



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5540 Name 1 Red. Howarth Corps Meth.

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. 1 Red. Howarth
2. What is your full Address? ..... 2. Methuon St. 208
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 22 Years 6 Months
5. What is your Trade or Calling? ..... 5. Fisherman
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, 1 Red. Howarth, 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.

1 Red. Howarth SIGNATURE OF RECRUIT.  
John Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, 1 Red. Howarth, 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 31st day of May 1915.

Signature of Attesting Officer C. D. King

### †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.....191..... }  
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

5540

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

Name John Roseworthy  
 Apparent age 25 years          months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 5 inches  
 Distinctive marks         

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Nathaniel Roseworthy  
115 B. St. N.S.B. | 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 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 G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>31-5-18</u>									2 Lt. 17-19
Joined at <u>St John's</u> on <u>10 May 31-1918</u>									
<del>Discharged July 14, 1919</del>									
<u>Embarked St John's S.S. Costa Rica to Halifax N.S. 22-7-18</u>									
<u>Embarked for B.C. 23-1-18</u> <u>Disembarked France 28-11-19.</u>									
<u>Joined Bath. 5-1-19</u> <u>Transferred from Queen 12 to Arrived Hamilton 25-7-19</u>									
<u>Left for demobilization 22-5-19</u> <u>Arrived H.M. 1-6-1919</u>									
<u>Demobilization St John's 14-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 14-7-1919 [date of discharge] 1 years 45 days  
 " " Pensions " [ " " ] " " " "

No. 5540 Name *Noseworthy, F.* Sqn., Batty., or Company } *D. Coy. F. Noseworthy* Date of enlistment } *3/5/18* O.C. (Badges) } Service or Proficiency Pay }  
 Date of last entry in Company, Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. } Company, etc. } Character }  
*W. H. L. ...*

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
<i>Field</i>	<i>8/4/19</i>	<i>Plc</i>		<i>Deficiency 1/3</i>	<i>C. M. Bred</i>	<i>Lay for Week</i>	<i>8/4/19</i>	<i>Major Bernard</i>	

(P.T.O.)

C.R.I. 5540

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.  
France, 21-4-19.

Promotions.

5540 Pte. F. Noseworthy

to be L/Cpl. 17-4-19.

C.R. 5540

Extract from Daily Orders Part II Royal Newfoundland Regiment  
Depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date  
14-7-19.

5540, L/C. Fred Roseworthy

C.R. 53-40

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 30-6-19.

5540 L/Cpl. F. Noseworthy.

C.R. 5540

Extract from Daily Orders Part A1 Depot, St. John's,

Date June 18th 1919.

5540, L/C. F. Noseworthy.

Reported at Headquarters 1/6/19. ex "Corsican"  
which sailed Liverpool May 22/1919.

C.R. 5540

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

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

#5540 L/Cpl. F. Noseworthy.



C.R. 5-540

Extract from Nominal Roll of Draft No. 56, from the 2nd.,  
Battalion, Winchester to the 1st., Battalion, Royal  
Newfoundland Regiment, ~~at~~ Embarked Southampton 25/11/18.

5-540 Roseworthy F1

C.R. 5540

Extract from Nominal Roll of Draft No. 56, from the  
2nd., Battalion of the Newfoundland Regiment to the  
1st., Battalion B. E. F. Embarked Southampton 23/11/18.

5540  
#5256 Pte. S. Noseworthy.

C.R.

5540

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

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

#5540 Pte. Fred Noseworthy.

C.R. 5540

Extract from Daily Orders part 11, from Unit The Royal  
Nfld Regt. St. John's dated June 1st, 1918

#5540 Pte. F. Noseworthy

Attested for General Service with the Royal Nfld. Regt.  
from 31.5.18

J. Roseworth

C.R. 5540

1  
L. 10

3

## Medical Report on an Invalid.

Station HazeltonDate 1/5/19

1. Unit Royal Newfoundland
2. Regimental No. 5540
3. Rank W/pe
4. Name Masonworthy Lawrence
5. Age last birthday 25
6. Enlisted { on May 28/18  
at St John's
7. Former Trade } Fisherman  
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.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
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  
nil  
nil

na.

13. What is his present condition?

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

*He complains of no 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?

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

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?

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.*

*Repatriation*

20. Do you recommend—

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

*W. E. Proctor*      *Capt. Rame*  
\_\_\_\_\_  
Officer in medical charge of case.

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

Station *Hazelton*  
Date *1/5/19*

\_\_\_\_\_  
Officer in charge of Hospital.

\*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.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Frederick Roseworthy, Regl. No. 5540

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

Allotment begins August 15/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4858	Father	<u>Nathaniel Roseworthy</u>	<u>Widders Hs Green Bay</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

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.) Curtis Lieut.

Officer Commanding E Company

Sgt. Johnson

July 8/18191

(Sig.) Frederick Roseworthy

(Rank) Pls





Roseworthy, A

5540

Joseph

July 14, 1919

#5540 L/C. Frederick Roseworthy,

Hippers Harbor, N.D. B.

