

TRIPPLICATE.

(181877) Wt. W2228/2711. 250,000. 2/18. P.&F.Ld. 25/7.

FORM B. 2505

Army Form B. 2505.

SHORT SERVICE (For the Duration of the War.)



ATTESTATION OF

No. 3073 Name Allan O'Toole Corps 2nd Bn Royal Newfoundland Regt

Questions to be put to the Recruit before Enlistment.

- 1. What is your Name? ... 1. Allan O'Toole
2. In or near what Parish or Town were you born? ... 2. In the Parish of Caplin Bay in or near the Town of Ferryland District in the County of Newfoundland
3. What is your full Address? ... 3. Caplin Bay Ferryland
4. Are you a British Subject? ... 4. Yes
5. What is your Age? ... 5. 18 Years 7 Months
6. What is your Trade or Calling? ... 6. Sailor
7. Are you Married? ... 7. No
8. Have you ever served in any branch of His Majesty's Forces, naval or military? ... 8. No
9. Have you truly stated the whole, if any, of your previous service? ... 9. Yes
10. Are you willing to be vaccinated or re-vaccinated? ... 10. Yes
11. Are you willing to be enlisted for General Service? ... 11. Yes
12. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ... 12. Voluntary (Name Allan O'Toole Corps 2nd Bn Royal Newfoundland Regt)
13. Are you willing to serve upon the following conditions, provided His Majesty should so long require your services? ... 13. Yes

I, Allan O'Toole do hereby 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: Allan O'Toole, Signature of Witness: R. Grimes, Sgt.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Allan O'Toole swear by Almighty God 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, and will observe and obey all orders of His Majesty, His Heirs, and Successors, and of the Generals and Officers set over me. So help me God.

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 Hagley Down Camp, Winchester on this 25th day of August 1918. Signature of the Justice: J. J. August 25

† 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 2nd Newfoundland Regt. If enlisted by special authority, Army Form B. 203, M.N.S. Form 203 (or other authority for the enlistment) will be attached to the original attestation. Date August 25th 1918. Place Hagley Down Camp, Winchester. Approving Officer: J. J. Barton, LICUT. COLONEL, COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.

* If so, the 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.

Applicable to all ranks.
(To correspond with Entries on the Medical History Sheet.)

Name Allan O'Loole

Apparent age 18 years 7 months. Height 5 feet 5 inches.

Chest Measurement { Girth when fully expanded 32 inches:
Range of expansion 2 inches.

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next-of-kin Mother, Mrs Mary O'Loole

Captain Bay. Newfoundland Relationship Mother

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) Signature of Officer verifying entry from Certificate.

(a)	(b)	(c)	(d)
			Verified from certificate.

Particulars as to Children.

Christian Names.	Date and Place of Birth.	(d)
		Verified from certificate.

MILITARY HISTORY SHEET.

1. Passed classes of Instruction † <small>† This includes any authorised class of instruction, e.g., in swimming, chiropody, &c.</small>		
2. Campaigns ... (including Actions) ...		
3. Wounded ...		
4. Special instances of gallant conduct and mentions in public despatches.		
5. Medals, decorations and annuities.	Name of Medal.	Clasps.
6. Injuries in or by the service ...		

STATEMENT of the SERVICES of No.

Name

Corps	Battn. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of Pension		Signature of Officers certifying correctness of entries
					years	days	
Service towards limited engagement reckons from							
Joined at _____ on _____							
							<i>Discharged</i> <i>3/1/18</i> <i>107</i>
Total Service forfeited as above							
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days							
" " " Pension " _____ (") " " "							

DUPLICATE

(101877) W. FORM 2711, 20.000, 0/18. P. & L. Ed. 1916

Forms
B. 2503



SHORT SERVICE.

(For the Duration of the War.)

ATTESTATION OF

No 2073 Name Allan O'Toole Corps 2nd Royal Newfoundland Regt

Questions to be put to the Recruit before Enlistment.

1. What is your Name? ... 1. Allan O'Toole
2. In or near what Parish or Town were you born? ... 2. In the Parish of Caplin Bay
in or near the Town of St. John's
in the County of Newfoundland
3. What is your full Address? ... 3. Caplin Bay Newfoundland
4. Are you a British Subject? ... 4. Yes
5. What is your Age? ... 5. 18 Years 7 Months
6. What is your Trade or Calling? ... 6. Sailor
7. Are you Married? ... 7. No
8. Have you ever served in any branch of His Majesty's Forces, naval or military? If so, state particulars (i.e., if you have served in any of the Military Forces your regimental number, regiment, date, and cause of discharge). ... 8. No
9. Have you truly stated the whole, if any, of your previous service? ... 9. Yes
10. Are you willing to be vaccinated or re-vaccinated? ... 10. Yes
11. Are you willing to be enlisted for General Service? ... 11. Yes
12. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ... 12. Voluntary (Name Allan O'Toole Corps 2nd Royal Newfoundland Regt)
13. Are you willing to serve upon the following conditions, provided His Majesty should so long require your services? For the duration of the War, at the end of which you will be discharged with all convenient speed. If employed with Hospitals, depots of Mounted Units, and as Clerks, &c., you may be retained after the termination of hostilities until your services can be spared, but such retention shall in no case exceed six months? ... 13. Yes

I, Allan O'Toole do hereby 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.

