



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4754 ~~7650~~ Name Ronald W Parsons Corps Inf

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

1. What is your name? ..... 1. Ronald W. Parsons
2. What is your full Address? ..... 2. 15 Belle St City
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 20 Years ..... Months
5. What is your Trade or Calling? ..... 5. Engineer
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, Ronald W Parsons 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.

Ronald W Parsons SIGNATURE OF RECRUIT.

J. Parsons Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ronald W Parsons 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 on this 25 day of April 1915

Signature of Attesting Officer [Signature]

† 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 25 1915  
Place. St John } 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) .....

4754  
Report 15-6-15

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Donald W Parsons  
 Apparent age 20 years 0 months. Height 5 feet 7 3/4 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches

Distinctive marks

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Annie Parsons  
15 Belle St | Relationship Sister

### 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 limited engagement reckons from <u>25-4-1918</u>									
Joined at <u>St Ann's</u> on <u>April 25-1918</u>									
<u>&amp; Discharged July 29 1919</u>									
<u>Take report for duty 15-5-1918</u>									
<u>To Hospital for demobilization 24-6-1919</u>									
<u>Arrives Camp on 1-7-1919</u>									
<u>Demobilization 29-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-7-1919 Date of discharge 1 years 76 days  
 Pensions

C.R. 4754

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Dated Aug. 1st 1919. Depot St. John's.

The discharge of the undernoted on demobilization has been  
COMPLETED by Officer i/c Records from noted date.  
29-7-19.

4754, Cpl. D. Parsons.

C.R. 4754

Extract from Daily Orders Part II Depot St. John's  
dated July 19th 1919, The Royal Newfoundland Regiment.

The discharge of the undernoted on demobilization has been  
APPROVED by U.C. Discharge Depot with effect from follow-  
ing date

15-7-19.

4754, cpl. D. Parsons.

C.R. 4754

Extract from Daily Orders Part VI. Vol. The Royal Field. Regt.  
St. John's, July 24th 1919.

4754 Cpl. D. Parsons.

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

C.R. 4754

Extract from Orders, by Lt. Col. H.V. Barton, D.S.O., Commanding  
2nd. Bn. Royal Newfoundland Regiment, dated 12/11/18.

The undermentioned who arrived at this station on the 11/11/18  
reverts as follows:

4754 Sergt. D. Parsons,

reverts to L/Corporal.

C.R. 4754

Extract from Daily Orders part II, Unit the Royal  
Newfoundland Regiment by Lieut. Col. B.J. Barton  
D.S.O. Officer Commanding the 2nd, Battalion dated 22-<sup>5</sup>3-19.

To be Acting Corporal.

4754 L/C. D.W. Parsons.

C.R. 4754

Extract from Daily Orders part II, Unit the Royal  
Newfoundland Regiment by Lieut. Col., B.J.Barton, D.S.O.  
Officer Commanding 2nd. Battalion dated 23-5-19.

Reference part II Orders dated 22-5-19 "Promotions" for  
"3988 L/Cpl. Parsons" D.W. read " 4754 L/Cpl. Parspns, W.D."



C.R. 4754

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,  
St. John's, Sept. 21/18.

4754 L/C. D. Parsons.

To be acting Corporal from 21-9-18.

C.R. 4754

Extract from Medical Roll for Overseas Detained at St. John's  
Sept. 22, 1916.

4754 A/Cpl. Parsons Donald.

Extract from Daily Orders part 11, from Unit The Royal  
Wfld.Regt.St.John's, dated April 29<sup>th</sup>1918.

#4754 Pte. D. Parsons.

Attested for General Service with the Royal Wfld.  
Regiment, S<sup>y</sup> from 27/4/18.

C.R. 4754

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, dated April 30, 1918.

#754 has been allotted to Pte. D.W.

Parsons in place of No. 4630.

Appeared in Daily Orders Part 11 No. 72 of April 29th,  
as Attested. This man has already appeared in Daily Orders  
Part 11 No. 71 of April 26th.

