



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4675 Name John Nares Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? John Nares
2. What is your full Address? } 11 Long Hill
3. Are you a British Subject? } Yes
4. What is your age? } 20 Years 7 Months
5. What is your Trade or Calling? } grocer
6. Are you Married? } No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } No
8. Are you willing to be vaccinated or re-vaccinated? } Yes
9. Are you willing to be enlisted for General Service? } Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 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? } Yes

I, John Nares 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.

John Nares SIGNATURE OF RECRUIT.
James Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Nares 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 27 day of April 1918
Signature of Attesting Officer Edmund Scott

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.

Date April 27 1918 }
Place St. John's } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
† Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

RC 15-5-18



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4678 Name John Nurse Corps R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John Nurse
2. What is your full Address? 2. 14 Soap Hill
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years 7 Months
5. What is your Trade or Calling? 5. grocer
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, John Nurse 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.

John Nurse SIGNATURE OF RECRUIT.
James H. [unclear] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Nurse 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 24 day of April 1918

Signature of Attesting Officer James H. [unclear]

† CERTIFICATE OF APPROVING OFFICER.

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

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

Date April 24 1918
Place St. John's } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

Report 15-5-18

C.R. 4678

Extract of Daily Orders Part II, dated Jan. 16th 1919.

Depot St. John's

The discharge of the undernoted on demobilisation has been confirmed by Officer i/c Records on 15/1/19.

4678 D/C J. Nurse.

C.R. 4678

Extract from Daily Orders part 11, depot St. John's dated Dec. 21st. 1918.

The undernoted discharge on demobilization have been discharged by Officer Commanding discharge depot from noted date. He is removed from depot strength and transferred to discharge depot pending confirmation by Officer i/c Records.

#4678 L/C . John Nurse.

18-12-18.

C.R. 4678

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated August 19th, 1918.

4678 Pte. J. Nurse.

To be L/Cpl. from 17-8-18.

C.R. 4678

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

#4678 Pte. J. Nurse

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

C.R. 4678

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

#4678 Pte. John Nurse.

Attested for General Service with the Royal Hfld. Regt.
from 24/4/18 to report 15/5/18

Kurse, John

4678

Ray Dept.

January 16th., 1919

#4678 B. Serpl. John Nurse,
#7 Long's Hill,
City.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 518.

Yours faithfully,

Captain,
Paymaster & Officer i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4678 Rank Sgt Name John Hurse
 Intended place of residence 2 Longs Hill City
 2. Occupation grocer
 Classification of soldier Medical Category A11

3. The above named man is discharged in consequence of..... **DEMOBILIZATION.**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place
 Date DEC 18 1918
 J. M. Kelly Capt.
 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
Dec. 18-18
 J. Hurse
 Signature of soldier
 C. A. Dicks Capt.
 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
18-12-18
 J. Hurse
 Signature of soldier
 G. Meters
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24-4-18 No of days on Military
 Discharged from service 18-12-18 plus 28 days Service 269

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
 Date DEC 18 1918
 R. H. Lat 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, Nfld.
 Date January 15/1919
 M. Bowley Capt.
 Officer in Records
 The Royal Newfoundland Regiment

2019/53

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4678 Rank Sgt Name John Hurse
 Intended place of residence 7 Longs Hill City
 2. Occupation grocer
 Classification of soldier v Medical Category AU

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

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

Place DEC 18 1918 J. M. Kelly Capt
 Date DEC 18 1918 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 M. Johns J. York
Dec. 18-18 Signature of soldier
 Signature of witness C. P. Dicks Capt

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 M. Johns J. York
18-12-18 Signature of soldier
 Signature of witness G. Meters

STATEMENT OF SERVICE

7. Enlisted for service 24-4-18 No of days on Military
 Discharged from service 18-12-18 plus 25 days Service 269

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R. H. Jant Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date DEC 18 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place M. Johns, Nfld. M. Howley Capt
 Date January 15/1919. Officer in Records
 The Royal Newfoundland Regiment

238-2079/53

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4478 Rank Pte. Le Name Musa John
 Date of Enlistment 24.4.18 Address St Johns District St Johns
 Occupation Printer Classification for Discharge P Medical Category A
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	D 400A.....	B 1915.....	1	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....	1		" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 17.12.18.....

W. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

J. Musa

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable..... \$600
 (b) Clothing Supplied..... Joseph H. Snowling

Date..... 18-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *me* to his home at *St John* and Release Certificate No. *488* issued.

Date *18-12-18*

Aspicks Capt
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 *15-1-19*

Date *18-12-18*

Monkey Capt
Depot Paymaster.