Allan O'Toole SIGNATURE OF RECRUIT.
R. Grimes Sgt Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Allan O'Toole swear by Almighty God 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, and will observe and obey all orders of His Majesty, His Heirs, and Successors, and of the Generals and Officers set over me. So help me God.

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 Hayley Down Camp on this 13th day of August 1916.

Winchester Signature of the Justice R. Grimes Sgt

† 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 2nd Royal Newfoundland Regt.

If enlisted by special authority, Army Form B. 203, M.N.S. Form 203 (or other authority for the enlistment) will be attached to the original attestation.

Date August 13th 1916 A. Daston LIEUT. COLONEL.
Place Hayley Down Camp Winchester COMMANDING 2ND BN. ROYAL NEWFOUNDLAND 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, the 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) _____ on the (Date) _____

-DESCRIPTIVE REPORT ON ENLISTMENT.

Applicable to all ranks.
(To correspond with Entries on the Medical History Sheet.)

Name Allen O'Loole
 Apparent age 18 years, 7 months. Height 5 feet 5 inches.
 Chest Measurement { Girth when fully expanded 52 inches.
 Range of expansion 2 inches.
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next-of-kin Mrs Mary O'Loole
Caplin Bay Newfoundland Relationship Mother
 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) Signature of Officer verifying entry from Certificate.

(a)	(b)	(c)	(d) Verified from certificate.

Particulars as to Children.

Christian Names.	Date and Place of Birth.	(d) Verified from certificate.

MILITARY HISTORY SHEET.

1. Passed classes of Instruction †	<u>Entered at Winchester 23-8-18</u>	
† This includes any authorised class of instruction, e.g., in swimming, chiropody, &c.	<u>to Newfoundland for demobilization 24-6-19</u>	
2. Campaigns ... (including Actions)	<u>Arrived Newfoundland 1-7-19</u>	
3. Wounded ...	<u>Demobilization at John's 3-8-1919</u>	
4. Special instances of gallant conduct and mentions in public despatches.	<u>346 days</u>	
	Name of Medal.	Clasps.
5. Medals, decorations and annuities.		
6. Injuries in or by the service ...		

C.R. 3073

Extract from Daily orders Part II Royal Newfoundland
Regiment Depot St. John's dated Aug. 8th 1919.

The discharge of the undernoted on demobilisation has
been CONFIRMED by Officer i/c Records from noted date
8-8-19.

3053,, Pte. A.O'Toole.

C.R. 3073

Extract from Daily Orders part II, Unit the Royal Newfoundland
Regiment dated July 21st. 1919.

The discharge of the undernited on demobilization has been
APPROVED by C. C. Discharge Depot on noted date.

#3073 Pte. A. O'Toole. 20-7-19.

C.R. 3073

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 3rd 1919.

3073 Pte. O'Toole, F.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 3073

Extract from Daily Order By. Lt. Col. B.J. Barton, D.S.O.
Commanding 2nd Bn. Royal Wfld. Regt. 26-8-18.

Regimental No's have been allotted as under.

3073 Pte. A. O'Toole.

C.R. 3073

Extract from Orders By Lt. Col. B.J. Barton, D.S.O. Commanding
2nd Bn. Royal Nfld. Regt. 23-8-18,

Pte. R. O'Toole.

Having enlisted and attested is taken of the strength and posted to "E" Company.

C.F.

3073

Allen O'Toole was attested for General Service
with the NEWFOUNDLAND REGIMENT on .. August. 23rd. 1918
Regimental No. 3073 was allotted to Pte A.O'Toole

AUTHORITY:

Record Officer

Dept. of Militia,

March 20th. 1919.

A. O. Sook.

8073

P. & P. O.

ORIGINAL

K4640

NEWFOUNDLAND CONTINGENT


ENTERED	✓
PAY LEDGERS	✓
NUM. REC'D	✓
ALLOT. INFO	✓
" REGIST.	✓
EXAMINED	✓

S.F.P. / 11.

ALLOTMENT

I, (No.) 3073 (Rank) Pte (Name) O' Toole. Allan

hereby agree, until further notification by me, and in required form, to make an Allotment of _____ dollars and 40 cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.,

Whether Wife, Child, other Relative or Friend.	NAME (In Full)	ADDRESS	AMOUNT (Each Person) \$ c.
Mother	Mary O' Toole 	Caplin Bay Ferryland Newfoundland	40
			40

This Allotment to take effect from and including October 1st 1918

NOTE:- This Form must be completed and signed by the Soldier, counter-signed by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with P.&R.O. C.L.10, 9/12/16.

