



4 THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4600 Name Edward Malone Corps R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Edward Malone
2. What is your full Address? 2. Signal Hill Rd
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 30 Years 0 Months
5. What is your Trade or Calling? 5. Master Pilot
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 Malone 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.

22-18 Ed Malone SIGNATURE OF RECRUIT.
J. Dymond Signature of Witness.

Edward Malone 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 on this 22 day of April 1918 & Geo. Hartley Major
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 April 22 1918 }
Place St John } 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)

Report 29-4-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Edward Malone
 Apparent age 30 years months. Height 5 feet 6 1/2 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 Miss E. Malone
Signal Rgt. | Relationship Sister
 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 L'epot	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>22-4-18</u>									<u>Large Capt. 5 7/8.</u> <u>Serjt. 21-12-18</u> (while employed as detail tender) <u>Cor. Capt. 22.4-19</u>
Joined at <u>St. John's</u> on <u>April 22-1918</u> & <u>discharged June 29/19</u>									
				<u>To report for duty 29-4-1919.</u>					
				<u>Embarked St. John's N.S. Colombia to Halifax N.S. 22-4-19</u>					
				<u>To Newfoundland for demobilization 22-5-1919.</u>					
				<u>Arrived Newfoundland 1-6-1919.</u>					
				<u>Demobilization St. John's 29 7/19</u>					

Total Service forfeited as above.....

Total Service towards Engagement to 29-6-1919 (date of discharge) 1 years 62 days
 " " Pensions " " " " " " " " " " " "

C.R. 4600

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
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.

4600 Sgt. Edward Malone.

C.R. 4600

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 C.G. Discharge Depot with effect from 15-6-19.

4600 Sgt. Edward Malone.

C.R. 4600

Extract from Daily Orders Part 11 Unit The Royal W^hink.
Regt. St. John's, June 14th, 1919.

4600 Sgt. Edward Malone.

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

C.R. 4600

Extract from Orders by Lt. Col. B.J. BARTON, D.S.O. ^Y

COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT.

22/4/19.

The undermentioned N.C.O. is confirmed in rank as from

22/4/19.

4600, L/C.(A/Sergt) E. Malone as Sergt.

C.R. 4600

2

Extract from Daily Orders Bae by Lt.Col. B.J.Barton,
D.S.O. Commanding 2nd Bn. Royal Mfld. Regt 10-3-19.

4600 Pte. Malone

To be L/Cpl. from 8-8-18.

C.R. 4600

Extract from Daily Orders part II, from U of the Royal
Newfoundland Regiment, St. John's, dated May 6th, 1918.

#4600 Pte. E. Malone.

To be Lance Corporal from 4/5/18.

C.R. 4600

Extract of Orders by LT. COL. P.J. BARTON, D.S.O.,
Commanding 2nd Battalion Royal Newfoundland Regiment.

FEB-2 1919

The following to be Acting Sergeant while employed as
Assistant School Teacher with effect from December 21st 1919.

4600 L/C. Malone.

C.R. 4600

2
Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 28, 1918

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

#4600 B/Upl. Edward Malone.

C.R.

4,608

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

#4600 Pte. Edward Malone.

Attested for General Service with the Royal Nfld. Regt. from
23/4/18.

C.R. 4600

Extract of Daily Orders part 11, from Unit The Royal Wfla.
Regt. St. John's, dated April 23, 1918.

#4600 Pte. Edward Malone.

Attended for General Service with the Royal Wfla. Regt. from
22/4/18 to report 29/4/18.

E J Malone

C.R. 4600

~~FIXED~~

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 } *master pilot*
or Occupation }
2. Regtl. No. *400* 3. Rank. *Sgt* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name *Milroy* *Edward*
(Surname) (Christian Names)
5. Age last birthday *32*
6. Posted for duty on *April 22, 1918* at *S. 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
(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*

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? }

The 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.

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.

Discharge with Repatriation

W.E. Proemier. Capt Name

Station *H. A. G. Coy. 1st Bn.*

Medical Officer in charge of case.

Date *23/4/19*

* 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 invalidated, 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.

nil
nil

22. State whether the disabilities are:—

- (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:

(a) Attributable to (b) Aggravated by

.....
.....
.....
.....
.....

