



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5160 Name William Clifford Corps 6th E.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William Clifford
2. What is your full Address? 2. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 22 Years 0 Months
5. What is your Trade or Calling? 5. None
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7.
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9.
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, William Clifford 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.

..... SIGNATURE OF RECRUIT.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Clifford 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 on this day of 191

Signature of Attesting Officer W. Dicks

† 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)



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5160 Name William Clifford Corps S of C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>William Clifford</u> |
| 2. What is your full Address? | 2. <u>Salvage</u>
<u>Bonaventure Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years, <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisher man</u> |
| 6. Are you Married? | 6. <u>NO</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>NO</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 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. <u>Yes</u> |

I, William Clifford, 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.

M
18-5-10

William Clifford.....SIGNATURE OF RECRUIT.

W. Douglas.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Clifford, 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 18th day of May 1918.

Signature of Attesting Officer P. B. 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... May 18th 1918

Place... St. John's..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5160

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

Name William Oldford
 Apparent age 22 years — months. Height 5 feet 7½ inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Oldford
Salvage, B. 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards liability engagement reckons from <u>18-5-18</u>									
Joined at <u>St. John's</u> on <u>Nov 18-1918</u>									
<u>Discharged July 19 1919</u>									
<u>Embarked St. John's for Antwerp to Halifax N.S. 22-7-18</u>									
<u>Embarked for S.E. 23-11-18</u>									
<u>Re-embarked Queen 25-11-1918</u>									
<u>Admitted 11th Coy. Queen 15-1-19</u>									
<u>Embarked for 21st 2-1-19</u>									
<u>Admitted 3rd L.P. Coy. 22-1-19</u>									
<u>Surgeon then posted to Winchester 21-1-19. To help for demobilization 22-5-19.</u>									
<u>Arrived to embarkment 1-6-1919</u>									
Total Service forfeited as above <u>Demobilization St. John's 19-7-1919</u>									
Total Service towards Engagement to <u>19-7-1919</u> (date of discharge)									
" " Pensions " " " " " " " "									

C.R. 5160

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, July 25th, 1919.

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

5160 Pte. Wm. Oldford.

C.R. 5160

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. July 7th, 1919.

The discharge of the undernoted has been APPROVED by O.C.
Discharge Depot with effect from 5-7-19.

5160 Pte. W. Oldford.

C.R. 5760

Extract from Daily Orders Part 11 Depot. St. John's,

Date June 18th 1919.

5160, Pte. W. Oldford.

Reported at Headquarters 1/6/19.

sz "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5160

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. ~~Strength~~ By Lt. Col., B.J.Barton, D.S.O. Commanding
2nd Bn., 20-1-19.

The following having reported back from the 1st Bn. is
taken on the strength and posted to H. Co. 20-1-19.

5160 Pte. W. Oldford.

C.R. 5160

Extract from Casualties received from Pay and Record
Office London Jan. 21 13, 1919.

The undermentioned was discharged from 3rd London
G. Hospital on 11-1-19 and granted furlough to 20-1-19
marked fit for 1 duty

5160 Pte. W. Oldford.

C.R. 5160

Extract from Nominal Roll of sick and
wounded from France admitted 3rd., London
General Hospital 22/12/18.

#5160 Pte. W. Oldford.

Influenza.

5/60
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Dec. 27th, 1918

To James Oldford, Salvage, B.B.

Regret to inform you that Record Office, London, officially reports No. 5160, Private William Oldford at 3rd London General Hospital Wandsworth suffering from influenza

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chge Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

C.R. 5160

Extract from telegram from Synoptical London, Dec. 25th, 1918.

Wandsworth Dec. 22nd, Influenza 5160 Oldford.

C.R. 5160

Extract of DAILY ORDERS, PART 11, ROYAL NEWFOUNDLAND
REGIMENT, in France, Jan. 16th 1919.

#5160 Pte. W. Oldford.

21/12/18. Sick.

Embarkation to U.K.

C.R. 5160

Extract from Nominal Roll of Draft No. 56, from the 2nd.,
Battalion of the Royal Newfoundland Regiment, to the
1st., Battalion of the Royal Newfoundland Regiment. B. S.F.
Embarked Southampton 23/11/16.

#5160 Pte. W. Oldford.

C.R. 5/60

Extract from Daily Orders part 11, from Unit The Royal
Field Artillery, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
following "Columella" July 28, 1918.

#5160 Pte. William Oldford.

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 20, 1918.

#5160 Pte. William Oldford.

Attested for General Service with the Royal Nfld. Regt. S
from 18.5.18

W Oldford

C.R. 5160

W. O.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Royal Artillery*
2. Regt. No. *5160* 3. Rank *Plt.*
4. Name *Caldford* *W. J.*
(Surname) (Christian Names)
5. Age last birthday *23*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation }
7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
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 a (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? ✓

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.)

