



A FIRST NEWFOUNDLAND REGIMENT I

ATTESTATION OF

No. 4435 Name Long Edward Corps C of E.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. <u>Edward Long</u> |
| 2. What is your full Address? | 2. <u>4 St. Hubert St. St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Cooper</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> |

Report 22-4-18

I, Edward Long 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.

Harry Edward Long SIGNATURE OF RECRUIT.
J. Raymond Signature of Witness.

Edward Long TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, 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 15 day of April 1918

Signature of Attesting Officer W. James Beut

†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 April 15 1918

Place St. John's

Signature of Approving Officer W. James Beut

† 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).....

A Long

C.R

4435

~~1810~~

C.R.

4435

Extract from Daily Orders Part II, Unit The Royal
Hfd. Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 29-6-19.

4435 Pte. Harry Long.

C.F. 4435

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 16th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 15-6-19.

4435 Pte. H. Lang.

4435

C.R.I. 4435

Extract from Daily Orders Part II Unit The Royal WFLD. Regt.
St. John's, June 14-6-19.

4435 Pte. Long, H.

Reported at Headquarters 1-6-19. Ex. "Gerscian" which
sailed Liverpool 22-6-19.

//

C.R. 4435

Extract from Daily Orders Part 11. from Unit The Royal Hfld.
Regiment, St. John's, dated June 14th 1918.

4435 Pte H. Long.

Embarked for Overseas with draft June 14th 11-6-18

C.R. 4435

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 16, 1918.

#4435 Pte. H. Long.

Attested for General Service with The Royal Newfoundland
Regiment, from 15/4/18 to report 27/4/18.

C.R. 4435

Extract from Daily Orders p rt 11, from Unit The Royal Lfid.
Regt. St. John's, dated May 1st. 1918.

#4435 Pte. Edward Long.

To report 27/4/18 reported 22/4/18.

The Royal Newfoundland Regiment

2443

DEMobilIZATION OF

Reg. No. 4435 Rank Private Name Long H.
 Date of Enlistment 15.4.18 Address Seymour District St. John's
 Occupation Cook Classification for Discharge Medical Category AI
 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 108	ME 2		" 6
B 179c	B 120	M 93		

Date 10.6.19
 O. C. Discharge Depot. H. Long H.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

H. Long

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

Amelior

Date 12-6-19

O i/c. Re-clothing

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4435 Rank Pvt Name Long H.
 Date of Enlistment 15.4.18 Address Sophia St District St John's
 Occupation carper Classification for Discharge Medical Category AI
 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 10.6.19

for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 12-6-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 2457 to his home at 48 Gilbert St. and Release Certificate No. 2457 issued.

Date 12-6-19 *J. A. Snow*
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 12-1-19

Date 12-1-19 *J. A. Snow*
Depot Paymaster.

Discharge approved for 15-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	<i>3 Form B</i>
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	
B179c	B 120	M 93			

Date 12-6-19 *J. A. Snow*
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 JUN 15 1919 *R.H. Sait Capt.*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date June 20 1919 *Amelia*
for O.C. Records

Reg. No. *4435* Rank *Plt* Name *Long, Ed.*
Attested Address *48 Gilbert St.*
Allotment Allottee
Date of Allotment Returned from Overseas *1.6.19.*
Returned on S.S. *Corsican* Cause *Discharge*

10-6-19
15-6-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P, or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Artillery* } Former Trade or Occupation } *Cooper*
2. Regt. No. *44353* Rank. *Pls* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Long* } (Surname) } *Henry* } (Christian Names) } *Ed*
5. Age last birthday. *20*
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? *nil*
9. If a Court of Inquiry was held on an injury state—
(a) When
(b) Where
(c) Opinion of Court
(d) Date of Discharge;
(e) Cause of Discharge.
(f) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (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 complains 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.

Repatriation

W. S. Proctor *Capt. Rame*
Inspector
 Medical Officer in charge of case.

Station *Wagley Basin*

Date *9/14/19*

* 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

FORM K

No 4346 A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Harry Edward Long, Regl. No. 4435 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins 6-6-18

Table with 4 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 4113, Mother, Mrs. Harry Nicholas (Mary) Long, 48 Gilbert St., St. John's, 50. Total Allotment, \$ 50.

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 Company A St. John's 6-6 1918

(S) Harry E. Long Pte. (Rank)

FORM K



No 4346 A



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I, Harry Edward Long, Regl. No. 4435
hereby agree, until further notification by me, and in similar official form to make an Allotment of
..... Dollars and Fifty 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 6-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4113	Mother	Mrs. Henry Nicholas (Mary) Long	48 Gilbert St., St. John's.	50
			Total Allotment, \$	50

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.) [Signature]
Officer Commanding
'A' Company
St. John's.
6-6 1918

(Sig.) Harry E. Long
(Rank) Pte.

To: - The Chief Paymaster,
Royal Newfoundland Regiment,
55 Victoria Street,
London, S.W.