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

na.

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.

na.

21. (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?

nil

na.

25. If an operation was advised and declined, was the refusal unreasonable?

na

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?

Deactivation

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?

no

28. Is treatment being recommended on Army Form B. 179c?

no

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?

na.

Signatures:—

Station

Hugh Don Cant

Date

23. 4. 19

W. E. Procunier } President or Chairman.
W. E. Procunier } Members.

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

Station

Officer in charge, Central Hospital.

Date

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

O.C. Discharge Centre.

Date

} Only applicable in cases of Patients in Hospitals.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Edward Joseph Malone, Regl. No. 4600 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Seventy 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 16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4308	Sister	Miss Gertrude Malone	Signal Hill Rd. St. John's	70
Total Allotment, \$				70

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
10-6-1918

(S) S.D. Malone
(Rank) Home Corporal

34/19.

MEMORANDUM.

From Officer Commanding,
2/Bn Royal Nfld Regt.,
Hazeley Down Camp,
Winchester.

To Chief Paymaster & O.i/c R.
58 Victoria Street,
London, S.W.1

From C.P.&O.i/c Records,
Newfoundland Contingent
58, Victoria Street, SW.

To Officer Commanding,
2nd. Bn. R. Nfld. Regt.
Hazeley Down Camp, Hants.
FM/MN ANSWER. 4433

Hazeley Down Camp.

March 13th 1919

4600 E. Malone.

Nominal Roll of W.O's &
N.C.O's received from you shows
4600 E. Malone as Pte. A/Sgt.

He came here as a Lance
Corporal on 8-8-18 and I have
put his promotion in orders as
from that date.

I have since been informed
by O.C. "B" Coy that he has been
drawing L/Upls pay as from
4-5-18.

Please furnish necessary
information to enable me to
amend records here.

J2099

J. J. Barton

LIEUT. COLONEL.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Pay & Record Office

19th. March, 1919

Nominal Roll of Reinforce-
ment Draft No. 21, shows this
Soldier as Lance Corporal.

His promotion to that rank
appears in H.Q. Daily Orders
No. 77. 6/5/18 to be Lance
Corporal from 4/5/18.

He should have been describ-
ed in the Nominal Roll sent to
you as Lance Corporal, Acting
Sergeant as per Daily Order,
2nd. Bn. R. Nfld. Regt., giving him
that appointment with effect
from 20/12/18 whilst employed
as School Teacher, please.

J. H. M.

Captain
Asst. Paymaster
Chief Paymaster & O i/d Records

Malone, E

4600

Ray sept.

June 29, 1919

#4600 Sergt. Edward Malone,
Signal Hill,
City.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2416.

Yours truly

Captain,
Paymaster & U.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4600 Rank Serjant Name Malone, Ed
 Intended place of residence Signal Hill St Johns
2. Occupation Master pilot
 Classification of soldier E Medical Category A7
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 12 1919
 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
JUN 12 1919
 Signature of soldier Ed. J. Malone
 Signature of witness J. J. Bowley

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 Ed. J. Malone
 Signature of witness J. J. Bowley

STATEMENT OF SERVICE

7. Enlisted for service 22-4-18 No of days on Military Service 434
 Discharged from service JUN 15 1919 Plus 14 days

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

A.F. B2079/2416

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

Ede. J. Malone
Signature of Man.

Reg. No. 4600

J. H. Shawlcraft
Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date 12-6-19

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The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 1600 Rank Serjt. Name Malone, Edgar
 Date of Enlistment 22-4-18 Address Seguel Hill District St. John's
 Occupation Master Pilot Classification for Discharge F Medical Category A
 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 11-6-19 for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Edg. G. Malone

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable A60.

(b) Clothing Supplied _____

AM Olinster

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 Signal Hill, Md. and Release Certificate No. 2650 issued.

Date 12-6-19

J. A. Snowleft

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. H. Minors

Depot Paymaster.

Discharged approved for 15-6-19

Forwarded with following documents to O. C. Discharge Depot.

