



4 THE ROYAL NEWFOUNDLAND REGIMENT/

ATTESTATION OF

No. 4693 Name Robert Manning Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Robert Manning
2. What is your full Address? 2. 80 Forest Rd
3. Are you a British Subject? 3. yes
4. What is your age? 4. 18 Years Months
5. What is your Trade or Calling? 5. clerk
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, Robert Manning 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.

Robert Manning SIGNATURE OF RECRUIT.

J. Day Signature of Witness.

A
25-4-18

Robert 15-5-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert Manning do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at St John's on this 25 day of April 1918

Signature of Attesting Officer J. James

†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 25 1918
Place St John's } 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 Robert Manning
 Apparent age 18 years months. Height 5 feet 6 1/2 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 Michael Manning, 85 Forest Rd, St Johns | 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 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. Pny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>25-4-18</u>									Leave left. 11 ¹⁰ / ₈
Joined at <u>St. John's</u> on <u>April 25-1918</u>									
Discharged June 29 1919									
To report for duty, 15-5-1919									
To transport Embarked St John's train to Halifax N.S. 11-6-18.									
To Newfoundland for demobilization 22-5-1919									
Arrived Newfoundland 1-6-1919									
Demobilization St John's 29-6-1919									

Total Service forfeited as above.....

Total Service towards Engagement to 29-6-19 (date of discharge) years days
 " " Pensions " " " " " " " " " " " "

C.R. 4693

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

4693 L/Cpl. Robt. Manning.

C.R. 4693

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

4693 L/Cpl. R. Manning.

Reported at Headquarters 1-6-19 Ex "Corsican" which sailed
Liverpool 22-5-19.

C.R. 4693

Extract from Daily Orders Part II Unit The Royal WFLA.
Regt. St. John's, June 18th, 1919

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

4693 E/sgt. R. Manning.

4893

CR. ~~4695~~

Extract from Daily Orders & roll, from Unit The Royal
Wild. Regt. St. John's, dated June 18, 1918

³
#4696 Pte. R. ~~M~~anning.

Admitted for service with draft June 11th, 1918.

C.R.

4693

Extract from Daily Orders Part 2 By Lt. Col. B.J.
Barton, D.S.O. Commanding 2nd Bn. Royal Mfld. Regt.
Date not legible.

Ref. Battn. Orders Part 2 Promotions and After Orders
"Correction" dated 10-10-18 are cancelled and the following
substituted.

To be Lance Cpl. "G" Coy.

4693 Pte. R. Manning.

MM.

C.R. ~~4687~~

4693

Extract from Daily Orders part 11, from Unit The Royal Nfld. Regt
from St. John's, dated May 15, 1918

~~4687~~ Pte. R. Manning

4693

Attested for report later. Reported to Headquarters for
duty from this date

C.R. 4693

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated April 26, 1918.

#4693 Pte. Robert Manning,

Attested for General Service with the Royal Nfld. Regt.
from 25/3/18. to report 15/5/18.

R Manning

C.R. 4693

1890

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*
2. Regtl. No. *4693* 3. Rank. *Pte*
4. Name *Manning* *Robert*
(Surname) (Christian Names)
5. Age last birthday. *18*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Cook*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil
nil
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.)

*Re Complaint of m
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. E. Procunier. Cap/Rank
Medical Officer in charge of case.

Station ... *Hazelerydown*
Date ... *8.1.19*

* 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.

No. 21646/2528/P&A



066038

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:

FE
Officer Commanding,
2nd Bn. Royal Nfld. Regt.,
Hazeley Down Camp,
Winchester.

30th December, 1919

Copy 3rd 1919

Subject: 4693, L/C. R. Mannings.

With reference to the following telegram (11296) from the Hon. Minister of Militia, received

Receipt hereunder.
J. Seymour *for*
LIEUT. COLONEL.
Officer Commanding
COMMANDING 2nd Bn. ROYAL NEWFOUNDLAND REGT.

"Pay to 4693, Manning, £10.0.0.

Draft £10.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of £10.0.0
Ten Pounds — on account of
cable remittance from Newfoundland.

H. Marshall
Chief Paymaster & O. i/c Records.

E. Manning
No. 4693 Rank L/cpl.
Witness col. R. Mercer

o

No. 4845/706

N.F.F./79.

From: NEWFOUNDLAND CONTINGENT

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

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

27th March 1919

March 31st 1919

4693 L/Cpl Manning R.

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (99)

J. Pouchard
for LIEUT. COLONEL
Officer Commanding 2nd Bn. Royal Newfoundland Regt.

"Pay to- 4693 Manning
£4. 0. 0.