Sir: -

Please charge the amount not opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year, commencing on the 1st July 1918.

Rgt. No.	Rank	Name	Amount	Signature
4435	Plt	Lang H	\$2.50	H Long

I have the honour to be, Sir,
Your obedient Servant.

Date

July 1/18

H. Long

Front

No. 15994/1700

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. Rgt.,
Winchester.

Handwritten: 1928
Signature: [Illegible]

October 3rd, 1918

9 OCT 1918 191

Subject: 4435, Pte. H.E.Long,

Receipt hereunder.

Signature: [Illegible]

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
OFFICER COMMANDING
Royal Newfoundland Regiment

LIEUT. COLONEL

With reference to the following telegram (8526) from the Hon. Minister of Militia, received

"Pay to 4435, Pte. H.E. Long, £4.8.5.

Received the sum of £4-8-5

Draft £4.8.5. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Handwritten: Four pounds eight shillings & five pence on account of cable remittance from Newfoundland.

Signature: [Illegible]
Chief Paymaster & O. i/c Records.

Signature: H. Long
No. 4431 Rank Pte

Witness

NEWFOUNDLAND CONTINGENT

From:

Signature: [Illegible]

Chief Paymaster & O. i/c Records

No. 21580/2481/P&A



N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: ~~Officer Commanding,~~
~~2/Bn. Royal Nfld. Regt.,~~
Hazeley Down Camp,
Winchester.

30th December, 1918

Subject: 4435, Pte. H. E. Long,

With reference to the following telegram (11141) from the Hon. Minister of Militia, received

"Pay to 4435, Long, £3.0.0.

Draft £3.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

R. J. Mercer
Chief Paymaster & O. 1/c Records.

C

Jan 3rd 1919

Receipt hereunder.

J. Seymour
OFFICER COMMANDING
2ND BN. ROYAL NEWFOUNDLAND REGT.
LIEUT. COLONEL
BAPTIST

Received the sum of £ 3.0.0.

Three Pounds — on account of cable remittance from Newfoundland.

Pte. H. Long

No 4435 Rank Pte

Witness R. J. Mercer. cpl

No. 1549/219/P&A.

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.

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

27th, January, 1919

Subject: 4435, Pte. H.E. Long,

With reference to the following telegram (783) from the Hon. Minister of Militia, received

"pay to 4435, Long, £6:0:0.

Draft £6:0:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

H.A. Minshall Maj.
Chief Paymaster & O. i/c Records.

Receipt hereunder.

H. E. Long
LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of £6.0.0
Six Pounds - on account of
cable remittance from Newfoundland.

H. E. Long

No. 4435 Rank Pte

Witness Cpl. R. J. Mercer.

Long, H.E.

4435

Ray sept.

June 29, 1919

#4436 Pte. Harry E. Long,

#48 Gilbert St.,

City.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2436.

Yours truly

Raymaster & C. I. / s Records. Captain,

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4435 Rank PL Name Long H
 Intended place of residence 48 Gilbert St St John

2. Occupation Cooper
 Classification of soldier E Medical Category A

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 JUN 12 1919
 Date ST JOHN'S
 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 JUN 12 1919
ST JOHN'S
 Signature of soldier H E Long
 Signature of witness J. A. Howley Capt

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST JOHN'S
JUN 12 1919
 Signature of soldier H Long
 Signature of witness James O'Neuman

STATEMENT OF SERVICE

7. Enlisted for service 13-4-18 No of days on Military
 Discharged from service JUN 15 1919 see 14 days Service 441.....

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
JUN 15 1919
 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
 Date June 29/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

L. A. F. B. 2099/436

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 20th. 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 *John Harry* 2. Surname *Long*
3. Rank *File* 4. Regtl. No. *44435*
5. Address in full to which future payments of gratuity are to be forwarded *48 Gilbert St. St. John's*
6. Date of enlistment in the Regiment *Apr. 15/18*
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 field, if so, give dates and particulars of such service *Overseas*
12. Give total length of time which you served on active service, whether in field or overseas *From Apr. 15/18 to June 13/19* 13.

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.

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.? If not give:- (a) Date of discharge

June 12/19
Temporary

No

(b) Reason for discharge
Demobilization

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

No

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

No

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

H. Long

Signature of Applicant:

Place of Residence: 48 Gilbert St. N. John's

Declared before me at: N. John's, W.I.L.D.

This 12th day of June 1919
John W. Cayley

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

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

Faint background text and markings, including "PRINTED" and "NO. 100".

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4435 Rank PM Name Long A.
 Date of Enlistment 15.4.18 Address St Johns District St Johns
 Occupation Loop Classification for Discharge Medical Category A I
 Recommendation S. M. B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. 1 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 10.6.19 O. C. Discharge Depot. H. Long

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

H Long

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 Ambleton

Date 12-6-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at 48 Gilbert St. St Johns and Release Certificate No. 2657 issued.

Date 12-6-19 *J.A. Lawless*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to _____

Date 12-6-19 *J.A. Lawless*
Depot Registrar.

