



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5218 Name Saml Miller Cdr

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Saml Miller
2. What is your full Address? 2. Portugal Cove Rd
St Johns East
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 26 Years Months
5. What is your Trade or Calling? 5. None
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, Saml Miller 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.

Samuel Miller SIGNATURE OF RECRUIT.
Joseph Patten Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Saml Miller 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 explained as replied to and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 7th day of May 1915

Signature of Attesting Officer Os Dicko Lieut

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the:

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

Date 1915

Place } 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

5218

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

Name Samuel Miller
 Apparent age 20 years 0 months. Height 5 feet 10 1/4 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Somerton Portugal Cove | Relationship Uncle

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards P. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>20-5-18</u>									
Joined at <u>St. John's</u> on <u>10 Oct 20-1918</u>									
<u>Discharged June 29/19</u>									
<u>Embarked St. John's N.S. Colchester to Halifax N.S.</u>									
<u>Embarked for G.B. 23-11-18</u>									
<u>Disembarked France 28-11-18</u>									
<u>Joined South. 5/19. Transferred from Queen 22/19. Arrived Newfoundland 25/19</u>									
<u>To be employed for demobilization 22-5-1919</u>									
<u>Arrived the employment 1-6-1919</u>									
<u>Demobilization St. John's 29-6-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>29-6-1919</u> (date of discharge)									
" " Pensions " " " " " "									

C.R. 5218

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

5218 Pte. Saml. Miller.

Reported at Headquarters 1-6-19 by "Corleau" which sailed
Liverpool 22-5-19.

C.R. 5218

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.

5218 Pte. Saml. Miller.

C.R. 5218

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

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

5218 Pte. Saml. Miller.

C.R.I

5218

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camp 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5218 Pte. S. Miller.

C.R. 5218

Extract from Nominal Roll of Draft No. 56, of the 2nd.
Battalion of the Regiment at Winchester to the 1st.
Battalion, N. S. F., Embarked Southampton 23/11/18.

#5218 Pte. A. Miller.

C.R. 5218

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

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

#5218 Pte. Samuel Miller.

7

C.R. 5218

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 21, 1918

5218 Pte. S. Miller

Attested for General Service with the Royal Nfld. Regt.
from 20.5.18 to report 24.5.18

S Miller

C.R. 5218

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Medical Report on an Invalid.

Station Hazelton Bowen
Date 30/4/19

1. Unit Royal Newfoundland
 2. Regimental No. 5218
 3. Rank plc
 4. Name Miller Samuel
 5. Age last birthday 21
 6. Enlisted $\left\{ \begin{array}{l} \text{on } \text{May } 20/18 \\ \text{at } \text{St Johns} \end{array} \right.$
 7. Former Trade } Miner
 or Occupation }
 7A. If with previous service in Army, state—
 (a) Former Unit ;
 (b) Regimental No. ;
 (c) Date of Discharge ;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
 10. Place of origin of disability. nil
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil
 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

nil
nil
n.a.

13. What is his present condition?

He complains of no disability

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

na.

17. If not, was an operation advised and declined?

na.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Reoperation

W. P. Proemier.

Capt Rame

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazely Brown*

Officer in charge of Hospital.

Date *30/4/19*

*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.

† Delete this word if no exceptions are to be made.

No. 15672/1641.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
* Pay & Record Office,
58, Victoria Street,
London, S.W. 2.

No:

Officer Commanding,
2nd. Bn. Royal Nfld. Rgt.,
Winchester.

September 30th. 1918

Subject: 5218, Pte. S. Miller,

With reference to the following telegram (3402) from the Hon. Minister of Militia, received

*Pay to 5218, Pte. S. Millar, £3.5.9.

Draft £ 3.5.9. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

Oct 3 1918

Receipt hereunder.

[Signature] LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of Three

pounds on account of cable remittance from Newfoundland.

S. Miller
No. 5218 Rank Pte

Witness *[Signature]*

No. 17863/1948



NEWFOUNDLAND CONTINGENT

From:

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.
Winchester

5218
JAM

4th November 1918

Nov 6 1918

Subject: 5218, Pte. Miller

With reference to the following telegram (9492) from the Hon. Minister of Militia, received

Pay to 5218 Miller £4:0:0

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

A. D. Munnell Maj.
Chief Paymaster & O. 1/c Records.

Receipt hereunder.

promarch major for **LIEUT. COLONEL.**
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Four

pounds on account of
cable remittance from Newfoundland.