Dear Sir:-

Please find enclosed Discharge Certificate #2995.

Yours truly

Captain,  
Paymaster & O. i, c Records

July 14, 1919

#5540 L/C. Frederick Roseworthy,

Hippers Harbor, N.D. B.

Dear Sir:-

Please find enclosed Discharge Certificate #2995.

Yours truly

Captain,  
Paymaster & O.i. c Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5540 Rank T/Plt Name Roseworthy T  
 Intended place of residence Supper H<sup>2</sup>

2. Occupation Fisherman  
 Classification of soldier ST-E-18 Medical Category A 2

3. The above named man is discharged in consequence of DEMobilIZATION.

**Eligible for War Service Gratuity**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S

Date JUN 16 1919 H. 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 T. Roseworthy  
 Signature of soldier

JUN 16 1919 J. A. [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 T. Roseworthy  
 Signature of soldier

JUN 16 1919 W. J. [Signature]  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 31-3-18 No of days on Military  
 Discharged from service 30-6-19 PLUS 14 DAYS Service 410

## 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 R. H. [Signature] Major  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

Date JUN 30 1919

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's, Nfld. A. H. [Signature] Capt  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

Date July 14 1919

AH 20 29/2995

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5540 Rank Lt Name Wesley J. G. ...  
 Date of Enlistment 31.5.18 Address Upper Fr ... District St. John's  
 Occupation Fisherman Classification for Discharge 1 Medical Category SAI  
 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 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 16.6.19 O. C. Discharge Depot. Wesley J. G. ...

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am, \_\_\_\_\_ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied \_\_\_\_\_

Date 16-6-19 O i/c. Re-clothing Wesley J. G. ...

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 1825 to his home at Wappers Hill, Millington and Release Certificate No. 2845 issued.

Date 16-6-19 *J.A. 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 14-7-19

Date 16-6-19 *H. J. [unclear]*  
Depot Paymaster.

Discharge approved for 30-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

*2 Form B*

Date 16-6-19 *J.A. Knowlton*  
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 30 1919 *R.H. [unclear]*  
O. C. Discharge Depot.

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

Date .....

# The Royal Newfoundland Regiment

Class for Demobilization:

*76*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*16.6.19*

Regimental No: *35110*

Name

*Noseworthy Fred*

Rank

*L/Cpl*

Address

*Nippers Hill N. S. Bay*

Present Medical Category

*A1*

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

*L. Paterson*  
Senior Medical Officer

*S. W. Burden*  
M. O. Depot



## 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.

*J. Roseworthy*

Signature of Man.

*J. A. Shawliff*

Signature of the Vocational Officer or his Representative.

Reg. No. 5540

Place

*RT Johns*

Date

*16-6-19*

191

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

# MEDICAL HISTORY

OF

Surname

*Rosenberry*

Christian Name

*J. Rank*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*St. Johns St. Nfld.*

County

*Newfoundland*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	<i>31<sup>st</sup></i>	<i>May</i> 191 <i>8</i>		191 <i>8</i>
at	<i>St. John's</i>			
Declared Age	<i>25</i>	years		days
Trade or Occupation	<i>fisherman</i>			
Height	<i>5</i>	feet <i>7</i>	feet	inches
Weight	<i>150</i>	lbs.		lbs.
Chest Measurement	Girth when fully expanded		inches	
	<i>38</i>		<i>38</i>	
	Range of Expansion		inches	
	<i>5</i>		<i>5</i>	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<i>/</i>	<i>/</i>		
When Vaccinated				
Vision	R.E.—V=	<i>6/18</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	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)	<i>L. Bennett Peterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at <i>St. John's</i>		at	
	on	day of 191	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>Royal Nfld. Regiment.</i>	<i>5540.</i>		
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Date	Brief Details, and Signatures
1-6-18	Vacc. <i>sp</i>
13-6-18	TAB. <i>sp</i>
<del>18-7-18</del>	<del>TAB. <i>sp</i></del>
20-7-18	TAB. <i>sp</i>

*It is hereby certified that this soldier has been before a Travelling Medical Board, and has been classified as 6 for Discharge on Demobilization. Medical category AM*

16.6.19  
Date of T.M.B. *A. Must*

**Table IV.—SERVICE TABLE.**

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



## 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 *Roseworthy, Fred.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5540*

Intended address *Hippers H. Hobsay*

Height on discharge *5 Feet 7*

Color of hair on discharge *Dark Brown*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *The dim.*

Christian name of Father *Samuel*

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 *Hippers H. 3-8-1894*

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)

*Fredrick Roseworthy*

*46pl.*

Station

Date

*16-6-19*

(Rank)

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 Agley Bown

Date 1/5/19

- |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Unit <u>Royal Newfoundland</u></p> <p>2. Regimental No. <u>5560</u></p> <p>3. Rank <u>R Cpl</u></p> <p>4. Name <u>Roseworthy Frost</u></p> <p>5. Age last birthday <u>28</u></p> <p>6. Enlisted { on <u>May 28/18</u><br/>at <u>Albino</u></p> | <p>7. Former Trade or Occupation } <u>fisherman</u></p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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.*

- |                                                                                                                                                                                                                                    |                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <p>9. Date of origin of disability.</p> <p>10. Place of origin of disability.</p> <p>11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.</p> | <p><u>nil</u></p> <p><u>nil</u></p> <p><u>nil</u></p> <p><u>nil</u></p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

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.

na

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*

*Repatriation*

20. Do you recommend—

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

*W. E. Croome*

*Sgt. Keen, Capt. Ramc*

Officer in medical charge of case.