Discharge approved for. 15-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 3404	B 122	Board 1st	" 2	<i>3 Form B</i>
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 108	ME 2		" 6	
B179c	B 120	M 93			

Date 12-6-19 *J.A. Lawless*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 15 1919 *R.H. Salt 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

H. Long

Signature of Man.

Reg. No. *4435*

J. A. Snowloff

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

12-6-19

191

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

MEDICAL HISTORY

OF

Surname Long

Christian Name Sty Edward

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns

County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>15th</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191	
	at <u>St Johns</u>		at _____	
Declared Age	<u>19</u> years — days		years	days
Trade or Occupation	<u>Cooper</u>			
Height	<u>5</u> feet	<u>8</u> inches	feet	inches
Weight	<u>130</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>35 1/2</u> inches			inches
	Range of Expansion... <u>2 1/4</u> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number	<u>2 Scars</u>		
When Vaccinated				
Vision	R. E.—V= <u>6/18</u>		R. E.—V=	
	L. E.—V= <u>6/15</u>		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lammot Paterson</u>			
(Rank)				
Enlisted	at <u>St Johns</u>		at _____	
	on <u>15th</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Nfld Regt</u>			<u>4th 35</u>
Transferred to				
Became non-effective by				
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

The Royal Artillery Regiment

DEMOBILIZATION

No. 443 Rank

Name

Long A

Warned for demobilization on

JUN 12 1919

HAMMERMILL
BOND



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 *Harry Edward Long*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *4435*
 Intended address *48 Gilbert St. St Johns.*
 Height on discharge *5* Feet *7*
 Color of hair on discharge *Dark*
 Complexion *Ruddy*
 Color of eyes *Blue*
 Descriptive Marks _____
 Figure on discharge *Medium*
 Christian name of Father *Henry*
 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 Johns. 27th Aug 1898*
 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) *Pte H E Long*

Pte
(Rank)

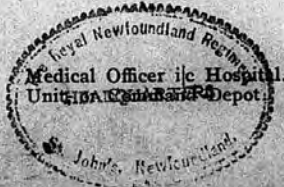
Station **ST. JOHN'S**

Date *10/6/19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station

Date



The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.6.19

Regimental No 14435

Name Long Harry Edward Rank Pte

Address 48 Gilbert Street St Johns

Present Medical Category A1

Recommended for :- { (a) Immediate discharge
(b) ~~Standard Medical Board~~

Members of Board {

R.H. Last
O.C. Discharge Depot.

M. A. ...
Senior Medical Officer

M. O. Depot
M.O. Depot

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 Land* 7. Former Trade or Occupation } *Cooper*
2. Regtl. No. *1st 35* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *W. J. Henry Edwards* (a) Former Regts. or Corps; with Regtl. Nos.
(Surname) *Do* (Christian Names)
5. Age last birthday.....
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
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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."
nil
11. Date of origin of disability.
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 complains of no disability

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—
- (a) Discharge as permanently unfit ?
 - (b) Change to United Kingdom ?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation
W.S. Proctor
Captn Name

Station *Hoxley, Bourne*

Medical Officer in charge of case.

Date *9/14/19*

* 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.

"OPHTHALMIC DEPARTMENT."
Military Hospital,
Winchester.

Aug 27th 18.

To :-

Medical Officer i/c

R. W. Fed.

Hazle, Dorn

4435. Plt Long. H.E.

Please cause this man to attend here in ⁹~~two~~ days' time (Sunday excepted) for spectacle fitting. He should bring with him Army Book 64 and Medical History Sheet for the necessary entries to be made therein.

Recd.
M. K.
10.4.18

Robert Lockhart
Captain
Ophthalmic Surgeon.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheets one

Regiment of The Royal Rifles

Signature of O. C. Company W. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>1st Bn Coy E Long</u>	Age on	19 years - months	<u>Cooper</u>		
Joined		Date	Place and Date of Enlistment	Religion		
Joined		Date	} with Colours	<u>St. John's</u>		<u>C. of E.</u>
Joined		Date	} with Reserve	<u>25-4-18</u>		Place of Birth
Joined		Date	}	<u>26 years.</u>	<u>St. John's</u>	
Joined	Date	}	<u>36 1/2 years.</u>			

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<p style="font-size: 2em; font-family: cursive;">Demobilized St. John's, 29/7</p>									

To be carried over

Army Form B. 121.

ST. JOHN'S, JUN 13 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pt. H Long
48 Gilbert St.

Billeting Soldiers as undermentioned

from June 6/19 to June 15/19

4436 Pt H Long 9.40

ACCOUNT	<u>B. M.</u>
CN NO	<u>23395</u>
IND LEDGER	<u>2</u> INIT. LB
PAY LEDGER	INIT. S
GEN LEDGER	INIT. LB

Certified correct for \$ 9.40

J. J. Snow Capt.
Billeting Officer.
Pt H Long

C.C.T.