Samuel Miller

No. 5218 Rank Private

Witness A. L. Carter, Pte.

Miller, S

5218

Ray & Co

SEPARATION ALLOWANCE.

Claimant. *Amelia Somerton* *Guardian*
On account of *Samuel Miller* No. *2218* Rank. *Pte*

Decision. *Approved*
.....
.....
.....

Date. *Aug. 28/1920*
W. R. Keenan *Lieut. Col.*
M. Bowley *Major*

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

Allotment of *£10* per day payable to *Mrs Edward Somerton*
Grand his mother from *1/7/18* to *29/6/19*.

Discontinued on account of *being discharged*.

R. Brumby

17

$$\begin{array}{r} 22000 \\ 1983 \\ \hline 23983 \end{array}$$

$$\begin{array}{r} 6 \\ 5 \\ \hline 11 \end{array}$$

1/50

✓

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 or Justice of the Peace and returned to:

THE PAYMASTER,
SEPARATION ALLOWANCE BRANCH,
ST. JOHN'S, NEWFOUNDLAND.

1. Name in full of soldier. Rank. Reg't. Reg't No.
Samuel Mills Private R.M.F. 5218
2. Age of soldier. Married or single.
22 yrs Single
3. Name in full of Guardian.
Amelia Somerton
4. Address in full.
Portugal Cove, St. John's East
5. By what authority are you acting as Guardian? (If not verbal enclose written document)
Am his grandmother. His mother died when he was 5 years old.
6. Name of children Age last Birthday. Occupation Married or Single.
my children
Dora Mills 48 - Sister
Amelia Cole 46 - Sister
Janice Somerton 40 - Sister
None
7. Are all the above children in your care, and living with you? Explain fully.
James is living with me.
8. Are any of the above children suffering from Mental or Physical incapacity.
No
9. Give names of children of soldier not in your care. Age last Birthday. Occupation. Permanent Address.

No - did not know that such allowance was given.

10. Have you made a previous claim for Separation Allowance. If not, Why? Give particulars.

11. Are you already in receipt of Separation Allowance from any source? If so, state amount.

No

12. Are you in receipt of payment from any Patriotic Fund? If so, state amount.

No

13. Was the soldier at the time of his enlistment an employee of the Mfld. Government.

No

14. In what capacity and in what place?

/

15. Is he in receipt of a salary as such while serving in the 1st Mfld. Regiment. If so, how much?

/

16. From what date have you received allotment and state amount per month.

August 1918, \$18.60

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 *Melina Somerton*

Place of residence *Portugal Cove*

Declared and subscribed before me at *Portugal Cove*

this *16* day of *February* 19 *20*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, or Justice of the Peace. *Henry Somerton*

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.

Signature of Clergyman *A. C. Higgs*

Signature of Member of Patriotic Fund Committee *H. C. Housley*

H.B. Birth certificates must accompany this application and will be returned after perusal.

May 8, 1920

Mrs. Amelia Somerton,
Portugal Cove,
St. John's East.

Dear Madam:-

Referring to your application for Separation Allowance, will you kindly furnish me with Marriage Certificate of your son James, or else certified extract from Parish Register showing date of his marriage.

Yours truly

Major

Paymaster.

JMH/LM.

August 23, 1920

Mrs. Amelia Somerton,
Bersugal Cove,
St. John's Regt.

Dear Madam:

On May 7th. I wrote you, asking you to furnish me with Marriage Certificate of your son James, but so far have not received a reply.

Kindly let me have this at your earliest convenience, so that your claim can be finally disposed of.

Yours truly,

Major
Paymaster.

JMH/LM

September 6, 1920

Mrs. Amelia Somerton,
Portugal Cove,
St. John's East.

Dear Madam:

With reference to your application for Separation Allowance, I enclose cheque for \$259.55, being amount due you to the date of discharge of your grandson, Samuel Miller also cheque for \$120.00 payment on account of War Service Gratuity.

Yours truly,

Majew

Pymaster.

