

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5674 Name George William Keefe Corps Met.

Questions to be put to the Recruit before Enlistment.

- | | |
|---|---|
| <p>1. What is your name?</p> <p>2. What is your full Address?</p> <p>3. Are you a British Subject?</p> <p>4. What is your age?</p> <p>5. What is your Trade or Calling?</p> <p>6. Are you Married?</p> <p>7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which?</p> <p>8. Are you willing to be vaccinated or re-vaccinated?</p> <p>9. Are you willing to be enlisted for General Service?</p> <p>10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?</p> <p>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?</p> | <p>1. <u>George W. William Keefe</u></p> <p>2. <u>Frenchman's Cove, St. John's</u></p> <p>3. <u>Yes</u></p> <p>4. <u>24</u> Years <u>1</u> Months</p> <p>5. <u>Sherman</u></p> <p>6. <u>No</u></p> <p>7. <u>No</u></p> <p>8. <u>Yes</u></p> <p>9. <u>Yes</u></p> <p>10.) Name</p> <p>) Corps</p> <p>11. <u>Yes</u></p> |
|---|---|

I, Geo. Wm. Keefe 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.

Geo. Wm. Keefe SIGNATURE OF RECRUIT.
J. M. Keefe Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Geo. Wm. Keefe 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 10th day of June 1915.

Signature of Attesting Officer W. D. Dicks 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).....

Reg. No. 5674 Rank *Pvt* Name *Neill, George J boy*

Attested 10-6-18 Address *Frenchman's Cove Burgos*

Allotment 50 Allottee *Peter Neil Father*

Date of Allotment 17/8/18 Returned from Overseas

Embarked for Overseas SEP 22 1918 Cause

11 6/8 *Dec.* 12th *Nov* 17/18 2nd *Nov* 11-7-18
3rd " 21-8-18

14 6/8 *Admitted to barracks Hos*

G.L. 29-7-18 to 8-8-18 *Retd* 15-8-18

C.R. 5674

Extract from Daily Orders part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 18th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c records ~~xxx~~ from noted date
8-8-19.

5674, Pte. G.W. Neal.

C.R. 5674

Extract from Daily Orders Part 11 Unit The Royal Hfld.

Regt. St. John's, July 15th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 25-7-19.

5674 Pte, G. Neal.

C.R. 5674

Extract from Daily Orders Part III Unit The Royal Wfld.
Regt. St. John's, JULY 2nd, 1919.

No. 5674 Pte. G. Neal.

Reported at Headquarters 1-7-19 on "Onesax (ra)" which
sailed Glasgow Jano 24th, 1919.

C.R. 5674

Extract from Daily Orders by Major M.S.Sullivan, Commanding
BFA, Infantry Companies 21-11-18.

The undernoted having arrived from Sgt H. Royal BFA,
Regt is attached to the strength and posted to "G" Company
for rations from this date.

5674 Pte. G.Hall.

C.R. 5674

Extract from Nominal Roll Entrained St. John's for Overseas,

Sept. 22, 1918. "M"

5674 Pte. Neal George.

C.R. 5674

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. ST. John's, dated August 17th, 1918.

5674

~~5674~~ Pte. G. Neal.

Returned from Leave and reported at Headquarters for duty
15-8-18.

C.R. 5674

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

5674, Pte. George Neill.

Attested for General Service with The Royal Hfld. Regt.,
10-6-18.

Shu Neil

C.R.

5674

2x10

—

No 6831/1079

N.F.C. 100.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment
Winchester

6th May 1919

5674 Pte. G.W. Neill

With reference to the following
telegram from the Minister of
Militia (171)

"Pay to -5674 G.W. Neill
£10. 0. 0.

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

A.A. Minness Maj.
Chief Paymaster & O. i/c Records.

May 13th 1919

Receipt hereunder.

G. Seymour
Officer Commandg. ^{LEUT. COLONEL} 2nd Batt'n.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £10. 0. 0.

Ten pounds. in respect of
telegraphic remittance from the
Minister of Militia.

G.W. Neill Sgt.

No. 5674 Rank Pte.

Witness Jes. Perry

Keal, Geo.

5674

Ray Sept.

August 8th 1919.

#5674, Pte. G. W. Neal,
LaPoile.

Dear Sirs

Enclosed please find discharge Certificate
3627.

Yours truly,

Capt. &
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3674 Rank Pte Name Neal G. W.
 Intended place of residence La Poile
 2. Occupation Fisherman
 Classification of soldier E Medical Category A^L

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 JUL 11 1919

L. M. H.
 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, ST. JOHN'S

Date JUL 11 1919

Geo X Neal
 Signature of soldier
W. H. ...
 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, ST. JOHN'S

Date JUL 11 1919

Geo X Neal
 Signature of soldier
James O'Sullivan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10-6-18 No. of days on Military
 Discharged from service JUL 25 1919 Plus 14 days Service 425

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, 14 ~~twenty eight~~ days from date.

Place, ST. JOHN'S

Date JUL 25 1919

L. R. Cooper Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 8 1919

A. Bowley Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment

COB 307913627

21
31
8
60

The Royal Newfoundland Regiment

Class for Demobilization:

76.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *10.7.19*

Regimental No. *5674*

Name *Neal George*

Address *La Poile*

Present Medical Category *A-2*

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

Members of Board {

..... *R. H. Lait Major*
O.C. Discharge Depot.

..... *J. Palmer*
Senior Medical Officer

..... *J. W. Borden*
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2074 Rank. Plt Name Neal G.W.
 Date of Enlistment. 10-6-18 Address Lapiville District B. Lapiville
 Occupation Fisherman Classification for Discharge E7 Medical Category H.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36.....	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 10-7-19

O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Geo X Neal
fisherman

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

[Signature]

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2339 to his home at Lafayette and Release Certificate No. 3491 issued.

Date 11-7-19 *J.A. Newcomb*
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 8-8-19

Date 11-7-19 *J.A. Newcomb*
Depot Paymaster.

Discharge approved for 25-4-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	<i>Form B</i>
F 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 11-7-19 *J.A. Newcomb*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 25 1919 *N.R. Cooper Capt.*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

Signature of Man.

Reg. No. 3614

Signature of the Vocational Officer or his Representative.

Place

Date

191

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

MEDICAL HISTORY

Surname Neal OF Christian Name George William

Table I.—GENERAL TABLE

Birthplace:—Parish Frenchmans Cove County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	<u>St. John's</u>	at	
Declared Age	<u>24</u>	years		days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u>	feet <u>9 1/4</u>		inches
Weight	<u>141</u>	lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>35</u>		inches
	Range of Expansion	<u>3</u>		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>/</u>	<u>/</u>		
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lammal Paterson</u>			
(Rank)	<u>Major</u>			Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	day of	on	day of
		191		191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>Royal Nfld Regiment - 5674.</u>			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

at in case of Warrant Officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of future use. In case of and re-admissions to hospitals will be shown. The subsequent progress, including particulars sent out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

On duty.

R. S. Vignau

CAPT., R. A. M. C.

[P.T.O.]



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 *Neal, Geo.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5674*

Intended address *La Roche*

Height on discharge *5 Feet 9/4*

Color of hair on discharge *Dark Brown*

Complexion *Russet*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Tall*

Christian name of Father *Peter*

Christian name of Mother *Auna*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Leamman Cove 24-6-1895*

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) *Geo. X Neal* *He* (Rank)

Station *ST. JOHN'S.* Date *7-7-9*

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

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 or Occupation } *Fisherman*
2. Regtl. No. *5674* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Deal* *George W* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *25*
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 (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 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? }

The Complaints of a 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?

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. Proctor
Capt RMC
 Medical Officer in charge of case.

Station *Woolley Barr*

Date *9/4/19*

* 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

August 16, 1919

Mr. G. W. Neal,
LaPoile.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of War Service Gratuity.

Yours truly

Captain & Paymaster.

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..... *S* 2. Surname..... *naid*
3. Rank..... *Pte* 4. Regtl. No..... *5674*
5. Address in full to which future payments of gratuity are to be forwarded..... *La Parle*
6. Date of enlistment in the Regiment..... *June 8/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no*
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 Nfld. If so, give dates and particulars of such service..... *Overseas.*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Thirteen months.*
- 1. $\frac{3}{4}$

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?

16. Have you, during the present war, served in the Imperial Forces?

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.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

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

19. Are you now serving in the Regt.? If not give? - (a) Date of discharge. (b) Reason for discharge.

no
July 23/15
Remoh

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.

Emp. Lines

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.

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: *S. X. Hair*
Wash
 Place of Residence: *Camp Island*
 Declared before me at: *St Johns*
 This 11 day of *July* 191*5*....

Signature of Barrister of the *John M. Carthy*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Not amount due	
.....
.....
.....
Certified correct.					Paymaster



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, George Neil, Regl. No. 5674

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins August - 1st / 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4581	Father	Peter Neil	La Poile Trenchman's Cove	50
Total Allotment, \$				50 ^c

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.) H A James 2/11
Officer Commanding
+ Company
St. John's
July 2nd 1918.

(Sig.) George Neil
his
mark
(Rank) Pte.

Witness :-
4183. V L Randell.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5674 Rank Mr. Name Neal, Geo
 Date of Enlistment 10-6-18 Address Lapvile District B + Lapvile
 Occupation Artist Classification for Discharge F1 Medical Category H1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	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 10-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Geo Neal
mark

hit
Mr Newman

Particulars passed to Vocational Officer for his consideration and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. £6.00

(b) Clothing Supplied

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2339 to his home at Lafayette and Release Certificate No. 3491 issued.

Date 11-7-19 J.A. Newcomb
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 8-8-19

Date 11-7-19 J.A. Newcomb
Depot Paymaster.

Discharge approved for 25-9-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
F 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		

2 Form B

Date 11-7-19 J.A. Newcomb
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 23 1919

Date Aug 7/19 N.R. Cooper Cable
O. C. Discharge Depot.

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

Date Aug 7/19

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. *5674*
- 3. Rank *Dr*
- 4. Name *Neal* (Surname) *George E William* (Christian Names)
- 5. Age last birthday *25*
- 6. Posted for duty on at in category (or grade)
- 7. Former Trade or Occupation } *Fisherman*
- 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) Where (c) Opinion of Court
(d) Date of Discharge ;
(e) Cause of Discharge.
(f) Particulars of Pension or Gratuity (if any)

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

15. What is his present condition ?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of no disability

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.

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 invalidated at Foreign Stations.

Repatriation

W.S. Pocumie

Copy Name

Medical Officer in charge of case.

Station *Mazley Barr*

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

Post Office Department, Newfoundland

Post Office at

La Poile

5674

Mar 18th 22

C.R. 5674

Dear Sir, I beg to inform you
that Ex Pte. G.W. Neil no 5674

and Ex Pte Edward Neil no 5673
(Whom you advertise for),

The former is residing at
Frenchmans Cove, La Poile
the later died about a year
ago but his father resides at
Frenchmans Cove - La Poile

I have been requested by the
Noble to write you

Yours truly

D. LeBel

ADDRESS LETTERS RESPECTING

Money payment to Accountant.
For Post Office Stores to Postal Stores.
On M.O. Business, Supt. M.O. Branch.
On Enquiries to Enquiry Branch.
On Telegraphs to Supt. Telegraphs.
On General business to Minister of Posts.