Discharge approved for *18 12 18*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	1	N.F. Med.	D.F. 1	1	<i>From B</i>
E 178	W 3494	B 122		Board 1st	" 2	1	
B 178a	D 400A	B 1915	2	do 2nd	" 3	2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	1	do 4th	" 5		
B 179b	B 103	ME 2	1		" 6		
B 179c	B 120	M 98	1				

Date *19 12 18*

Aspicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

DEC 18 1918

Date

RH Hart Capt
O. C. Discharge Depot.

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

Date *Dec 23/1918*

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

MEDICAL HISTORY

OF

Surname Nurse Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>24th</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191	
	at <u>St Johns Nfld.</u>		at _____	
Declared Age	<u>20^{3/2}</u> years _____ days		years _____ days	
Trade or Occupation	<u>grocer</u>			
Height	<u>5</u> feet <u>4^{1/4}</u> inches		feet _____ inches	
Weight	<u>130</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded... <u>35</u> inches		inches	
	Range of Expansion... <u>3</u> inches		inches	
Physical Development				
Vaccination Marks	Arm	<u>One</u>		
	Number			
When Vaccinated	<u>12 years ago</u>			
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>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns, Nfld.</u>		at _____	
	on <u>24th</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191	
Joined on Enlistment	Corps.	<u>The Royal Nfld Regt.</u>	Corps.	
	Regtl. No.	<u>4678</u>	Regtl. No.	
Transferred to				
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)	<u>8</u>		<u>1</u>	
[Rank]				

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

Date	Brief Details, and Signature
16-5-18	Vacc <i>JP</i>
2-10-18	J.A.K. <i>JP</i>

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

21.11.18 *Wiley*

Date of T.M.B. Discharge

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 *Nurse John*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *4678*
 Intended address *No 7 Long's Hill, St. John's.*
 Height on discharge Feet
 Color of hair on discharge *Dark*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks
 Figure on discharge *Normal*
 Christian name of Father *Charles*
 Christian name of Mother *Marah.*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Sept 7th. 1897; St. John's.*
 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)

J. Ward

(Rank)

Lt. Col.

Station

Date

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.

W. J. Clav. Lieut. Col.
7th. O. C. Coy.
 Medical Officer in Hospital.
 Unit or Command Depot.

Station

Date



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 *Nurse John*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *4628*
 Intended address *No 7 Lang's Hill, St. John's.*
 Height on discharge Feet
 Color of hair on discharge *Dark*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks
 Figure on discharge *Normal*
 Christian name of Father *Charles*
 Christian name of Mother *Marg.*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Sept 7th. 1897; St. John's.*
 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) *J. Nurse*

(Rank) *R/Sgt.*

Station Date

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.

W. J. Clark Lieut. Col.
7th. D. C. Coy.
 Medical Officer i/c Hospital.
 Unit, or Command Depot.

Station 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 work as Clerk.

J. Moran

Signature of Man.

Proctor Capt.

Reg. No. *4678*

Signature of the Vocational Officer or his Representative.

Place

St Johns n. Y. L. I.

Date

18/12/18.

191

4678 L/c. J. Nurse is granted leave
of absence without pay till further orders.

RJ Hart Capt.

21/11/18.

received
21-11-18
L



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

REPORT OF TRAVELLING MEDICAL BOARD

Held 21-11-18 at Prince's Point
 No. 4678
 Rank L/Capt. Name J. H. W. S.

This is to certify that the above mentioned soldier has been medically examined and that he suffers from no disability whatsoever on account of Military Service in the Royal Newfoundland Regiment.

 O.C. Depot

J. Paterson
 S.M.O.

 M.O.



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

November 19th. 1918

LEAVE OF ABSENCE WITHOUT PAY.

In consideration of having been granted leave of absence without pay from the Royal Newfoundland Regiment for *until recalled* I hereby agree to free the Royal Newfoundland Regiment from any responsibility or claim whatsoever on my behalf arising during that period of absence without pay on account of my service in the Regiment since attestation. The leave of absence is subject to my reporting for duty at any time when ordered within the period mentioned.

Date... *21-11-18*

Signature of Soldier

Witness

J. Wood
R. Edward
W. M.

The Royal Newfoundland Regiment

Class for Demobilization:—

C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 18. 12. 18

Regimental No. 4678...

Name Nurse John. L/C.

Address No. 7 Lang's Hill,

St John's.

Present Medical Category A II

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

Members of Board

R. H. East Capt

O.C. Discharge Depot.