Enc. 2

I hereby certify that James
Somerton and Sarah Foster
were married at Portugal
Cove on Oct. 20, 1909, by
the Rev. Canon Smith.

A. E. Chigge.
Rector.

May 17, 1920.

June 29, 1919

#5218 Pte. Samuel Miller,
Port gal Cove Rd.,
City.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 241.

Yours truly

Captain,
Paymaster & O.i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5218 Rank _____

Name Hille S

Warned for demobilization on

.....
JUN 12 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5218 Rank Pike Name Miller, Samuel
 Intended place of residence Portugal Cove Road, St John's
 2. Occupation Miner
 Classification of soldier E Medical Category AI

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 *J. M. [Signature]*
 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
S. Miller
 Signature of soldier
J. J. [Signature]
 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
JUN 12 1919
S. Miller
 Signature of soldier
W. J. [Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 20-5-18 No of days on Military
 Discharged from service JUN 15 1919 Plus 14 days Service 406

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
JUN 15 1919
R. H. [Signature]
 Officer in Charge of Records
 The Royal Newfoundland Regiment
 Date

CONFIRMATION OF DISCHARGE

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

A 973 2079/2410

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5218 Rank Plt. Name Miller Samuel
 Date of Enlistment 20-5-18 Address Portugal Cove, St. John's
 Occupation Mined Classification for Discharge 17 Medical Category 4
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board Ist.	" 2	5
B 178a	D 400A	B 1915	1	do 2nd	" 3	
B 179	D 400H	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 *H. Miller*
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. *S. Miller*

Particulars passed to Vocational Officer for information and action.

Date JUN 15 1919

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £65.00

(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. 9. 692 to his home at Portugalia, P.O. and Release Certificate No. 1217 issued.

Date 12-6-19

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 Depot Paymaster.

Discharge approved for 15.6.19
Forwarded with following documents to O.C. Discharge Depot.

N.F. 136	B 268	B 121	1	N.F. Med	D.F. 1	
B 178	W 340A	B 122		Board Ist.	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	2 Form B
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	
B170c	B 120	M 93				

Date 12-6-19 J.A. Snowball
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 R.H. Salt A.P.C.
O. C. Discharge Depot.

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

Date

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

5218

Name

Miles Sam

Rank

Pte

Address

Portugal Cove

Present Medical Category

A1

Recommended for:

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

RH East Capt
O.C. Discharge Depot.

Mason
Senior Medical Officer

DW Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5315 Rank Plt Name Walter L. Smyth
 Date of Enlistment 20-5-18 Address Port Loughlin District 1st
 Occupation Miner Classification for Discharge 17 Medical Category 1
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N. F. 1 st 36	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	5
B 174	D 400B	Form L		do 3rd	" 4	
B 170a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2	/		" 6	
B 170c	B 120	M 93				

Date 11-6-19 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 £6.00
 (b) Clothing Supplied Walter L. Smyth

Date 12-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 8. 692 to his home at Portugal Cove Rd. Liginis and Release Certificate No. 2627 issued.

Date 12-6-19

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 29-1-19

Date 12-6-19

J. H. M. H.
Depot Paymaster.

Discharged 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 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	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

S. F. M. B.

Date 12-6-19

J. H. M. H.
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 12-6-19

R. H. Sait
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

S. Miller

Signature of Man.

Reg. No. 5 218

J. H. Snow Capt.

Signature of the Vocational Officer or his Representative.

Place

St. John's

Date JUN 12 1919

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

MEDICAL HISTORY

Surname Miles OF Christian Name Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish Portugal Cove Rd County Nfca

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	day of	191
Examined	at	20	May	1918
Declared Age	at	20	years	days
Trade or Occupation	Mines			
Height	✓	5	feet	10½
Weight		154	lbs.	
Chest Measurement {	Girth when fully expanded ...	35	inches	
	Range of Expansion	07	inches	
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R. E.—V=	6/10	R. E.—V=	
	L. E.—V=	6/20	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>Liam O'Brien</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	20	day of	1918
Joined on Enlistment	on	20	day of	1918
Transferred to	Corps.	Regtl. No.	Corps.	Regtl. No.
		<u>The Royal 5218</u>		
		<u>Nfca Regt</u>		
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. I. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Samuel Miller*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5218*

Intended address *Portugal Cove.*

Height on discharge *5* Feet *11*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Tall*

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 *Portugal Cove 16th Jan 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) *Samuel Miller.*

Stc
(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

Medical Report on an Invalid.

