1	
B 178	W 3494	B 122	2	Board Ist.	" 2	
B 178a	D 400A	B 1916	2	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		2505-1	" 6	
B179c	B 120	M 93				

Date 18-6-19 *J.A. Browne*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date 18-6-19 *J.A. Browne*  
O. C. Discharge Depot.

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

Date June 26/19 *J.A. Browne*

Reg. No. *1211* *Alc* Name *Keat Edward,*

Attested ..... Address *Bell Island.*

Allotment .....

Date of Allotment ..... Returned from Overseas *29. 1. 19.*

Returned on S.S. *Coruian* Cause *Discharge*

*16-6-19* ~~PASSED TO~~ ..... IAT. OFFICER

*18-6-19* DISCHARGE APPROVED ON DEMONSTRATION.