Received the sum of £4.0.0
Four pounds in respect of

telegraphic remittance from the
Minister of Militia.

Cheque £4. 0. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Lt C. Manning

Chief Paymaster & O. i/c Records.

No. 4693 Rank Lt

Witness George Perry

e.

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

Sir: - Please charge the amount set opposite my name to my account and pay it to the N.W.S.A. "Prisoners of War Fund" in quarterly instalments for the period of the year, commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4693	Lt	Manning R.	\$250	R. Manning

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

R. Manning

Date

July 1/18

Manning; Robert

4693

May 20th.

June 29, 1919

#4693 L/CPL. Robert Manning,

#85 Forest Road,

City.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2424.

Yours truly

Captain,
Paymaster & O. I. c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4693 Rank Platoon Name Manning R
 Intended place of residence 85 Front Rd St Johns
 2. Occupation blank
 Classification of soldier E Medical Category A 1
 3. The above named man is discharged in consequence of... **DEMOLIZATION**

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 for Major Commanding Discharge Depot
 Date JUN 12 1919 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 W. Manning Signature of soldier
JUN 12 1919 Amo Lusk 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 W. Manning Signature of soldier
JUN 12 1919 James O'Sullivan Signature of witness SM

STATEMENT OF SERVICE

7. Enlisted for service 25-4-18 No of days on Military
 Discharged from service... JUN 15 1919 plus 14 days Service 431

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S RH Sait Major Officer Commanding Discharge Depot
 Date JUN 15 1919 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld W. Bowley Capt Officer in Charge
 Date June 29/1919 The Royal Newfoundland Regiment

Handwritten notes at the bottom of the page, including "2079/2014".

The Royal Newfoundland Regiment

Class for Demobilization:

B.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.6.19

Regimental No. 4693

Name Inaming Robt. Rank Appl.

Address 85 Forest Road

Present Medical Category A1

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

Members of Board

R.J. Last Capt
O.C. Discharge Depot.

L. Paterson
Senior Medical Officer

G.W. Borden
M.O. Depot

The Royal Ald. Regiment

DEMOBILIZATION

No. 4693 Rank

Name Manning

Warned for demobilization on

JUN 12 1919

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4693 Rank PTE Name Manning R
 Date of Enlistment 25.4.16 Address Sydney's District Sydney's
 Occupation Plk K Classification for Discharge 6 Medical Category AI
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 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.

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 \$6000
 (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. _____ to his home at 85 Park Road, York and Release Certificate No. 2655 issued.

Date 12-6-19 *J. H. Snowball*
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 29-6-19.

Date 12-6-19 *J. H. Snowball*
Depot Paymaster.

Discharge approved for 10-6-19
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 349A	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. H. Snowball*
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. [Signature]*
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

R. Manning
Signature of Med.

Reg. No. *4693*

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

Place *ST. JOHN'S.*

Date *12-6-19*

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

MEDICAL HISTORY

OF

Surname Manning Christian Name Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>25th</u> day of <u>April</u> 191 <u>8</u> at <u>St John's, Nfld.</u>		on day of 191	
Declared Age	<u>18</u> years — days		years	days
Trade or Occupation	<u>Clerk</u>			
Height	<u>5</u> feet <u>6½</u> inches		feet	inches
Weight	<u>147</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>36</u> inches		inches	
	Range of Expansion... <u>3</u> inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>4/6</u> L.E.—V= <u>6/6</u>		R.E.—V= L.E.—V=	
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>James Barron</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's, Nfld.</u> on <u>25th</u> day of <u>April</u> 191 <u>8</u>		at on day of 191	
Joined on Enlistment	Corps.	<u>The Royal Nfld Regt.</u>	Corps.	
	Regtl. No.	<u>4693</u>	Regtl. No.	
Transferred to				
Became non-effective by	on day of 191		on day of 191	
[Signature]				
[Rank]				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of epidemic, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special epidemic case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazelby Down	29	1	19	6	2	19	Influenza	8	Discharged to duty.	<i>G. S. P. Twiss</i> CAPT. R.A.M.C.



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

Robert Manning

Regiment from which discharged

Royal Newfoundland

Regimental number

H693

Intended address

87 Forest Road, St John's

Height on discharge

5 Feet *7*

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

—

Figure on discharge

medium

Christian name of Father

Michael

Christian name of Mother

Budget (stepmother)

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

St John's, Jan. 11th, 1901

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)

Robert Manning

(Rank)

Station

ST. JOHN'S.