No complaint of no disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation

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

W. E. Proctor
 Medical Officer in charge of case.

Station *Haydock, Lancs*
 Date *26-3-19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

No. 5160 Rank Plt Name Oldford Wt

PAY	1.00	10	110
TOTAL			60
NET			50

DEBITS	Date	s d			CREDITS	Period		Days	Rate	s d		
						From	To					
Balance					Balance		22 1/8					11 1
Acquittance Rolls					Pay @ Ket Rate	23 1/8	11 1/4	50	50	25 00	5	2 9
Hospital Advances		1	0	0	R.A.	11 1/4	20 1/4	10	2 1/2			1 0 10
A.B. 64.					Citral							6 14 8
P.&R.O. Payments		1	0	0	4-14-8							
Cash R 391	11/19	4	1	00								

W.R. 11/19
£2-0-0

MEMORANDUM CONTINGENT

No. 2428/374.

NEWFOUNDLAND CONTINGENT
68, VICTORIA ST.
LONDON, S.W.
21 FEB 1919
R.F.P. 779
PAY & RECORD OFFICE

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/Bn. Ryl Nfld Regt.

Winchester.

P.D. 067 202
13/2/19
12th February 1919

Feb 20th 1919

5160. Pte Oldford. W.

With reference to the following telegram from the Minister of Militia / / (15.)

Receipt hereunder.
Forwarded to LIEUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2 Batt'n.

"Pay to - 5160. Oldford.W.

£10.0.0.

Received the sum of ten

Cheque £10.0.0. is enclosed for payment to this Soldier.

pounds in respect of

Kindly obtain his receipt hereon.

telegraphic remittance from the Minister of Militia.

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

Oldford. W.
No 5160 Rank Pte
Witness A.P. Carter

Jan 8/1/19

Please Pay to Bearer
5160 Rtd w Uldford

The Sum of one Pound
of his credit

R to J L d

Approved

Submission
Capt. Rame

Reg

OK
1-1-19
Receipt 222
R. J. L. d

Oldford, W

5160

Ag rept.

July 22, 1919

#5160 Pte. William Oldford,
Salvage, B. B.

Dear Sir:-

Please find enclosed Discharge Certificate #3177.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5160 Rank PLC Name O. L. Ford
 Intended place of residence Salvage Bonaville
2. Occupation Fisherman
 Classification of soldier E Medical Category A
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 3 1919
- [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, ST. JOHN'S
 Date JUL 3 - 1919
- [Signature]*
 Signature of soldier
- [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, ST. JOHN'S
 Date JUL 3 - 1919
- [Signature]*
 Signature of soldier
- [Signature]*
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 18-5-18 No. of days on Military
 Discharged from service 5-7-19 Plus 14 days Service 428

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place, ST. JOHN'S
 Date JUL 5 1919
- [Signature]*
 Officer in Charge Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
- Place, ST. JOHN'S
 Date July 19/1919
- [Signature]*
 Officer in Charge Records
 The Royal Newfoundland Regiment

ant 207913177

14
30
19
3

THE UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT



DATE

.....

.....

.....

.....

BY

.....

.....

.....

The Royal Newfoundland Regiment

Class for Demobilization: 96

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 2.7.19

Regimental No 5160

Name W. J. D. Dwyer

Rank Plt.

Address Salvage B. B.

Present Medical Category A-1

Recommended for: {

(a) Immediate discharge

(b) Standard Medical Board

Members of Board {

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

W. J. Dwyer
Senior Medical Officer

W. J. Dwyer
— M. O. Depot

The Royal Newfoundland Regiment

Reg. No. 5160 Rank Plt Name Oldford W. Bonajista
 Date of Enlistment 18-5-18 Address Salisbury St District H. 7
 Occupation Fisherman Classification for Discharge SH Medical Category SH
 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 349A	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 2-7-19 O. C. Discharge Depot. H. 7

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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

(b) Clothing Supplied _____

Date 3-7-19

O i/c. Re-clothing W. Bonajista

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R 2204 to his home at Salvage and Release Certificate No. 3168 issued.

Date 3-7-19 J.A. Snowball
Demobilization Officer

4. Pay and Allowances.

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

Date 3-7-19 J.A. Snowball
Depot Paymaster.

Discharged approved for 5-7-19
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		

2 Form B

Date 3-7-19 J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to—

Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 5 1919 R.H. Sait MAJOR
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.

W. Aldford

Signature of Man.

Reg. No. 5160

J. H. Snow Capt

Signature of the Vocational Officer or his Representative.

Place ST. JOHNS

Date JUL 3 - 1918

191

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

MEDICAL HISTORY

OF

Surname Alafora

Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Salvage BB County Nfld

SPECIAL RESERVE

REGULAR ARMY

Examined	on <u>18</u> day of <u>May</u> 191 <u>8</u>	at <u>S. Johns</u>	on	day of	191
Declared Age	<u>25</u> years		days	<u>1</u> years	days
Trade or Occupation	<u>Faberman</u>				
Height	<u>5</u> feet <u>7 1/2</u> inches			feet	inches
Weight	<u>128</u> lbs.				lbs.
Chest Measurement	Girth when fully expanded	<u>34</u> inches			inches
	Range of Expansion	<u>3</u> inches			inches
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	Arm				
	Number				
When Vaccinated					
Vision	R.E.—V= <u>4/6</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 Peterson</u>				
(Rank)	<u>Major</u>				
		Medical Officer.			Medical Officer.
Enlisted	at <u>S. Johns</u>		at		
	on <u>18</u> day of <u>May</u> 191 <u>8</u>		on	day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.	
Joined on Enlistment	<u>The Royal Nfld</u>				
	<u>Alafora</u>				
Transferred to					
Became non-effective by	on	day of	191	on	day of
(Signature)					
(Rank)					

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

No disability claimed.