C.R. 4754

Extract from Daily Orders part 11, from Unit The Royal  
Mfld. Regt. St. John's, dated April 26th, 1918.

#4754 Pte. D. Patsons

Attested for General Service with the Royal Mfld. Regt.  
from 25/4/18. *Lo refuat 15/5/18*

L W Parsons

C.R. 4754

18  
1890



FORM K

No 6546



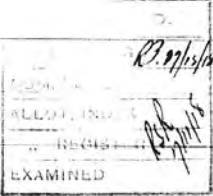
# THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Donald W Parsons, Regl. No. 4754,  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Dollars and Fifty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:

Allotment begins 1-8-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6544	Sister	Annie Parsons	15 Bell Street	50
Total Allotment, \$				50



NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) *[Signature]*  
 Officer Commanding  
*St Johns*  
 July 19 1918  
 B Company

(Sig.) *D. W. Parsons*  
 (Rank) *Private*  




No. 21587/2485/P&A



*26/408*

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: *[Signature]*  
Officer Commanding,  
2/Bn. Royal Nfld. Regt.,  
Hazeley Down Camp,  
Winchester.

30th December 1918

Subject: 4754, L/C. D. W. Parsons,

With reference to the following telegram (1141) from the Hon. Minister of Militia, received

"Pay to 4754, Parsons, £2.0.0.

Draft £2.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

*C*

26/408 1919

Receipt hereunder.

*[Signature]*  
LIEUT. COL.  
OFFICER COMMANDING  
2ND BN. ROYAL NEWFOUNDLAND REGT.  
ROYAL NEWFOUNDLAND REGIMENT.

Received the sum of £2.0.0.

Two Pounds — on account of cable remittance from Newfoundland.

Donald Parsons

No. 4754 Rank L/Cpl

Witness [Signature]

No. 7448/1477.

*P D-099839*  
N.F.V. 170.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
1/Bn Royal Newfoundland Regiment.  
Winchester.

15th May 1919

May 29<sup>th</sup> 1919.

4754 L/Cpl Parsons D.W.

With reference to the following telegram from the Minister of Militia / / 19 ( 182 ) :

Receipt hereunder.  
*I Paymaster for* LIEUT. COLONEL.  
COMMANDING 2RD BR. ROYAL NEWFOUNDLAND REGT.

"Pay to- 4754 Parsons.  
£7:0:0:

Received the sum of £7.0.0

Cheque £7:0:0: is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

in respect of telegraphic remittance from the Minister of Militia

*A. A. Minors*

*D.W. Parsons*

Chief Paymaster & O. i/c Records.

No. 4754 Rank *Capt*

Witness: *H. White*

No. 516/102/P&A.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn. Royal Nfld. Regt.,  
Hazeley Down Camp,  
Winchester.

10th January 1919

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Subject: 4754 / C. D.W. Parsons.

Receipt hereunder.

*Cham*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Royal Newfoundland Regiment.

With reference to the following telegram (305) from the Hon. Minister of Militia received

"Pay to 4754, Parsons, £1.0.0.

Received the sum of 1.0.0

Draft £ 1:0:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*One pound* on account of cable remittance from Newfoundland.

*A.A. Minors Maj.*  
Chief Paymaster & O. i/c Records.

No. 4754 Rank 4/Capt

Witness *J.P. Wall*

No. 3196/486.

From: NEWFOUNDLAND CONTINGENT

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

25th February 1919

4754. I/Cpl. Parsons. D.W.

With reference to the following telegram from the Minister of Militia / / (48)

"Pay to-4754. Parsons.

£1.0.0.

Cheque £1.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

To: Officer Commanding,  
2nd/Bn. Ryl Nfld Regt.

Winchester.

March 3<sup>rd</sup> 1919

Receipt hereunder.

J. Seymour

Officer Commanding **LIEUT. COLONEL**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**

Received the sum of One  
pound. in respect of

telegraphic remittance from the Minister of Militia.

D.W. Parsons

No. 4754 Rank L/Cpl

Witness Geo. Perry  
for O.I.M.S.

