



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. **6063**

Name **John Lilly**

Corps **CofE**

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. **John Lilly**
2. What is your full Address? 2. **Saddle Island Tortum Dist**
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. **Chorman**
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 **Yes**
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, **John Lilly**, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

John Lilly SIGNATURE OF RECRUIT.

19-8-18

John H. Moulton Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, **John Lilly**, 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 on this **19** day of **August** 191**8**

J. H. Moulton 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 compiled with. I accordingly approve, and appoint him to the

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

Date **20-8-1918** Place **St. John's** **J. H. Moulton** } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Lilly
 Apparent age 25 years months. Height 5 feet 1 1/4 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Charlie Lilly
Fortune Det Saddle Island Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____ "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6063 Name John Lilly Corps Cof E

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. John Lilly
2. What is your full Address? 2. Saddle Island, Tortuque Dist.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 22 Years Months
5. What is your Trade or Calling? 5. Sherman
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, John Lilly, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

John Lilly SIGNATURE OF RECRUIT.
W. J. Moulton Signature of Witness.

19-8-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Lilly, 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 Saddle Island on this 19 day of August 1918.

Signature of Attesting Officer J. H. Snow 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 compiled with. I accordingly approve, and appoint him to the Cof E.

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

Date 20-8-1918 } Approving Officer.
 Place St. John's. J. H. Snow

† 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

6063

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

Name John Lily

Apparent age 22 years months. Height 5 feet 1 1/4 inches

Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Charlie Lily
Fortune Inst Saddle Island Relationship Father

Particulars as to Marriage

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									<div style="font-size: 2em; font-family: cursive;">Discharged Jan 27 1919</div>
Joined at _____ on _____									

Total Service forfeited as above: _____

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days

" " Pensions " _____ [" "] _____ " _____

C.R. 6063

Extract of Daily Orders Part II, dated Dec. 27th 1918

DEMOBILIZATION.

The undernoted man's discharge on Demobilization has been approved by O.C. Discharge Depot from noted dates. He is removed from Depot Strength and transferred to Discharge Depot, pending confirmation by Officer i/o Records.

6063 Pte. John Tilley

Discharged 24-12-18

C.R. 6063

Extract from Daily Orders Part II Unit The Royal WFLA.
Regt. St. John's, dated August 10th, 1918.

6063, Pte. John Lilly.

Attested for general service with The Royal WFLA. Regt.
19-8-18.

C.R. 6063

Extract from Daily Orders part II, Depot St. John's dated Jan. 22/1919.

The discharges of the undernoted ~~hasedben~~ confirmed by Officer
i/c Records. on 21-1-19.

6063 Pte. John Lilly.

Lilly, John

6063

Ray Dept.

January 21st., 1919

#6063 Pte. John Lilly,
Sadle Island,
Fortune Dist.

Dear Sir:-

Please find enclosed "Discharge
Certificate No.601."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records

Enc '1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6063 Rank 1/c Name John Lilly

Intended place of residence Saddle Cell

2. Occupation Fisherman

Classification of soldier C Medical Category A.II

3. The above named man is discharged in consequence of **DEMOBILIZATION.**

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

Place St. John's W. H. Capl

Date DEC 21 1918 W. H. Capl
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 and date St. John's John Lilly

Dec 21st 1918 W. H. Capl

Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date St. John's John Lilly

20-12-18 W. H. Capl

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 19-8-18 No of days on Military

Discharged from service 24-12-18 plus 28 day Service 156

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.** R. H. Lait Capt.

Date DEC 24 1918 R. H. Lait 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, Nfld. W. H. Capl

Date January 21, 1919 W. H. Capl
Officer i/c Records
The Royal Newfoundland Regiment.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 60613 Rank Plt Name Felly John
 Date of Enlistment 19 8 18 Address Parish Sts District Fortune
 Occupation Fisherman Classification for Discharge f Medical Category AE
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 20 12 18

W. Kelly Capt
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

John + Mary Kelly Peter Walnes

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 Joseph H. H. Knowlton

Date 20 12 18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *390R* to his home at *Waltham* and Release Certificate No. *5413* issued *20-12-18*

Date *20-12-18* Demobilization Officer *AS. Druks Capt.*

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 *21-12-18*

Date *21-12-18* Depot Paymaster. *AS. Druks Capt.*

Discharge approved for *24-12-18*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	<i>Form B</i>
E 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.....	" 6.....	
B 179c.....	B 120.....	M 93.....			