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. Procunier, Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Weymouth*

Date *26-3-19*

* 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

July 24, 1919

#5160 Pte. William Oldford,
Salvage, B.B.

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being amount of first payment due you on account of the 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..... *William* 2. Surname..... *Oldford*
3. Rank..... *Pvt* 4. Regt. No. *5160*
5. Address in full to which future payments of gratuity are to be forwarded..... *Salvoze, B.B.*
6. Date of enlistment in the Regiment..... *May 18/18*
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 18/18 to July 3/19*

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.

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

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

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

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

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

19. Are you now serving in the Regt.? *No* If not give? - (a) Date of discharge *July 21/19* (b) 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 - from Oct. 1918 to Dec. 1918*

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.

ST. JOHN'S, JUL 3 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pvt W Oldford

Billeting Soldiers as undermentioned

from June 1/19 to June 30/19

5160 Pvt W Oldford ^{205.} 36. 00

ACCOUNT	<u>Btm</u>
DN. NO.	<u>2134</u> INITIALS <u>EW</u>
ISS. NUMBER	INITIALS
PAY NUMBER	INITIALS

Certified correct for \$ 36.00

J. A. Snowcraft
Billeting Officer.
co Oldford

^{205.}

The Department of Militia:

The sum of

fifteen Dollars & 15/100

ACCOUNT

Trans. Cash

CH. NO.

9312

Dollars is due

IND. LEDGER

Mr.

for

Transportation

Reg. No.

5160

Rank

Pte

Name

Olaford W. Belong B.B.

from

Alexander Bay

to

Selva

Carpet fare

\$ 15/100

2-9-19

J. A. Snow

Captain

Demobilization Officer

Salvage July 5/7/19

To Pay master and officer i/c Record
Depo. of Milita St. Johns

This is to certify that Pt w Oldford
had to pay the sum of \$15 for
traveling expenses from Alex Bay
to Salvage house and Corrag \$5
and motor boat \$10 the distance of 25 miles

5160 Pt w Oldford
Salvage Bonavista Bay

Discharged 5/7/19

for
H. Clouston
R

A. C. B.

Ex Pte W. Oldford,
Salvage,
B.B.

Dear Sir:

I enclose cheque for \$15.00
amount due you for travelling expenses paid
by you whilst proceeding to your home.

Yours truly

Major
Paymaster,

LM/
Enc. 1

C.R. 5160

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal 1914-1919.

Date... *Nov. 19th 1919.*
Place... *Salvage*.....

Name... *Ex. Pte W. Oldford,*

12
1501
1000
1000

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

1000
1000
1000

1000

OCT 20 1921 1921.

The accompanying ~~Victory Medal~~ ~~War~~ British War Medal
is/are forwarded herewith to

William Oldford

in respect of his service as No. 5160 Rank Pto.

Name W. Oldford Royal Nfld. Regt.
~~Nfld. Infantry Bn.~~

Receipt of the same should be acknowledged hereon.

Received British War Medal.

Signature W. Oldford.

Date Oct 25th 1921

Address Seaburg.

[P.T.O.]

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5160 Rank Plt. Name Oldford, E. W.
 Date of Enlistment 18-5-18 Address Salisbury District Bonaville
 Occupation Fisherman Classification for Discharge 1st Medical Category H.I.
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1936	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 2-7-19 O. C. Discharge Depot. Miss H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation: in Oldford

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
 (b) Clothing Supplied _____

Date 3-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ⁸²²⁰⁴ 3188 to his home at Salvage and Release Certificate No. 3188 issued.

Date 3-7-19

J.A. Snowball
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 4-7-19

Date 5-7-19

Depot Paymaster.

Discharge approved for 5-7-19

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

N.F. P/36	B 268	B 121	V.F. Med	D.F. 1
B 178	W 3194	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 3-7-19

J.A. Snowball
O.C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 5 1919

O. C. Discharge Depot.

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

Date July 21 1919

[Signature]

Reg. No. *1165* Rank *1st* Name *Johnson, Wm*

Attested *[Signature]* Address *Salvage*

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

Date of Allotment..... Returned from Overseas *29.1.19.*

Returned on S.S. *Corzican* Cause *Discharge*

3.7 19
5.7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.



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 *Oldford William*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2760*

Intended address *Salvage B.B.*

Height on discharge *5 feet 8*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *None*

Christian name of Father *James*

Christian name of Mother *Sarah*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Salvage, B.B. 4 Nov. 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) *Oldford William*

(Rank) *[Signature]*

Station *H. John*

Date *2-7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station

Date