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
B179c	B 120	M 93		

2 Form B

Date 12-6-19

J. A. Snowleft

O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer's Records.
Board of Pension Commissioners.

with following additional documents.

JUN 15 1919

Eligible for War Service Gratitude

R. H. Sait Capt.

Date

O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization: 7/6/

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date: 10.6.19

Regimental No. H 600

Name Malone Ed.

Rank Sgt.

Address Signal Hill Rd.

Present Medical Category A1

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

Members of Board

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

Robinson
Senior Medical Officer

Dee Bee Lee
M. O. Depot

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

MEDICAL HISTORY

OF

Surname Malone Christian Name Edward

Table I.—GENERAL TABLE.

Birthplace:—Parish S. Johns County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	22 day of Apr 1918	S. Johns	day of	191
Declared Age	30 years	— days	years	days
Trade or Occupation	Master Pilot			
Height	5 feet 6 1/2 inches		feet	inches
Weight	124 lbs.			lbs.
Chest Measurement	Girth when fully expanded	34 inches		inches
	Range of Expansion	1 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	2 Scars			
When Vaccinated	1 year ago			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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>L. Edmund Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at S. Johns	at		
	on 22 day of Apr 1918	on	day of	191
Joined on Enlistment	Corps. <u>The Royal Hbco</u>	Regtl. No. <u>Nfld Regt</u>	Corps.	Regtl. No.
Transferred to				
Became non-effective by	on	day of	191	on
			day of	191
[Signature]				
[Rank]				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
30-4-18	<i>None do</i>
10-5-18	T. A. B. <i>do</i>
17-5-18	<i>do do</i>
25-5-18	<i>do do</i>

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 6 for Discharge on Demobilisation. Medical category 10.6.19

10.6.19
Date of T.M.B. *[Signature]*
Discharge of *[Signature]*

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

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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 Hampshire* Former Trade or Occupation } *Master-Pitcher*
2. Regtl. No. *5600* 3. Rank. *Sgt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Malone Edward* (a) Former Regts. or Corps with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *32*
6. Posted for duty on. *27 Apr 1918* at *S. Johnston* 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 forwarded 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. *See*
12. Place of origin of disability. *See*
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. *See*

14. State whether the disabilities are:
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | ..... | ..... |
| (ii.) Previous active service | ..... | ..... |
| (iii.) Climate in pre-war service | ..... | ..... |
| (iv.) Ordinary military service before the war | ..... | ..... |
| (v.) Serious negligence or misconduct on the man's part. | ..... | ..... |

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

No Complaints of no disability

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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?

Discharge UK.

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

Restoration UK

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

W.E. Proemier *Capt R.D.M.C.*

Station *Mazeley Brun*

Medical Officer in charge of case.

Date *23/11/14*

* 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.

nil
nil

22. State whether the disabilities are:—

- (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:

(a) Attributable to (b) Aggravated by

.....
.....
.....
.....
.....

N.A.

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

N.A.

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.

N.A.

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?

Nil

na.

25. If an operation was advised and declined, was the refusal unreasonable?

na.

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?

Demobilisation

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 invalidated 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?

no

28. Is treatment being recommended on Army Form B. 179c?

no

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?

NA.

Signatures:—

Station *Hazeley Down*

Date *27.3.19*

ppk }
Major Daddos }
Major C. G. D. }
H. E. Trocumin Cap. Rame }

President or Chairman.

Members.

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

Station

Officer in charge, Central Hospital.

Date

Only applicable in cases of Patients in 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.

FORM K

No 4440



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Edward Joseph Malone, Regl. No. 4600
hereby agree, until further notification by me, and in similar official form to make an Allotment of
Seven Dollars and Seventy 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

16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4308	Sister	Miss Gertrude Malone	Signal Hill Rd. St. John's	70
			Total Allotment, £	70

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
A Company
St. John's
10.6.1918

(S) E. J. Malone
(Rank) Lance Corporal

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... *Malone*
3. Rank... *Serjt* 4. Regtl. No... *4600*
5. Address in full to which future payments of gratuity are to be forwarded... *of Mrs. Clukey, Signal Hill, City*
6. Date of enlistment in the Regiment. *Think 26/4/1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
- *not applicable*
8. Relationship of such dependents..... *not applicable*
9. Address in full of such dependents..... *not applicable*
-
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*
11. Were you on active service only in Hfld. If so, give dates and particulars of such service... *no*
-
12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *1 year 50 days*
- *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?