Station Bazely D. CampDate 30-4-19

1. Unit Royal Newfoundland
2. Regimental No. 5218
3. Rank Private
4. Name Miller Samuel
5. Age last birthday 21
6. Enlisted on May 20/18
at St John's
7. Former Trade }
or Occupation } Miner
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nie
10. Place of origin of disability. nie
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nie
nie
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. nie

13. What is his present condition? *He complains of no disability*

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

n.a.

17. If not, was an operation advised and declined?

n.a.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

n.a.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

n.a.

Repatriation

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Sgt. W.F. Provenier *Capt. R.A.M.C.*
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Langley D. Camp*

Officer in charge of Hospital.

Date *30-4-19*

*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.

† Delete this word if no exceptions are to be made.

No. 5218

Name Miller S

Sgt., Batty., or Company D.

Carry Newfoundland

Date of enlistment 20/5/18

G.C. (British Army)

Service or Proficiency Pay (12/18)

Date of last entry in Company Conduct Sheet

No. and date of last drink

Period not reckoning towards freedom from the fine

Sheet No. 52180

Signature O.C. Company, etc.

Signature of O.C. (Handwritten)

Character Good

Army Form B. 122.

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
Field	8/1/19	MS		let of sheet	Sgt Spears	Pay for same	8/1/19	Warrant Officer	MS

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15 1921.

The accompanying ~~Victory Medal~~ British War Medal

is/are forwarded herewith to

Samuel Miller

in respect of his service as No. 5218 Rank Pte.

Name S. Miller

Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

Oct 21st 1921

Signature

Samuel Miller

Date

Oct 21. 1921

Address

Portugal Cove St Johns East.

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39Number of Sheet TheRegiment of Royal NewfoundlandsSignature of O. C. Company Oppicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No.		Age on	years	months					
5218	Miller, Samuel	20			Miner				
Joined	Date	Place and Date of Enlistment	28.5.18		Religion				
Joined	Date	Period of		with Colours	1 ¹¹ / ₂ years.	Place of Birth			
Joined	Date	with Reserve		3 ¹ / ₂ years.		Portugal Cove Rd. S. John			
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
				Demobilized	S. John	29	6		7

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5215 Rank Plt. Name Miller Samuel
 Date of Enlistment 20-5-18 Address Portugal Cove District
 Occupation Miner Classification for Discharge 15 Medical Category H
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Vocational Officer with following documents:—

N.F. 136	B 208	B 121	N.F. Med	D.F. 1
B 178	W 34a	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 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. S. Miller

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £6.5.00
- (b) Clothing Supplied [Signature]

Date 12-6-19

O i/c. Re-clothing

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5218 Rank Plt. Name Miller Samuel

Date of Enlistment 2-5-18 Address Portugal Cove District

Occupation Miner Classification for Discharge 15 Medical Category H

Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 208	B 121	N.F. Med	D.F. 1
B 178	W 34a	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 129	M 93		

Date 11-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. S. Miller

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #65.00
- (b) Clothing Supplied [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. 8.692 to his home at Portugal Cove and Release Certificate No. 2627 issued.

Date 12-6-19 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 Depot Paymaster

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

N.F. 136	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 177	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 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 O. C. Discharge Depot

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

Date June 19/19

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 9.692 to his home at portugal covered and Release Certificate No. 2027 issued.

Date 12-6-19 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 Depot Paymaster.

Discharge approved for 15-6-19

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

N.F. P/36	B 288	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	Fixes B
B 178b	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 12-6-19 J.A. 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 June 19/19 [Signature]
for O.C. Records

Reg. No. *1214* Rank *1st Lt* Name *Miller, Samuel*

Attested Address *Portugal Lane.*

..... Allottee

..... Returned from Overseas *29. 1. 19.*

sean Cause *Discharge*

11-6-17
15-6-17

PASSED TO DEMOBILIZATION OFFICER

PRINTED ON GOVERNMENT PAPER