L. B. Paterson

Senior Medical Officer

W. E. Buxton

M. O. Depot



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *John Nurse.*

aged *24 yr.* conducted at *H. Quarter*

Date: *April 24 1915.* Recruiting Officer:

NO OF TEST

FINDING

1	<i>no</i>
2	<i>no</i>
3	<i>no</i>
4	<i>no</i>
5	<i>no</i>
6	<i>no</i>
7	<i>yes</i>
8	<i>yes</i>
9	<i>no</i>
10	<i>n</i>
11	<i>n</i>
12	<i>n</i>
13	<i>n</i>
14	<i>n</i>
15	<i>n</i>
16	<i>n</i>
17	<i>n</i>
18	<i>n</i>
19	<i>6/6 Both</i>
20	<i>n</i>
21	<i>n</i>
22	<i>n</i>
23	<i>n</i>
24	<i>n</i>
25	<i>n</i>
26	<i>n</i>
27	<i>n</i>
28	<i>n</i>
29	<i>n</i>
30	<i>n</i>
31	<i>n</i>
32	<i>n</i>
33	<i>yes. 17 yr. age 1 scar left to arm.</i>
34	<i>5 7 5 4 4</i>
35	<i>130 8 5</i>
36	<i>32-35</i>
37	
38	<i>mother Nora 12 Songs Hill St Johns</i>
39	<i>mother</i>

W/B

75

Signature of Medical Examiner: *Richard P*

St. John's, JUL 19 1918
(Date)

1st Newfoundland Regiment
BILLETING ACCOUNT

To Pts J Nurse

Billeting soldiers as undermentioned

from July 7/18 to July 19/18

4678 Pts J Nurse 12.00

AMOUNT	band Messing
CH. NO.	347
INITIALS	
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

[Handwritten initials]

Certified correct for \$ 12.00

C.H.S.

Paid
L. Nurse

June 22/18

[Handwritten signature]
Billiting Officer

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet one

Regiment of The Royal Rifles

Signature of O. C. Company W. M. Churchill R. N.

Regiment, Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>John Nurse</u>	Age on	20 years	months	
Joined		Place and Date of Enlistment		Religion	
Joined		Period of		Place of Birth	
Joined		with Colours	2 1/2 years.	<u>John</u>	
Joined		with Reserve	2 1/2 years.		

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
				<u>Demobilized St John's 15 '19.</u>					

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4678 Rank Plt. Lc. Name Nurse John
 Date of Enlistment 24.4.18 Address St Johns District St Johns
 Occupation Plumber Classification for Discharge 1 Medical Category A
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. F36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	1 B 1915	2	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	H 103	ME 2	1		" 6	
B 179c	B 120	M 93				

Date 17.12.18 Signature: Walter Cash
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. Nurse

Particulars passed to Vocational Officer for information and action.

Date: _____

2. Clothing.

DEC 18 1918

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$65.00
- (b) Clothing Supplied Joseph H. Lawrence

Date 18-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. Nil to his home at St John's and Release Certificate No. 488 issued.

Date 18-12-18

As Dicks Capt
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 15-1-19

Date 18-12-18

Atkinson Capt
Depot Paymaster.

Discharge approved for 18-12-18

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	✓ 1	N.F. Med.	D.F. 1	✓ 1	John B
E 178	W 3494	B 122	✓ 1	Board 1st	" 2	✓ 1/2	
B 178a	D 400A	B 1915	✓ 2	do 2nd	" 3	✓ 1/2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	✓ 1	do 4th	" 5		
B 179b	B 103	ME 2	✓ 1		" 6		
B 179c	B 120	M 93	x				

Date 19. 12. 18

As Dicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

DEC 18 1918

Date

RH Last Capt
O. C. Discharge Depot.

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

Date Dec 23/1918

M. Bowley Capt
1918-11-17

DEPARTMENT OF VETERANS AFFAIRS

DEPARTMENT OF
VETERANS' AFFAIRS

JAN 6 1964

WAR SERVICE **Gen Subj**

(SERVICE NUMBER 4678) **WVDF**

484589

Ottawa Ont

Date Jan 3/64

To Copy for H.O. file
Attention of
NAME NURSE, John.

C.P.C. No.
W.V.A. No.

NAVY
ARMY
R.C.A.F.

X

The DEPARTMENT has received information from

S.T.M.O. TEL MEMO MONTREAL, P.Q. DEC 31/63

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Dec 24/63
Cause of Death
Place of Death Queen Mary Veterans Hospital Montreal, P.Q.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~RAY~~
~~DOX~~
H.O.

Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry