



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *S585* Name *Albert King* Corp. *R.C. Cath.*

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <i>Albert King</i> |
| 2. What is your full Address? | 2. <i>43 Dufferin St
St John's</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>21</i> Years <i>0</i> Months |
| 5. What is your Trade or Calling? | 5. <i>Longshoreman</i> |
| 6. Are you Married? | 6. <i>No</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>No</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>Yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>Yes</i> |
| 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. <i>Yes</i> |

I, *Albert King* 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.

Albert King SIGNATURE OF RECRUIT.
James Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Albert King* 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 *1* day of *June* 191*8*

Signature of Attesting Officer *C. S. Dicks*

†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*8* } 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)

C.R. 5585

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 7th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date
~~5585~~ 29-7-19.

5585, Pte. A. King.

C.R. 5585-

Extract from Daily Orders Regt. St. John's, Unit 9th Royal Nfld.

Regt. St. John's, July 3rd, 1919.

5585 Pte. M. King.

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

Extract from Daily Orders Regt. St. John's, Unit 9th Royal Nfld.
Regt. St. John's, July 3rd, 1919.

C.R. 5585

**Extract from Daily Orders by Major W.S. Sullivan,
Commanding Newfoundland Forestry Companies, C-212.**

6-12-18

**The undesignated having reported for duty from
the 2nd Bn. Royal Nfld. Regt. is attached to the strength
for rations, from this date to "B" Company.**

5585 Pte. A. King.

Wm. King, 43 Buckworth St. City

M.F.A.2



CR. 5585

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

From Officer Commanding,
Depot

June 14th, 1918

To D.O.C., Newfoundland,
Militia Department

SIR:-

#5585 Pte. Albert King

Above noted man states he is chief support of his parents, His father is an old employee of the Municipal Council, who is about to be pensioned at the rate of \$3.00 per week. He has three married brothers and one unmarried, who is unable to work owing to his physical condition.

He will make an allotment of 60¢ per day, payable to his mother.

I have the honor to be,
Sir,
Your obedient servant

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

CR 5585

Extract frm Daily Ordes part 11, ffrom Unit The Royal Nfld.
Regt. St. John's, dated June 5, 1918.

#5585 Pte. A. King.

Attested for General Service with the Royal Nfld. Regt.
from 1.6.18

C.R.

5585

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

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

#5585 Pte. Albert King.

C.R. 5588

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 19th 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by U.C. Discharge Depot with effect from follow-
ing date
15-7-19.

5588, Pte. A. King.

C.R. 5585

June 7, 1918.

Officer Commanding Depot.

Albert King age 21.

I am requested by the District Officer Commanding to ask that you furnish him with a report re the above soldier. He is claimed by his mother to be her only support; he has three married brothers and one, unmarried, who is tubercular.

Clerk to D.O.C.

A King.

C.R.

5585

~~1190~~

King, A

5588

Ray Sept

July 29th 1919.

#5588, Pte A. King.

43, Duckworth Street.

Dear Sir:

Enclosed please find Discharge Certificate # 3449.

Yours truly,

Capt. ^W F. master.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 55888 Rank. Plt Name. King A
 Intended place of residence. 43 Duckworth St.

2. Occupation Longshoreman
 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 15 1919

A. R. Cooper
 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 15 1919

Albert King
 Signature of soldier

M. Blouin
 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 15 1919

Albert King
 Signature of soldier

James O. Sherman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 1-6-18 No. of days on Military
 Discharged from service. JUL 15 1919 Plus 14 days Service. 424

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 15 1919

A. R. Cooper Capt
 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 29/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

WJ 3079/3449

The Royal Newfoundland Regiment

Class for Demobilization: *16.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *July 10/19*

Regimental No. *5388*

Name *King, Albert*

Address *43 Buckworth St*

Present Medical Category *A1*

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

Members of Board

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

H. Mason
Senior Medical Officer

F. Burdett
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

 Reg. No. 5385 Rank Pvt Name King, Albert

 Date of Enlistment 1-6-18 Address Duckwood St District St John's

 Occupation Longshoreman Classification for Discharge Ey Medical Category HI

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	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	✓ D 400A	✓ B 1915		do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	✓ D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

 Date 1-27-19 O. C. Discharge Depot St John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

✓
Albert X King
 mark
W.T. Thurman

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 15-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at Duckmouth St. and Release Certificate No. 3633- issued.

Date 15-7-19

A. M. Johnston
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 24-7-19

Date 15-7-19

J. H. W.
Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 15-7-19

A. M. Johnston
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 15 1919

N.R. Cooper 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.

King A.

Signature of Man.

M. J. Johnston

Reg. No. 6685

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

15-7-19

191

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

MEDICAL HISTORY

OF

Surname *King*

Christian Name *Albert*

Table I.—GENERAL TABLE.