Parsons, L

4754

Hay sept.

July 29th 1919.

#4754, Cpl. D. Parsons,  
124, Water Street.

Dear Sir:

Enclosed please find Discharge Certificate # 3259.

Yours truly,

Capt. & Paymaster.

RS/.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4754 Rank Capt Name Parsons D.  
 Intended place of residence 124 Water St.

2. Occupation Engineer  
 Classification of soldier E Medical Category AI

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 15 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 15 1919 .....  
 Signature of soldier Douglas Parsons  
 Signature of witness [Signature]

### 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 15 1919 .....  
 Signature of soldier Douglas Parsons  
 Signature of witness W. J. Eaton Esq

### STATEMENT OF SERVICE

7. Enlisted for service 25-4-18 No. of days on Military  
JUL 15 1919 Service 461  
 Discharged from service ..... Plus 14 days

### 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 JUL 15 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 July 29/1919 .....  
 Officer i/c Records  
 The Royal Newfoundland Regiment

CAF 2079/3259

6  
31  
20  
29  
100

# The Royal Newfoundland Regiment

Class for Demobilization: 16

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 11/19

Regimental No. 4754

Name Parsons, Donald

Address 124 Water St. St.

Present Medical Category A1

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

N. R. Cooper Capt.  
O. C. Discharge Depot.

J. Peterson  
Senior Medical Officer

D. W. Burden  
M. O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4754 Rank Capt Name Parsons, L.  
 Date of Enlistment 25/4/18 Address 121 Water St District St. John's  
 Occupation Carpenter Classification for Discharge E 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.	<u>5</u>
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 14/7/19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

Donald Parsons

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #60.00

(b) Clothing Supplied [Signature]

Date 14/7/19 O i/c. Re-clothing.

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
 at 124 Water St. N.Y. and Release Certificate No. 3617 issued.

Date 15-7-19

*M. Bloustein*  
 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 29-7-19

Date 15-7-19

*H. H. H. H.*  
 Depot Paymaster.

Discharge approved for 15-7-19

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		" 6
B 179c	B 120	M 93		

Date 15-7-19

*M. Bloustein*  
 Demobilization Officer.

**APPROVED.**

Documents as above forwarded to:—  
 Officer in Charge Records.  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

**JUL 15 1919**

Date .....

*H. R. Coole*  
 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.

*Douglas Parsons*

Signature of Man.

*M. Bloustein*

Signature of the Vocational Officer or his Representative.

Reg. No. 4754

Place

ST. JOHN'S

Date

AS-8-19-

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

# MEDICAL HISTORY

Surname Saman OF Christian Name Donald W.

Table L—GENERAL TABLE.

Birthplace:—Parish S. Johns County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	25 <sup>th</sup> day of Apr 1918	S. Johns		
Declared Age	20 years	days	years	days
Trade or Occupation	Engineer			
Height	5 feet 7 <sup>3</sup> / <sub>4</sub> inches		feet	inches
Weight	133 lbs.		lbs.	
Chest Measurement	Girth when fully expanded	35 inches		inches
	Range of Expansion	3 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arms			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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)	Medical Officer.			Medical Officer.
Enlisted	at	S. Johns	at	
	on	25 <sup>th</sup> day of Apr 1918	on	day of 191
	Corps		Corps	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	The Royal 46 <sup>th</sup> Regt			
	Nfld Regt. 4754			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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

Date	Brief Details, and Signature
25-4-18	Vac. 70
17-5-18	Inoc. 70
14-9-18	T.A.B. 70

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 76 for Discharge on Demobilisation. Medical category 1  
 July 14/19  
 \_\_\_\_\_  
 Discharge Certificate

**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 *Parsons, Donald*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4754*

Intended address *124 Water Street West.*

Height on discharge *5* Feet *7 3/4*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *—*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St Johns 2-12-1897*

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) *Donald Parsons* *Capt.*  
(Rank)

**ST. JOHN'S.**

Station

Date

*14-7-19*

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

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 New Brunswick* 7. Former Trade or Occupation } *Engineer*
2. Regtl. No. *1784* 3. Rank. *Lt Col* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Parsons* *Donald W.* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *31*
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. *no*
12. Place of origin of disability. *no*
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. *no*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. .. .
  - (ii.) Previous active service.. .. .
  - (iii.) Climate in pre-war service .. .. .
  - (iv.) Ordinary military service before the war .. .. .
  - (v.) Serious negligence or misconduct on the man's part. } .. .. .

14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

15. What is his present condition ?

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

*No Complaint of Disabilities*

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

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

*Repatration*

*W. E. Proctor* *C. H. Runc*

Medical Officer in charge of case.

Station *Kazley Down* .. .. .

Date *10/4/19* .. .. .

\* 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





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..... *Donald* ..... 2. Surname..... *Parsons* .....

3. Rank..... *QPL* ..... 4. Regtl. No..... *4754* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *424 Water St West* .....

6. Date of enlistment in the Regiment..... *St Johns* ..... *25/18* .....

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

8. Relationship of such dependents..... *No* .....

9. Address in full of such dependents..... *No* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No* .....

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

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *1 yr 2 mo* .....

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

..... *No* .....

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

..... *No* .....

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

..... *No* .....

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

..... *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?

..... *No* .....

19. Are you now serving in the Regt.?

..... *No* .....

If not give (a) date of discharge.

*July 15/19* (b) Reason for discharge. *Recd of*

..... *Recd of* .....

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.

..... *No England only* .....

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

..... *No* .....

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

Signature of Applicant: *Donald Parsons*  
 Place of Residence: *124 Water St W., St Johns*  
 Declared before me at: *St Johns*  
 This *15* day of *July* 19*17*.....

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

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

SEPARATION ALLOWANCE.

Claimant..... *Annie Parsons*..... (*Sister*)

On account of *Donald Parsons*: No. *4784*.. Rank. *Cpl.*

Decision..... *Refused.*  
*Dependance not established*  
.....  
.....

.....  
*W. J. Anderson Capt. Col.*  
*M. Rowley Major*  
.....

Date..... *Feb. 11/1920*.....

Instructions.....  
.....  
.....  
.....

6546

Allotment of *50* per day payable to *Annie Parsons*  
his *Sister* from *1/8/18* to *29/7/19*

Discontinued on account of *being discharged*  
*L. Pike S. Sgt.*



Items, Inc  
Ethel Henderson, Lynn, Mass. U.S.A.  
Married

Lillian Hennessey, Lynn, Mass. U.S.A.  
Married

Allan Parsons, Plymouth Rd.  
Married

Nellie Murphy, Sydney, N.S.  
Married

Herbert Parsons, Bell St.  
Married

x Fred. Parsons, 124 Water St. W.  
Married

x Susie Parsons, 124 Water St. W.  
Single

x Rose Parsons, 124 Water St. W.  
Single

(SISTER)

NEWFOUNDLAND CONTINGENT.

SEPARATION ALLOWANCE BRANCH  
(Information for Board of Review)

NOTICE.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. Each statement is considered as being made on Oath, and the Form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to:-

THE PAYMASTER,  
Separation Allowance Branch,  
St. John's Newfoundland.

1. Name in full of Soldier, Rank Post. or Unit. Reg. No.  
*Donald Parsons, Cpl. R.R. Reg. 4754*

2. Age of Soldier Married or Single.  
*27 Married*

3. Name in full of Sister of Soldier Age Occupation Permanent Address.  
*Aunai Parsons 19 None 124 Water Street*

4. Give name of Father and Mother Age Occupation Permanent Address.  
*Andrew & Phoebe 51 & 59 Painter Dead*

5. Names of other Brothers and Sisters. Address in Full Age Occupation Married or Single.  
*None*

6. State amount earned by you per month.  
*Nothing*

7. Are you a chronic invalid and incapacitated? State nature of illness. (Medical certificate must be enclosed with this Declaration stating from what date applicant has been incapacitated and for how long incapacity is likely to continue.)  
*No.*

8. State amount and source of any other income.  
*None*

9. What is the value of your (A) real property (B) personal property.  
*None*

10. Are you married?  
*No.*

11. State actual amount contributed by soldier during the year prior to enlistment.  
*24<sup>00</sup> per month*

12. Was this amount contributed weekly or monthly?  
*6.00 weekly*

13. Did this amount include payment of Brother's Board &c.?  
*Yes*

14. State your brother's trade or occupation prior to enlistment.  
*Apprentice Engineer*

15. With whom are you residing at present?  
*with brother at 10 Water Street*

- 16. State amount of his wages per week. *\$16.00 per week*
- 17. State name and address of his last employer. *Mrs. Reid Hild Coy*
- 18. State amount of support monthly from brother since enlistment. *\$15.00* ~~\$18.00~~ *monthly*
- 19. State amount of "Allotment" received by you from brother monthly. *\$15.00* ~~\$18.00~~ *monthly*
- 20. From what date have you received Allotment. *Aug 1st, 1918*
- 21. Actual amount contributed by other Brothers and Sisters. *Nothing* Weekly Monthly.
- 22. If not receiving support from other brothers and sisters, state cause. *All married but Susan & Rose*
- 23. Have you made previous claims for Separation Allowance, if not, why? Give particulars. *No,*
- 24. Was the soldier at the time of his enlistment an employee of the Nfld. Government? *No,*
- 25. In what capacity and in what place. *—*
- 26. Is he in receipt of a salary as such while serving in the Nfld. Regiment, if so, how much. *No,*
- 27. Are you already in receipt of Separation Allowance from any source? If so, how much? *No,*
- 28. Are you in receipt of Payment from any Patriotic Fund, if so, how much? *No*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the Evidence Act.

Signature of Applicant... *X Annie Parsons* .....

Place and Residence... *124 Water Street* .....

Declared and subscribed before me at... *St. John's, Nfld.* .....

this... *2nd* ... day of... *Sept* ... 19... *19*

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

This application must be signed by two responsible Parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge, after careful inquiry, the above statements are correct, and the Soldier above mentioned is the sole support of the applicant.

Signature of Clergyman... *W. B. Padden* .....

Signature of Member of Patriotic Fund Committee... *James J. Grant* .....

Jan. 23, 1920

Miss Annie Parsons,  
#124 Water St West,  
City

Dear Madam:-

Referring to your application  
for Separation Allowance, will you kindly furnish  
me with Marriage Certificates of your Brothers:

ALLAN PARSONS  
FRED. PARSONS AND  
HERBERT PARSONS,

and your own Birth Certificate.

Also kindly inform me the  
dates of death of your parents.

Thanking you in advance,

Yours truly

Major

Paymaster.



Jan 23, 1920

C.H. Hutchings, Esq.,  
Inspector General of Constabulary,  
City

Dear Sir:-

Will you be good enough to  
furnish me with a report upon the circumstances of  
Miss Annie Parsons of #124 Water St West.

Thanking you in advance,

Yours truly

Major

Paymaster.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

Jan. 23 1920

Miss Annie Parsons,  
#124 Water St West,  
City

Dear Madam:-

Referring to your application  
for Separation Allowance, will you kindly furnish  
me with Marriage Certificates of your Brothers:

ALLAN PARSONS	<i>of Royal Stone</i>	m.	<i>27/9/15.</i>
FRED. PARSONS AND		m.	<i>15/8/14.</i>
HERBERT PARSONS,		m.	<i>28/10/13.</i>

and your own Birth Certificate.

Also kindly inform me the  
dates of death of your parents. ?

Thanking you in advance,

Yours truly

 Major

Paymaster.

February 19, 1920

Miss. Annie Parsons,  
#124 Water St. west  
City

Dear Miss Parsons:-

Referring to your application for separation allowance, I have been directed to inform you that same cannot be granted, because your total dependence upon your brother Donald has not been satisfactorily established.