(Sig.) Wilfrid Pappas
Officer Commanding,
"B" Company.

Dated at

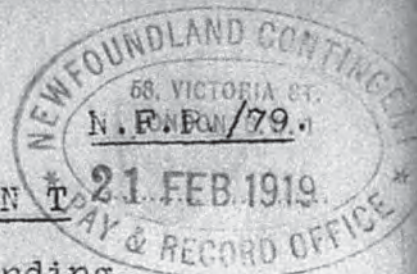
Hazelton Camp
Sep. 5th 1918

COPIES SENT	
No.	DATE
14936/152	
O.C. 1ST. BN.	
" 2ND. BN.	

(Sig.) A O Toole 3073
Allotter.

No. 2538/397

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.

*PD 067349
15/2/19*

14th February 1919

February 19th 1919

3073. Pte O'Toole A.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (21)

[Signature] LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to- 3073 O'Toole.

£7.1.10

Received the sum of seven pounds

Cheque £ 7.1.10. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

one & ten in respect of telegraphic remittance from the Minister of Militia.

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

A O Toole
No. 3073 Rank Private
Witness [Signature]

W. Toole, A.

3073

Pay Dept

August 3rd 1919.

#3073, Pte A.O'Toole,
Caplin Bay, Ferryland.

Dear Sir:

Enclosed please find Discharge Certificate # 3443.

Yours truly,

Capt. J. Rymaster.

RS)

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Sailor*
2. Regtl. No. *3073* 3. Rank... *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *C. Looke* *Alan* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *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?

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

Preferential

W.E. Procmier . *Capt. Name*
 Medical Officer in charge of case.

Station *W. G. L. B. Co.*

Date *2/4/19*

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

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^a to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname O' Toole Christian Name Alan

TABLE I.—General Table.

Birthplace { Parish Caplin Bay
County Wexford

Examined { on 23 day of August 1918
at Holyden Sp. Warsh. H.

Declared Age 18 years 7/2 days

Trade or Occupation Sailor

Height 5 feet 5 inches

Weight lbs.

Chest Measurement { Girth when fully Expanded 32 inches
Range of Expansion 2 inches

Physical Development good

Vaccination Marks { Arm..... RIGHT | LEFT
Number..... |

When Vaccinated never

Vision { R.E.—V— 6/6
L.E.—V— 6/6

(a) Marks indicating congenital peculiarities or previous disease—

(b) Slight defects but not sufficient to cause rejection—

Approved by MRK [Signature]
Rank Capt. Ros.
Medical Officer.

Enlisted { at Holyden Cert.
on 23 day of August 1918

Joined on enlistment	Corps	Regtl. No.
Transferred to		<u>3073</u>

Became non-effective by

on day of 1918

(Signature).....

(Rank).....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
<u>10/10/18</u>	<u>T.M. [Signature]</u>
<u>25.1.18</u>	<u>T.P. [Signature]</u>
<u>22.4.18</u>	<u>Vacc. [Signature]</u>
<u>22.8.18</u>	<u>T.M. [Signature]</u>

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				

It is hereby certified that Miss Miller has been by fire a Travelling Missionary and has been classified as a discharge on Demobilization Medical category.

[Handwritten signature]
 Date: 1919
 [Official stamp/seal]



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 *W' Cook, Alan.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *309*

Intended address *Captain Bay St. John's*

Height on discharge *5* Feet

Color of hair on discharge *Light brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *—*

Christian name of Mother *Moary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Captain Bay 13-1-1900*

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) *Alan W' Cook*

AG
(Rank)

Station *ST. JOHN'S.*

Date *18-7-19*

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.



Medical Officer i/c Hospital.
Unit or Command Depot.

Date

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5073 Rank Plt Name A. V. ...
 Date of Enlistment 23-8-18 Address Caplin Bay District St. John's
 Occupation Sailor Classification for Discharge By Medical Category A.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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.....	<u>2000</u>	" 6.....
B 179c.....	B 120.....	M 93.....		

Date 18-7-19.....

O. C. Discharge Depot. M. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. \$1000

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..... Am Blomster

Date 18-7-19.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2468 to his home at Caplin Bay and Release Certificate No. 3710 issued.

Date 18-7-19

W. H. Houston
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 3-8-19

Date 18-7-19

H. M. [unclear]
Depot Paymaster.

Discharge approved for 20-7-19

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	1/2
B 178a	/ D 400A	/ B 1915	/	do 2nd	" 3	Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	/ D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2		<u>2505-1</u>	" 6	
B 179c	B 120	M 93				

Date 18-7-19

W. H. Houston
Demobilization Officer.

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 20 1919

L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

A. C. Toole

Signature of Man.

A. M. Blonsky

Reg. No. *3073*

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

18-7-17

191

The Royal Newfoundland Regiment

Class for Demobilization: *E*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *July 18 / 19*

Regimental No. *3073*

Name *D Soole Alan*

Address *Cape Breton Ferryland*

Present Medical Category *A1*

Recommended for: (a) Immediate discharge

(b) ~~Standing~~ Medical Board

D R Coogan Capt
O.C. Discharge Depot.

Members of Board

J Peterson
Senior Medical Officer

Leo Burdell
~~M.O. Depot~~

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3073 Rank PLC Name O. Toole A
 Intended place of residence Cape Breton Bay Newfoundland

2. Occupation Sailor
 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 18 1919
 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 18 1919
 Signature of soldier A. O. Toole
 Signature of witness M. Johnston

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 18 1919
 Signature of soldier A. O. Toole
 Signature of witness W. Beaton

STATEMENT OF SERVICE

7. Enlisted for service 23-8-18 No. of days on Military
 Discharged from service JUL 20 1919 Plus 14 days Service 346

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 20 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date August 3/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

CRB 26 79 / 3443

August 9th 1919.

Mr. A. O'Toole,
Caplin Bay, Ferryland.

Dear Sir:

Referring to your application, I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of war ser-
vice gratuity.

Yours truly,

Capt. A. Kaymaster.

RS/.

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... *Allan* 2. Surname... *O'Sole*

3. Rank... *Pte* 4. Regtl. No. *3073*

5. Address in full to which future payments of gratuity are to be forwarded... *Caplin Bay, Southern Shore*

6. Date of enlistment in the Regiment... *August 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
No

8. Relationship of such dependents.....
—

9. Address in full of such dependents.....
—

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Eleven months*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
no

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

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

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

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

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

19. Are you now serving in the Regt.? *no* If not give:- (a) Date of discharge *July 31/19* (b) Reason for discharge *Demob*

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.
England

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

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

Signature of Applicant: *Chas G Jook*
 Place of Residence: *Caplan Bay, Southern Shores,*
 Declared before me at: *St John's*
 This *18* day of *July* 19*.19...*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *John McCarthy JP*

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.		Net amount due
.....	:
.....	:
.....	:
Certified correct.				:	Registrar

ST. JOHN'S, JUL 18 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte A O'Loole

Billeting Soldiers as undermentioned

from July 1/19 to July 16/19

3073 Pte A O'Loole 16 60

~~3345~~
3345
GEN. LEDGER

Certified correct for \$ 16.60

Alm Blush

Billeting Officer.

of O'Loole

602.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
 [666] W:017/2124 1000m 6/11ss 53 58

Forms
B. 121.
39.

Regiment of

The Royal Newfoundland

Number of Sheet *one*

Signature of O. C. Company

W. P. Piper Captain

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<i>5073</i> <i>Allan O'Toole</i>	Age on	<i>18</i> years <i>7</i> months	<i>Sailor</i>		
Joined _____ Date _____		Place and Date of Enlistment	<i>Hazley Camp 23 2 8 18</i>	Religion		
Joined _____ Date _____		Period of	{with Colours $\frac{376}{365}$ years. {with Reserve _____ years.	Place of Birth		
Joined _____ Date _____				<i>N.F. Caplin Bay</i>		

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>Demobilized 3-8-19</i>					

To be carried over

Army Form B. 121.

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

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Painter*
2. Regtl. No. *3073* 3. Rank. *plte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *A. Goble* *Allen* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *19*
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) ~~in~~ 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
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *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? }

Memorandum of the disability

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

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

16. Was an operation performed? If so, when and what was its nature?

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repetition

W.E. Proctor, Capt R.A.M.C.
 Medical Officer in charge of case.

Station .. *Hazeley Down*

Date .. *2/4/19*

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

The Royal Newfoundland Regiment

A 3073

DEMOBILIZATION OF

Reg. No. 3073 Rank Pls Name W. Hooker
 Date of Enlistment 23-8-18 Address Caplin Bay District Newfoundland
 Occupation Sailor Classification for Discharge F Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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.....	<u>2505</u> /	" 6.....
B 179c.....	B 120.....	M 93.....

Date 18-7-19 O. C. Discharge Depot. Mrs H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation. at O York

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 ambulance

Date 18-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at and Release Certificate No. 3710 issued.

Date 18-7-19
Demobilization Officer

4. Pay and Allowances.

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

Date 15-7-19
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
F 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....	<u>2505-1</u>	" 6.....
B 179c.....	B 120.....	M 93.....		

Date 18-7-19
Demobilization Officer.

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 20 1919
L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date Aug 11 19