Date *23-12-18* Demobilization Officer. *AS. Druks Capt.*

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date *DEC. 24 1918* *R.H. Lat Capt.*
O. C. Discharge Depot.

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

Date *Dec 27/1918*

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

MEDICAL HISTORY

Surname *Liley*

Christian Name *John*

Table I.—GENERAL TABLE

Birthplace:—Parish *Saddle Island*

County *Newfoundland*

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on 19 day of Aug 1911	at St John	on day of 191	at
Declared Age	20 years	days	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	5 feet	1 1/4 inches	feet	inches
Weight		117 lbs.		ll s.
Chest Measurement	Girth when fully expanded	36 inches		inches
	Range of Expansion	3 inches		inches
Physical Development				
Vaccination Marks	Arm	Right	Right	Left
	Number		1 Bear	
When Vaccinated				
Vision	R. E.—V=	6/9	R. E.—V=	
	L. E.—V=	16/9	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>Lieutenant Paterson</i>			
(Rank)	Medical Officer			Medical Officer
Enlisted	at St John	at	on day of 191	
Joined on Enlistment	on 19 day of Aug 1911	Corps	Regtl. No.	
Transferred to	<i>Royal Nfld Regt 6063</i>			
Became non-effective by				
(Signature)	on day of 191		on day of 191	
(Rank)				

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 work at Fishing

his John + Lilly (wit J E Sinclair) mask *etc*
Signature of Man.

W. Dicks Capt

Reg. No. *6068*

Signature of the Vocational Officer or his Representative.

Place *St Johns N.Y.L.D*

Date *25/10/18.* 191

Lortuno

The Royal Newfoundland Regiment

Class for Demobilization:—
C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *NOV 29 1918*

Regimental No. *6063*.....

Name *Lilly John V.*

Address *Pushthrough
Fort St. George*

Present Medical Category..... *A.ii*

400A

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

Members of Board {
..... *R.H. Part Capt.*
O.C. Discharge Depot.
..... *P. Peterson*
Senior Medical Officer
..... *J.W. Burden*
M. O. Depot

86



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 *Lilley John*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6063*
 Intended address *Puckthrough*
 Height on discharge Feet
 Color of hair on discharge *Dark brown*
 Complexion *Fair*
 Color of eyes *Brown*
 Descriptive Marks *vaccination, three scars left arm*
 Figure on discharge *Normal*
 Christian name of Father *Charles*
 Christian name of Mother *Elizabeth*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Mar. 23rd. 1895; Puckthrough*
 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) *John Lilley*

(Rank) *Pfc*

Station Date

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.

[Signature]
 Medical Officer i/c Hospital.
 Unit or Command Depot.

Station Date

Rept for Service 6063

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Naptis on Aug 19 1915

1. Name John Lilly Age (a) Declared 22
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

up from
Comp 7th

6063

3. Height 5 ft 1 1/4 Weight 117
4. Eyesight (a) Left 6/9 (b) Right 6/9
5. Physical Defects (Examine after strenuous exercise) n

6. Examination of Lungs ~
Measurement (a) Expiration 33 (b) Inspiration 36

7. Examination of Heart ~

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)
Teeth
Throat
Nose
Ears (Otorrhea)
(Deafness)

10. Have you been successfully vaccinated, and when? yes 1st app 15 Jan

11. Name and address of next of kin 7 Peter Charlie Sadale Island

REMARKS—

A H

R W Burdell
Richard [unclear]
Medical Examiners.

ROYAL NEWFOUNDLAND REGIMENT.