Yours truly,

Major

Paymaster.

4754 Parsons

PM.

Please make first pay to G.

2/1/19

W.P.R.

Decembbrr 23rd 1919

Major Howley  
O. I. C. Records

Please pay to D. Parsons, 4754  
the sum of thirty dollars  
in payment of allowance for the month of December  
and charge same to Civil Re-establlishment Committee

\$30.00

Wages \$30.00

ACCOUNT	
CH. NO. 25085	INITIALS <i>How</i>
INL. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

*Howley*  
.....  
Vocational Officer

*D. Parsons*

December 3rd 1919

Major Howley  
O. I. C. Records

Please pay to 4754, D. Parsons  
the sum of thirty dollars  
in paymrt of allowance for month of November  
and charge same to Civil Re-establishment Committee

\$30.00

*wages*  
~~Donston~~

\$30.00

ACCOUNT	
OR. NO. 21159	INITIALS <i>CBA</i>
ISS. LEADER	INITIALS
PAY LEADER	INITIALS
GEN. LEADER	INITIALS

*[Signature]*  
Vocational Officer

~~[Signature]~~  
*D. Parsons*

Sept 2nd 1919

*A. C. R.*

Capt. Howley  
O. I. C. Records

Please pay to Donald Parsons 4754  
the sum of twenty four dollars  
in payment of allowance for twenty four days to Aug 31st 1919  
and charge same to Civil Re-establishment Committee

\$24.00

Wages \$30.00 monthly

*Butler*

Vocational Officer

*Donald Parsons*

ACCOUNT	
CH. NO. <i>88 88</i>	INITIALS <i>But</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Jany 30th 1920

*J.P.A.*

Major Howley  
O. I. C. Records

Please pay to D. Parsons, 4754  
the sum of thirty dollars  
in payment of allowance for month ended Jany 31st 1920  
and charge same to Civil Re-establishment Committee

\$30.00

Wages \$30.00 Monthly

ACCOUNT	<i>C. B. H.</i>
AMOUNT	<i>27625</i>
DATE	
BY	
FOR	

*Howley*

*D. Parsons*

Vocational Officer



March 30th 1920

Major Howley  
O. I. C. Records

Please pay to D. Parsons, 4754  
the sum of thirty dollars  
in payment of allowance for month ended March 31st 1920  
and charge same to Civil Re-establishment Committee

\$30.00

Wages \$30.00

*J.P.H.*

ACCOUNT	
CHK NO.	33336
INITIALS	<i>Ed</i>
DATE	
AMOUNT	
PAID TO	
PAID BY	<i>[Signature]</i>

*W. W. Mitchell*  
Vocational Officer

*D. Parsons*

4th March 1920

Major Howley  
O. I. C. Records

Please pay to D. Parsons, 4754  
the sum of thirty dollars  
in payment of allowance for month of February 1920  
and charge same to Civil Re-establishment Committee

\$30.00

Wages	\$30.00
Pension	Nil

*Handwritten initials*

*Handwritten signature*

31364

<i>Handwritten signature</i>
------------------------------

Vocational Officer

D. Parsons

July 31 1920

Major Howley  
O. I. C. Records

Please pay to D. Parsons, 4754  
the sum of twenty seven dollars and eighty six cents  
in payment of allowance for month ended this date  
and charge same to Civil Re-establishment Committee

\$27.86

Wages \$32.14

ACCOUNT		INITIALS	
CHK. NO.	1722	INITIALS	<i>[Signature]</i>
INT. LEDGER		INITIALS	
PAY LEDGER		INITIALS	<i>[Signature]</i>
GEN. LEDGER		INITIALS	

*C. J. [Signature]*  
*W. Mackell,*  
Vocational Officer

*D. Parsons*

Sept 1 1920

Majpr Howley  
O. I. C. Records

Please pay to D. Parsons, 4754  
the sum of twenty seven dollars and eighty six cents  
in payment of allowance for month ended Aug 31 1920  
and charge same to Civil Re-establishment Committee

\$27.86

Pension Nil

Wages \$32.14

ACCOUNT	3166	INITIALS	<i>[Signature]</i>
CH. NO.			
INL. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

*[Handwritten initials]*

*[Handwritten signature]*

Vocational Officer

*[Handwritten signature]*

Oct 30 1920

Major Howley  
OL I. C. Recorxs

Please pay to D. Parsons, 4754  
the sum of ten dollars and sixty eight cents  
in payment of allowance for month ended Oct 31 1920  
and charge same to Civil Re-establishment Committee

\$10.68

Wages

\$49.32

ACCOUNT		INITIALS	<i>HH</i>
CHK. NO.	<i>3225</i>	INITIALS	<i>HH</i>
INL. LEADER		INITIALS	<i>HH</i>
PAY LEADER		INITIALS	<i>HH</i>
GEN. BOOK		INITIALS	<i>HH</i>

*F. C. R.*

*B. Butler*

Vocational Officer

*R. White*

Oct 2 1920

Major Howley  
O. C. Records

Please pay to D. Parsons, 4754  
the sum of six dollars and forty three cents  
in payment of allowance for month ended Sept 30 1920  
and charge same to Civil Re-establishment Committee

\$6.43

Wages            \$53.57

ACCOUNT		
CH. NO.	2922	INITIALS
INL. LEDGER		INITIALS
PAY LEDGER		INITIALS
GEN. LEDGER		INITIALS

F. C. R. *F. C. R. Brown*  
Vocational Officer

D. Parsons



BB)EB

March 5th, 1921.

Major Howley,  
O. I. C. Pay & Records.

Please pay to D. Parsons, 4754,  
the sum of ~~ehirty~~ thirty dollars and seventy-five cents, in payment  
of monthly allowances. Charge same to the Civil Re-estqblishment  
Committee.

\$30,75

*J. H. ...*

Vocational Officer.

*D. Parsons*

ACCOUNT		INITIALS	<i>Ew</i>
GR. NO.	5303	INITIALS	
DATE		INITIALS	
AMOUNT		INITIALS	

Jan 6th 1921

Major Howley  
O. I. C. Records

Please pay to D. Parsons, 4754  
the sum of six dollars and forty three cents  
in payment of allowance for month ended Dec 31st 1290  
and charge same to Civil Re-establishment Committee

\$6.43

Pages \$53.57

*A. C. S.*

*S. H. Miller*

Vocational Officer

*[Signature]*

ACCOUNT	
Ch. No.	4632
INSTRUMENT	INVOICE
DATE	
AMOUNT	
REMARKS	

*[Signature]*

BB/EB

January 29th, 1921


Major Howley,  
O. I. C. Pay & Records.

Kindly pay to D. Parsons, 4754,  
the sum of nineteen dollars and eighteen cents,  
in payment of monthly allowance. Charge same to the Civil Re-estab-  
lishment Committee.

\$19.18

F. C. R. B. A. Miller

Vocational Officer.

ACCOUNT	4922	Ew
CH. NO.		
INITIALS		
INITIALS		

R. White

BB/ME

December 4, 1920

Major Howley  
O.I.C. Pay and Records.

Please pay to D. Parsons, 4754  
the sum of six dollars and forty three cents  
being allowance for the month ended Nov. 30th 1920  
and charge the same to the Civil Re-establishment

\$6.43

Wages. \$53.57

4260	<i>Ed</i>
INL. LEDGER	INITIALS
PAY LEAFLET	DATE
GEN. LEDGER	REVISION

*[Signature]*

*F.C.P.*  
*[Signature]*  
Vocational Officer.

*F. Downton*

Nov 5th 1919

Major Howley  
O. I. C. Records

Please pay to D. Parsons, 4751  
the sum of thirty dollars  
in payment of allowance for month ended Oct 31st 1919  
and charge same to Civil Re-establishment Committee.

\$30.00

Pension	NIL
Wages	\$30.00

*[Signature]*  
.....  
Vocational Officer

ACCOUNT	19125	INITIALS	<i>[Signature]</i>
CN NO			
IND LEADS		INT LS	
PAY LEADS		INT LS	
CEN LEADS		INT LS	

*[Signature]*  
D. Parsons

ST. JOHN'S, JUL 15 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Cpl D Parsons

Billeting Soldiers as undermentioned

from July 1/19 to July 15/19

4754 Cpl D Parsons 15. 50

ACCOUNT	<u>157m</u>
CN NO	<u>3039</u> INITIALS <u>CS</u>
IND LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS

Certified correct for \$ 15. 50

Phelan

Billeting Officer.

etc.

Donald Parsons



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>/<sub>100</sub>

July 21 19 19

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.  
on account of Pay. W.S.G.  
balance

B. Parsons

Ch. No. <u>3583</u>	Initials <u>EW</u>
<u>50</u>	Initials <u>WR</u>
Pay Ledger.....	Initials.....
Gen. Ledger.....	Initials.....

Regtl. No. .... Rank .....

No. 4754

Rank *Cpl*

Name

*D Parsons*

1891

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

OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

Donald W. Parsons

in respect of his service as No. 4754 Rank A/Sgt.

Name D.W. Parsons

Royal Nfld. Regt.

~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received

British War Medal

Signature

Donald W. Parsons

Date

Oct 25/21

Address

124 Water Street West.

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
59.

Number of Sheet 101

Regiment of Royal Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>4754 2630</u>	Age on	20 years months	<u>Engineer</u>	<u>Promoted Lance Corp 14-1-15</u> <u>Acting Corporal 22-5-19</u>	
Joined	<u>Parsons D. W.</u>	Place and Date of Enlistment	<u>St Johns 25.4.14</u>	Religion		
Joined		Period of } with Colours <u>96</u> years. with Reserve <u>5 1/2</u> years.		Place of Birth		
Joined				<u>St Johns</u>		

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</u>	<u>St Johns</u>	<u>29</u>	<u>19</u>		

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4757 Rank Capt. Name Parsons, D.  
 Date of Enlistment 25-11-18 Address 124 Water St. District St. John's  
 Occupation Guard Classification for Discharge F Medical Category H.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.	3
B 179	D 400B	Form L	do 3rd.	" 4.	
B 179a	D 400C	Form K	do 4th.	" 5.	
B 179b	B 103	ME 2		" 6.	
B 179c	B 120	M 93			

Date 11-17-19 O. C. Discharge Depot St. John's

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Donald Parsons

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable \$65.00

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

Date 14-7-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. .... to his home  
 at ... *124 Halden St. N.Y.* and Release Certificate No. *3617* issued.

Date *15-7-14*

*Chas. G. ...*  
 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 *15-7-14*

*11/11/14*  
 Depot Paymaster.

Discharge approved for *15-7-14*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	D 122	Board 1st	" 2
B 178a	D 100A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 100C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date *15-7-14*

*Chas. G. ...*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date *JUL 15 1919*

*H.R. Cooke Capt.*  
 O. C. Discharge Depot.

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

Date *Jul 28 1919*

*[Signature]*

Reg. No. 4754 Rank Cpl Name Parsons W.

Attested ..... Address 15<sup>th</sup> Bell St

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas Jul 1 1919

Returned on S Cassandra Cause Discharge

157 19  
157 19

~~PASSED TO DEMOBILIZATION OFFICER~~

~~DISCHARGE~~ APPROVED ON DEMOBILISATION.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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 Regt* ..... 7. Former Trade or Occupation } *Engineer*
2. Regtl. No. *4754* 3. Rank... *L. Cpl* ..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Parsons Leonard* ..... (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... *21* .....
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  
(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. *mt*
12. Place of origin of disability. *mt*
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. *mt*

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 Complaints of his disability*

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W.S. Proctor, Capt R.A.M.C.*

Medical Officer in charge of case.

Station ... *Hazeleytown* .....

Date ..... *10.11.18* .....

\* 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.