



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6169 Name Samuel Teach Corps Mtch

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Samuel Teach</u> |
| 2. What is your full Address? | 2. <u>Salmon Cove</u> |
| | <u>Bay De Verbe Dur</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years, Months |
| 5. What is your Trade or Calling? | 5. <u>Mixer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10.) Name |
| |) Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Samuel Teach 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.

Samuel Teach SIGNATURE OF RECRUIT.

W. D. Bowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel Teach do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 18 day of September, 1918

Signature of Attesting Officer

†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 SEP 19 1918 1918

Place ST. JOHN'S Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Samuel Peach

Apparent age 21 years months. Height 5 feet 6 3/4 inches

Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Peach
Salmon Cove B. De. N. Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6169 Name Samuel Peash Corps Inftry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|----------------------------------|
| 1. What is your name? | 1. <u>Samuel Peash</u> |
| 2. What is your full Address? | 2. <u>Salmon Cove</u> |
| | <u>Box 26, Verbe Dist.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>27</u> Years |
| | <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Mixer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10.) Name |
| |) Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Samuel Peash.....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.

Samuel Peash.....SIGNATURE OF RECRUIT.

W. D. Dowden.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel Peash.....do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this...18 day of September, 1918

Signature of Attesting Officer

†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 SEP 19 1918.....1918

Place ST. JOHN'S..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

6169

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

Name Samuel Peach

Apparent age 21 years months. Height 5 feet 6 3/4 inches

Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Peach
Salmon Cove B. D. V. Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage. (c) Present address. (d) Initials of Officer verifying entry.			
(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									<div style="font-size: x-small;"> Joined at _____ on _____ </div> <div style="font-size: x-small; margin-top: 20px;"> <u>Accepted. At home Jan 10/1919</u> </div>
Total Service forfeited as above.....									<div style="font-size: x-small;"> Total Service towards Engagement to _____ [date of discharge] _____ years _____ days </div> <div style="font-size: x-small; margin-top: 5px;"> " " Pensions " [" "] " " " </div>

C.R. 6169

Extract from Daily Orders part 11, Depot St. John,
Septem or 23th., 1918.

† † 6169 Pte. S. peach.

Admitted Barracks Hospital 23-9-18.

BC.

C.R. 6169

Extract from Daily Orders Part II Depot St. John's, dated
Oct. 20th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date
10-1-19.

6169, S. Peach.

C.R. 6160

Extract of Daily Orders Part II, dated Jan. 14th 1919,
Depot, St. John's.

DISCHARGE CONFIRMED ON DEMOBILIZATION

The discharge of the undernoted man on Demobilization
has been confirmed by Officer i/c Records on noted date.

6160 Pte Samuel Peach

Discharged 10-1-19

C.R. 6169

Extract from Daily Orders Part 11 Unit the Royal Field. Bgts.,
St. John's, Dec. 13th, 1918.

The undernoted man discharged on Demobilisation has been approved
by G.S. Discharge Depot from noted date. He is removed from Depot
Strength and transferred to Discharge Depot pending confirmation
by Officer i/c Records.

6169 Pte. Saml. Peach.

13-12-18.

C.R. 6169

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Sept.19/18.

6169 Pte. Sam'l Peach.

Attested for general Service With ⁺he Royal Nfld.Regt.,
from 18-9-18.

C.R.

6169

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's Set. 5th, 1918.

6169 Pte. S. Peach.

Discharged from General Hospital 3-10-18.

C.R. 6169

Extract from Daily Orders part 11 Depot St. John's dated Sept.30/1918.

L(
6169 Pte. S. Peach

Discharged from General Hospital 28-9-18

C.R. 6169
Account No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address Militia Department

Line Number	Rcd	By	Sent	by	Check

Dated October 4th, 1918

To Thomas Peach Salmon Cove, Bay de Verde.

Be g to inform you that No.6169 Private Peach
is at the General Hospital now convalescent.

J. R. Bennett,
Minister of Militia

FOR TYPEWRITER

C.R. 6169
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address Militia Department

Line Number	Rcd	By	Sent	by	Check

Dated **October 2, 1918**

To **Thomas Peach, Salmon Cove, Bay de Verde.**

Regret to inform you that No. 6169 Private Peach was admitted General Hospital September 30th suffering from Throat Trouble doing well

J. R. Bennett,

Minister of Militia.

FOR TYPEWRITER

Teach, Saul.

6.69

Joseph

January 10th., 1919.

#6160 Pte. Samuel Peach,
Salmon Cove, B.D.V.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 384."

Yours faithfully,

Paymaster & ^{Captain,}
i/c Records.

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6164 Rank Pte Name Samuel Beach
 Intended place of residence Lalmer Cove B.N.V.