Birthplace:—Parish *S. John*

County *Northampton*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	June 1918		191
	at	<i>Segons</i>	at	
Declared Age	21	years		days
Trade or Occupation	<i>Pongehoreman</i>			
Height	5	feet 8 inches		
Weight		145 lbs.		
Chest Measure-ment	Girth when fully expanded	37 1/2 inches		
	Range of Expansion	4 inches		
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/18</i>	R.E.—V=	
	L.E.—V=	<i>6/18</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Lammie Peterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<i>Segons</i>	at	
	on	1 day of June 1918	on	day of 191
		Corps.		Regtl. No.
Joined on Enlistment	<i>Royal Wilt. Regiment.</i>			
		<i>50885</i>		
Transferred to				
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. 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 *King, Albert*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5588*

Intended address *43 Duckworth St*

Height on discharge *5* Feet

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks *None*

Figure on discharge *Med*

Christian name of Father *William*

Christian name of Mother *Mary*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St John's* — *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) *Albert King* *Med* *Witness* *[Signature]* (Rank) *Pl*

Station *[Signature]* Date *11.7.19*

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

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 West Kent* }
 2. Regtl. No. *5555* }
 3. Rank... *Plt* }
 4. Name *King* }
 (Surname) }
 Albert }
 (Christian Names) }
 5. Age last birthday... *23*
 6. Posted for duty on..... at.....
 in category (or grade).....
 7. Former Trade or Occupation } *Leithman*
 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.
 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service. | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input type="checkbox"/> | <input type="checkbox"/> |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

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

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.

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 ?

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. Proctor. R.F.M.C.
 Medical Officer in charge of case.

Station *Moyley Burn*

Date *8/1/17*

* 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

Kerj:

Pon Skullen. Hut. Chet.

Verlyenda. Kipit
tan a soldi. Rec.

Tempo & Mr. Ba

1811



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 *Robert* 2. Surname *King*
- 3. Rank *Rte* 4. Regtl. No. *5585*
- 5. Address in full to which future payments of gratuity are to be forwarded... *43 Duckworth St*
- *St Johns*
- 6. Date of enlistment in the Regiment..... *June 1/18*
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *Ho*
- 8. Relationship of such dependents..... *Ho*
- 9. Address in full of such dependents..... *Ho*
- *Ho*
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *Ho*
- 11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *England only*
- *England only*
- 12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *1 year*
- *1 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.

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? If not give (a) Date of discharge.

July 15/19 (b) Reason for discharge. *General*

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 England only*

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.

his

Albert King

Signature of Applicant:

Place of Residence: 43 Duckworth St St Johns

Declared before me at: St Johns

This 15 day of July 19.../...

John M. Carthy

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.			Paymaster	

ST. JOHN'S, JUL 15 1919

Royal Newfoundland Regiment.

Billeting Account,

To Mrs W. King
Blackworth St

Billeting Soldiers as undermentioned

from July 11/19 to July 13/19

5585 Pte A King Btm H. 40

ACCOUNT	
NO.	<u>3020</u>
LEDG. NO.	
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 4.40

A. M. Leush

Billeting Officer.

A. King
Blackworth St

Letter

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

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

Regimental Number and Name		Enlistment		Grade	Good Conduct Badges, Service pay or proficiency pay			
No.		Age on	years	months	Religion			
5585	Albert King		21		St. John's			
Joined	Date	Place and Date of Enlistment			R.C.			
Joined	Date	Period of } with Colours 159 years. with Reserve 36 years.			Place of Birth			
Joined	Date				St. John's			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
G/Agley S Camp	4/9-18	Pvt		1) Unshards on parade	Cpt Calver	2 days CB	4/9-18	Capt M'Hara	M.H.
"	18/1/18			2) Dirty Tent	Csm M'har	3 days CB	18/1/18	Capt M'Hara	M.H.
"				Demobilized St John's					29/19

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5285 Rank Plt Name Keney A
 Date of Enlistment 1-6-18 Address Duckwood St District St John's
 Occupation Longhairsman Classification for Discharge 1 Medical Category 1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents—

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

Date 14-7-19 O. G. Discharge Depot. Muss H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.
Albert X Kenif
MT Thurman

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 Supplier W. J. Roberts

Date 15-7-19 O i/c. Re-clothing.

Reg. No. 5085 Rank 96 Name King A.
Attested Address 43 Duckworth St
Allotment..... Allottee ..
Date of Allotment..... Returned from Overseas JUL 1 1919
Returned on S.S. Cassandra Cause Discharge

157 19
157 19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.

C.R. 3585

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 Newfoundland } Former Trade or Occupation } Tradesman
2. Regtl. No. 2588 3. Rank... Private 7a. If the soldier claims previous service in Army, he should state—
4. Name King Albert (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... 23
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (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