..... *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?

..... *not applicable*

19. Are you now serving in the Rest?

..... *yes*

If not give:- (a) date of discharge

..... *15/6/19*

(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.

Signature of Applicant: *Ed. J. Malone*
 Place of Residence: *Siguel Hill, S^t Johns*
 Declared before me at: *S^t Johns*
 This *13th* day of *June* 19*17*.....

Chas. O'Neil *Not. Pub.*
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

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

SEPARATION ALLOWANCE.

Claimant..... *Gertrude Malone (Sister)*

On account of *Edward J. Malone* No. *4600*, Rank. *Sgt*....

Decision..... *Refused*

Date..... *July 24/1919*
..... *A. E. Newman*
..... *W. P. Readell* *Adj. Col.*
..... *M. Bowley* *Capt*

Instructions.....
.....
.....

Allotment of *70[¢]* per day payable to *Gertrude Malone*
his *Wife* from *16-6-18* to *29/6/19*.
Discontinued on account of *Being Discharged*.
..... *S. Sgt. L. R. R.*

4440
16-6-18
Dis 29/6/19

(SISTER)

NEWFOUNDLAND CONTINGENT.

SEPARATION ALLOWANCE BRANCH
(Information for Board of Review)

NOTICE.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. Each statement is considered as being made on Oath, and the Form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to:-

THE PAYMASTER,
Separation Allowance Branch,
St. John's Newfoundland.

x *Edward Malone Sgt. 1st Regt. 4600*

1. Name in full of Soldier. Rank Reg't. or Unit. Reg. No.

2. Age of Soldier *33* Married or Single *Single*

3. Name in full of sister of Soldier. Age Occupation Permanent Add. *Gertrude Malone 22 Book Keeper Signal Hill Road*

4. Give name of Father and Mother. Age Occupation Permanent Address *Both dead*

5. Names of other Brothers and Sisters. Address in full Occupation Married or Single *none living ex 50th 35*

6. State amount earned by you per month. *\$6.00 per week or 24.00 month*

7. Are you a chronic invalid and incapacitated? State nature of illness. (Medical certificate must be enclosed with this Declaration stating from what date applicant has been incapacitated and for how long incapacity is likely to continue. *no*

8. State amount and source of any other income. *Helped by brother Edward*

9. What is the value of your (A) real property (B) personal property. *none*

10. Are you married? *no*

11. State actual amount contributed by soldier during the year prior to enlistment. *240.00*

12. Was this amount contributed weekly or monthly. *monthly*

13. Did this amount include payment of Brother's Board &c.? *no*

14. State your brother's trade or occupation prior to enlistment. *Pilot*

15. With whom are you residing at present? *married Sister*

16. State amount of his wages per week. *Fifteen Dollars.*
17. State name and address of his last employer. *Pilot Corn?*
18. State amount of support monthly from brother since enlistment. *Twenty one Dollars. (Allot.)*
19. State amount of "Allotment" received by you from brother monthly. *\$21.70.*
20. From what date have you received Allotment. *April 24. 1918.*
21. Actual amount contributed by other Brothers and Sisters. } Weekly Monthly.
None.
22. If not receiving support from other brothers and sisters, state cause. *Sister married
No. Other Brother*
23. Have you made previous claims for Separation Allowance, if not, why? Give particulars. *No.
was not acquainted with rules.*
24. Was the soldier at the time of his enlistment an employee of the Nfld. Government? *No.*
25. In what capacity _____
and
In what place. _____
26. Is he in receipt of a salary as such while serving in the Nfld. Regiment, if so, how much. *No.*
27. Are you already in receipt of Separation Allowance from any source? if so, how much? *No.*
28. Are you in receipt of Payment from any Patriotic Fund, if so, how much? *No.*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the Evidence Act.