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

Station *Hazeley Town*

Date *1/5/19*

\_\_\_\_\_  
Officer in charge of Hospital.

\*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.

**Casualty Form—Active Service.**

Regiment or Corps..... ROYAL NEWFOUNDLAND REG.

Rank..... Private Surname..... Noseworthy Christian Name..... F

Religion..... Methodist Age on Enlistment..... 25 years..... months

Enlisted (a)..... 3/5/18 Terms of Service (a)..... DURATION..... Service reckons from (a)..... 3/5/18

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended (.....) Re-engaged (.....) Qualification (b).....

Occupation..... Fisherman or Corps Trade and Rate.....

Signature of Officer..... M. Long

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		<u>28 NOV 1918</u>	
		Joined Ball.		<u>5 JAN 1919</u>	
	<u>Comms</u>	<u>To be 2 L/Cpl</u>			<u>B213</u>
		<u>Arrived in UK</u>		<u>23/7/19</u>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered. (17501.) W.L.W 1887-P 1131, 1,000,000, & 18, D & S, Form B.103. (E. 1256.)

Next of Kin: Father: Nathaniel Noseworthy; Nippers &c.; Note done & 5 of; N.L.D.

G.T.O.

July 16, 1919

#5540 L/C. George F. Noseworthy,

Bippers Harbor, N.D.B.

Dear Sir:-

Referring to your application I enclose cheques 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 *George A.* 2. Surname *Worsworthy*
3. Rank *2. Lt. Col.* 4. Regt. No. *5340*
5. Address in full to which future payments of gratuity are to be forwarded *Wappers St. N.S.B.*
6. Date of enlistment in the Regiment *May 28/18*
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 May 28/18 to June 16/19*

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

*No*

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

*No*

15. Have you been issued with a War Service Badge? .....

*No*

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

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? .....

*No*

19. Are you now serving in the Rest? .....

*No*

If not give? - (a) Date of discharge. *June 16, 1919* Reason for discharge. *Demobilization*

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

*France, Belgium + Germany - From Nov. 1918 to Dec. 1919*

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

*No*

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

Signature of Applicant: *W. Roseworthy*  
 Place of Residence: *Nippers Ar. N.S.W.*  
 Declared before me at: *A. Johns, W.L.D.*  
 This *17th* day of *June* 19*49*.  
*John McCarthy*  
 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	Sold Soldier.	Baid Dependence	War Service Gratuity.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster

FORM K

Nº 6338



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Frederick Roseworthy, Regl. No. 5540

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

Allotment begins August 15/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4858	Father	Nathaniel Roseworthy	Mippers Hs. Green Bay	60
<b>Total Allotment, \$</b>				<u>60</u>

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.) Watson Lieut.

Officer Commanding  
S Company

St. Johns  
July 8/1891

(Sig.) Frederick Roseworthy

(Rank) Pls

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet One  
Signature of O. C. Company C. D. K. S. H. W.

Regiment of Royal Newfoundland

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5540.</u>	Age on	<u>25</u> years <u>5</u> months	<u>Fisherman.</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion	
Joined	Date	Period of } with Colours <u>1 1/2</u> years. with Reserve <u>3/5</u> years.	<u>St. John's</u>	Place of Birth	
Joined	Date				
Joined	Date		<u>Hippus No. 1150</u>		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>14 / 19</u>			

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5540 Rank LC Name Roseworthy J  
 Date of Enlistment 31.5.18 Address Peppers Dr District Sulligate  
 Occupation Fisherman Classification for Discharge 2 Medical Category AI  
 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 16.6.19 O. C. Discharge Depot. M. H.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation. J. Roseworthy

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 Amo Linst

Date 16-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. B. 1825 to his home at Nippers Pt. Jumbungete and Release Certificate No. 2845 issued.

Date 16-6-19

J.A. 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 11-1-19

Date 11-1-19

J.A. Knowlton  
Depot Paymaster.

Discharge approved for 30-6-19

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 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Date 16-6-19

J.A. Knowlton  
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 30 1919

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

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

Date June 30/19

J.A. Knowlton  
J.A. Knowlton

Reg. No. *5340* Rank *Pte* Name *Moseworthy G*

Attested ..... Address *Weymouth Mass.*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29-5-19*

Returned on S.S. *Corican* Cause *Discharge*

*11.6.19.*  
*30.6.19.*

PASSED BY THE DISCHARGE OFFICER  
DISCHARGE OFFICER OF REGISTRATION.