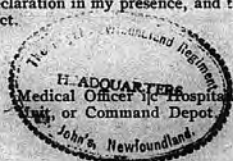
Date

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



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 } *Clerk*
or Occupation }
2. Regtl. No. *6933* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Manning Robert*
(Surname) (Christian Names)
5. Age last birthday *18*
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 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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service.. .. . | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, 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.)

The complainant 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?

Repatriation

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

W. E. Proctor, Capt. R.A.M.C.
 Medical Officer in charge of case.

Station *Hazely Bourne*

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

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name... *Robert* 2. Surname... *Manning*
3. Rank... *2 Cpl.* 4. Regt. No... *4693*
5. Address in full to which future payments of gratuity are to be forwarded... *85- Forest Rd, St. John's*
6. Date of enlistment in the Regiment... *Apr 25/18*
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. 25/18 to June 10/19*..... 1. 2

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *No.*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

.....
.....

15. Have you been issued with a War Service Badge?..... *No.*

16. Have you, during the present war, served in the Imperial Forces?..... *No.*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No.*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No.*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?.....

19. Are you now serving in the Regt.?..... *No.* If not give:- (a) date of discharge *June 1919* (b) Reason for discharge

..... *Temporary Deactivation*

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.

R. Manning

Signature of Applicant:

Place of Residence:

85 Forest Road St. John's

Declared before me at:

St. John's, Nfld.

This

12th day of *June* 19*19*

John McGeehey

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

Aug 9th 1919.

Capt. Howley
O. I. C. Records

Please pay to R. Manning, 4693
the sum of ten dollars
in payment of allowance for ~~14~~ ⁵ five days to date
and charge same to Civil Re-establishment Committee.

\$10.00

Pension Nil
Allowance \$14.00

C. R. G.

ACCOUNT	<i>4651</i>	INITIALS	<i>CG</i>
CH. NO.		INITIALS	
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN LEDGER		INITIALS	

A. Hunter
Vocational Officer

for

R. Manning

ST. JOHN'S, JUN 13

Royal Newfoundland Regiment.

Billeting Account,

To Lt Col. R Manning
85 Forest Rd.

Billeting Soldiers as undermentioned

from June 1/19 to June 15/19

116 93 Lt Col. R. Manning 15 50

ACCOUNT	<u>B & M</u>
CH NO	<u>23303</u>
LEDGER	
PAY LEDGER	
GEN LED	

Certified correct for \$ 15.50

J A Snowcroft
Billeting Officer.

Lt Col Manning

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet One

Forms
B. 121.
39.

Regiment of Royal New Zealand

Signature of O. C. Company G. James

Regimental Number and Name		Enlistment		Trade
No.	<u>4693</u>	Age on	18 years months	<u>Cook</u>
Joined	Date	Place and Date of Enlistment	<u>8.12.18</u>	Religion
Joined	Date	Period of } with Colours <u>66</u> years. with Reserve <u>32</u> years.	<u>R.C.</u>	Place of Birth
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay
Promoted Lance Corporal 11.10.18

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
	J.			<u>Demobilized 29 6 19</u>					

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4693 Rank PIE Name Manning R
 Date of Enlistment 25.4.18 Address Sydney District Sydney
 Occupation Plk. R Classification for Discharge 1 Medical Category AI
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 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.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

R. Manning

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
 (b) Clothing Supplied _____

A. M. Lister

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 83 Forest Rd. Weymouth and Release Certificate No. 2635 issued.

Date 12-6-19 *J.H. Knowlton*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 12-6-19

Date 12-6-19 *R. Williams*
Depot Paymaster.

Discharge approved for 10-6-19
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 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L.	do 3rd	" 4
B 179a	D 400C	Vorm K.	do 4th.	" 5
B 179b	B 103	ME 2.		" 6
B179c	B 120	M 93.		

2 Form B

Date 12-6-19 *J.H. Knowlton*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 15 1919 *R. Williams*
O. C. Discharge Depot.

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

Date July 20 1919 *W. A. ...*
Records

Reg. No. *4893*. Rank *Pvt.* Name *Manning, L.*
Attested Address *411 Forest St.*
Allotment* Allottee
Date of Allotment Returned from Overseas *29.1.19.*
Returned on S.S. *Consilau* Cause *Discharge*

10-6-19
15-6-19

PASSED TO DEMOBILIZATION OF
DISCHARGE APPROVED ON DEMOBILISATION