Signature of Applicant. *Gertrude Malone.*

Place and Residence. *26 Signal Rd. St. John's*

Declared and subscribed before me at *St. John's*

this *22nd* day of *July* 19*18*.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *James A. Hall*

This application must be signed by two responsible Parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge, after careful enquiry, the above statements are correct, and the Soldier above mentioned is the sole support of the applicant.

Signature of Clergyman. *William P. Le. Kitchen*

Signature of Member of Patriotic Fund Committee. *Chas. Hunt*

Sept. 17, 1919

Miss Gertrude Malone,
Signal Hill Rd.,
CITY.

Dear Miss Malone:-

Referring to your application for Separation Allowance, I have been directed to inform you that same cannot be granted, as you are not incapacitated, and according to the Regulations, you cannot be considered to be totally dependent upon your brother.

Yours truly,

Major & Paymaster.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Edward Joseph Malone, Regl. No. 4600
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and Seventy 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 16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4308	Sister	Miss Gertrude Malone	Signal Hill R ^g St. John's	70
			Total Allotment, \$	70

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.) J. Cummings
 Officer Commanding
A Company
St. John's
10-6-1918

(Sig.) E. J. Malone
 (Rank) Home Corporal

ST. JOHN'S,

JUN 13 1919

Royal Newfoundland Regiment.

Billeting Account,

To Serjt E Malone
Signal Hill 119

Billeting Soldiers as undermentioned

from June 1/19 to June 14/19

4600. Serjt. E. Malone 15.50

ACCOUNT	<u>B & M</u>
NO	<u>23328</u>
INITIALS	<u>EW</u>
PREPARED BY	INITIALS
PAY LEADER	INITIALS
GEN LEAD	INITIALS

Certified correct for \$ 15.50. E. Malone

J. A. Snow
Billeting Officer.

2/15/19

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
59.

Regiment of *Royal Newfoundland*

Number of Sheet *624*

Signature of O. C. Company *J. James*

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay	
No.	<i>41000 Malcolm Ed.</i>	Age on	30 years - months	Trade	<i>Pilot</i>	4-5-18	<i>Promoted Lance Corporal</i>
Joined	Date	Place and Date of Enlistment	<i>St John's 22.4.18</i>	Religion	<i>R. C.</i>	<i>21-12-18 do</i>	<i>Pt Sergeant</i>
Joined	Date	Period of } with Colours } with Reserve } 69 years. 365 years.		Place of Birth	<i>St John's</i>	<i>22-4-19 do</i>	<i>Corporal</i>
Joined	Date						

W.P. James
CAPTAIN
2nd BATTAL ROYAL NEWFOUNDLAND REG'T.

H. H. H.
1st BN ROYAL NEWFOUNDLAND REG'T.

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>29</i>	<i>6</i>		<i>79</i>

To be carried over

54600

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 1600 Rank Sergeant Name Malone, Edward
 Date of Enlistment 25-4-18 Address Seguel Hill District St. John's
 Occupation Master Pilot Classification for Discharge F Medical Category H
 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 11-6-19 for O. C. Discharge Depot. Mrs H.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Edw. J. Malone

Particulars passed to Vocational Officer for information and action.

Date 25-10-18

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £60.00
- (b) Clothing Supplied AM [Signature]

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 Sydney Hill Johnson and Release Certificate No. 2650 issued.

Date 12-6-19 *J. A. Sawloff*
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 12-1-19 *H. M. [Signature]*
Depot Paymaster.

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

N.F. P136	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
B179c	B 120	M 93		

2 Form B

Date 12-6-19 *J. A. Sawloff*
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
R.H. Sait Capt.

Date JUN 15 1919
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date June 20/19 *[Signature]*

Reg. No. *4600* Rank *Sgt.* Name *Maloney, E.*
Attested Address *Signal Hill Rd.*
Allotment Allottee
Date of Allotment Returned from Overseas *29. 1. 19.*
Returned on S.S. *Conicau* Cause *Discharge*

11-19
15-6-19.
PASSED TO DEMOBILIZATION

DISCHARGE APPROVED ON DEMOBILISATION



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 *Edward Malone*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4600*

Intended address *Signal Hill, St Johns.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

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 *St Johns. 18th June. 1895*

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 Malone*

Sgt
(Rank)

Station

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.

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station

Date