Copy

Medical Examination held at St. Breton

Date 191

1. Name *John Lilly* Age (a) Declared *22*
(b) Apparent *22*

2. Do you know of anything wrong with you? *No.*

What severe illnesses have you had? *No.*

6063 ✓

3. Height *5' 3"* Weight *140*

4. Eyesight (a) Left *Normal* (b) Right *Normal*

5. Physical Defects (Examine after strenuous exercise)

No.

6. Examination of Lungs *Normal*

Measurement

(a) Expiration

33

(b) Inspiration

36 1/2

7. Examination of Heart *Normal*

8. Examination of Urine *Normal.*

9. Examination of Mouth—(Defective Speech) *No.*

Teeth *Normal*

Throat "

Nose "

Ears—(Deafness, Otorrhea) "

10. Have you been successfully vaccinated, and when? *No.*

11. Name and address of next of kin

REMARKS—

*Charles Lilly, father, Saddle Island
near Pookthrough.*

We consider this man $\left\{ \begin{array}{l} \text{Fit} \\ \text{Temporarily unfit for Military Service} \\ \text{Permanently unfit for Military Service} \end{array} \right.$

(If unfit, Form M.S.B., 10 A, should be filled and attached).

Aii

CM

A. E. Wilson

Medical Examiners.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Hilley, Regl. No. 6063
 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 ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz :

Allotment begins Sept. 1. 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1165	Father	Mr Charles Hilley	Saddle Island Hermitage Bay	- 60
Total Allotment, \$				- 60

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

(Sig.) L. J. Heeky
 Officer Commanding
9 Company
St. John's Nfld.
26/8/1918

(Sig.) John Hilley
 (Rank) Private
Sgt. Dunbar



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Hilley, Regl. No. 6063,
 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 ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:
 Allotment begins Sept. 1. 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6165	Father	Mr. Charles Hilley	Saddle Island Hermitage Bay	60
Total Allotment, \$				60

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

(Sig.) [Signature]
 Officer Commanding
 St. John's Mfd. Co. Company
 26/8/1918

(Sig.) ^{his} John Hilley
 (Rank) Private
Sgt. Hurd

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 Joseph A. Snow-Linet

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>6063</u>	Age on <u>22</u> years <u> </u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment } <u>St John's</u>	Religion	
Joined	Date		<u>CoFC</u>	
Joined	Date	Period of } with Colours <u>156</u> years.	Place of Birth	
Joined	Date			with Reserve <u>365</u> years.

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				U					
				<u>Demobilized</u>	<u>St John's</u>				<u>21 / 19</u>

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6063 Rank Pty Name Lilly John
 Date of Enlistment 19.8.18 Address Parade Ave District Fortune
 Occupation Fisherman Classification for Discharge f Medical Category AII
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	D 400A.....	B 1915.....	2	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....	2			

Date 20.12.18.....

W. C. Discharge Depot.
for

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

John hus Lilly Witnes
mark Peter

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 Joseph H. Knowlton.....

Date 20-12-18.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 390R to his home at Waltham and Release Certificate No. 5413 issued.

Date 20-12-18

CPDicks Capt
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 21-1-19

Date 21-12-18

M. Bowley Capt.
Depot Paymaster.

Discharge approved for 24.12.18

Forwarded with following documents to O.C Discharge Depot.

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

Date 23.12.18

CPDicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Date DEC 24 1918

R.H. Lat Capt
O.C. Discharge Depot.

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

Date Dec. 27/1918

M. Bowley Capt.
O.C.R

Reg. No. 6063 Rank Pfc Name Billy Johns
 Attested 19-8-18 Address Belle Mead, Fortune
 Allotment 60 Allottee Mrs Charles Kelly (Father)
 Date of Allotment 1-9-18 Returned from Overseas.....
 Embarked for Overseas Cause.....

Trace 20-8-18 1st 24-8-18 2nd 2-9-18 3rd 11-10-18
S. leave 11-9-18 to 25-9-18. Ret'd 3-10-18.

DEC 20 1918 PASSED TO DEMOBILIZATION OFFICER

DEC 24 1918 DISCHARGE APPROVED ON DEMOBILISATION