2. Occupation miner
 Classification of soldier C Medical Category A.11

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

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

Place St John's
 Date DEC 11 1918
W. H. Bay Capt
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date St Johns
Dec 11th 1918
Samuel Beach
 Signature of soldier
C. P. Dicko R.C.M.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date St Johns
11-12-18
Samuel Beach
 Signature of soldier
A. H. Hester Lt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 18-9-18 No of days on Military
 Discharged from service 13-12-18 Plus 28 days Service 115

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
R. H. Lait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
 Date DEC 13 1918

CONFIRMATION OF DISCHARGE

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

Place St Johns, Nfld
January 10/1919
W. H. Bay, Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment
 Date 2079/184

13
31
30
31
10
115



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 **Samuel Peach**
 Regiment from which discharged *1st. Newfoundland*
 Regimental number **6169**
 Intended address **Salmon Cove**
 Height on discharge **5** Feet **6 $\frac{3}{4}$**
 Color of hair on discharge **Dark Brown**
 Complexion **Fair**
 Color of eyes **Grey**
 Descriptive Marks
 Figure on discharge
 Christian name of Father **Thomas**
 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.
 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)

(Rank)

Station

Date

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

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

Station

Date

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6169 Rank PLC Name Beach - Samuel
 Date of Enlistment 15 9 18 Address Salmon Cove District Bay St. George
 Occupation Miner Classification for Discharge L Medical Category ATF
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 11-12-18

W. H. C. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Samuel Beach

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 Joseph H. Snowling

Date 11-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 205..... to his home at Salmon Cove and Release Certificate No. 288..... issued.

Date 11-12-18.....

O B Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 10-1-19.....

Date 11-12-18.....

W Stanley Capt.
Depot Paymaster.

Discharge approved for..... 13. 12. 18.....

Forwarded with following documents to O.C Discharge Depot.

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

Date 11. 12. 18.....

O B Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 13 1918.....

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

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

Date Dec. 18/1918.....

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

MEDICAL HISTORY

OF

Surname Prach

Christian Name Samuel

Table I.—GENERAL TABLE

Birthplace :—Parish Salmon Cove

County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <u>18</u> day of <u>Sept</u> 191 <u>8</u>	on	day of	191
	at <u>St Johns</u>	at		
Declared Age	<u>22</u> years	days	years	days
Trade or Occupation	<u>Miner</u>			
Height	<u>5</u> feet <u>6 3/4</u> inches	feet		inches
Weight	<u>146</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>38</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches
Physical Development				
Vaccination Marks	Arm	Right	Left	Right
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Peterson</u>			
(Rank)	<u>Major</u> Medical Officer			Medical Officer
Enlisted	at <u>St Johns</u>	at		
	on <u>18</u> day of <u>Sept</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>Royal Nfld Regt 6169</u>			
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)			day of	191
(Rank)				

list in case of Warrant Officers treated in quarters

the cause, nature or treatment of the case likely to be of interest or of future use. In case of re-admissions to hospitals will be shown. The subsequent progress, including particulars sent out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

[Handwritten signature]

Cured.

Civil Re-establishment Committee.



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

To work as mines

Samuel Peach
Signature of Man.

C. B. Dick's Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. *6169*

Place *St John's N F I D.*

Date *11/12/18* 191

Bay. de Verde

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—

C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

NOV 29 1918

Date

Regimental No. 6169

Name Peach, Samuel P. B.

Address Salmon Cove Bay de Verde

Present Medical Category A II

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

Members of Board

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

J. Paterson
Senior Medical Officer

Geo Burden
M. O. Depot



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 *Peach Samuel*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6169*
 Intended address *Salmon Cove, Bay de Verde.*
 Height on discharge *Feet*
 Color of hair on discharge *Light*
 Complexion *Dark*
 Color of eyes *Blue*
 Descriptive Marks *Scar on heel of left hand.*
 Figure on discharge *Normal*
 Christian name of Father *Thomas*
 Christian name of Mother *Alice*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Oct. 20th. 1896*
 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) *Samuel Peach* (Rank) *Plt*

Station _____ Date _____

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

Station _____ Date _____

Henry Steeger Capt.
 Medical Officer i/c Hospital.
 Unit, or Command Depot.

FORM K

№ 7369



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel Beach, Regl. No. 6169

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

Allotment begins Nov. 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7383	Father	Thos Beach	Salmon Cove Bay de Verde	7 60
Total Allotment, \$				- 60

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

(Sig.)

Officer Commanding
S Company

[Signature]

7 - 10 1918

(Sig.)

(Rank)

[Signature]

Pte.

J

FORM K

№ 7369



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel Peach, Regl. No. 6169

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins Nov 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7383	Father	Thomas Peach	Salmon Cove Bay de Verde	- 60
			Total Allotment, \$	- 60

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

(Sig.) _____
 Officer Commanding
5 Company

7 - 10 1918

(Sig.) Samuel Peach
 (Rank) Private

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Adgts on Sept 18 1918

1. Name Samuel Prach Age (a) Declared 21
(b) Apparent

2. Do you know of anything wrong with you? Trouble with legs.

What severe illnesses have you had? None.

Eyes. Blue
Comp. Fair.
Mark. —

6169

3. Height 5-6 3/4 Weight 148

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) 7

6. Examination of Lungs 7

Measurement (a) Expiration 34 (b) Inspiration 38

7. Examination of Heart 7

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears (Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? Yes about 7 years ago at St. John's.

11. Name and address of next of kin Father Thomas Balfour B. Div.

REMARKS—

A 11

S. Burden
Archibald
Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland Regt.

Number of Sheet

100
C. Dick Lieut.

Signature of O. C. Company

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Samuel Peach</i>	Age on	<i>21</i> years	<i>months</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	} with Colours <i>115</i> years.	Place of Birth	
Joined		Date			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>10</i>	<i>19</i>		

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6169 Rank Plt Name Peach - Samuel
 Date of Enlistment 18.9.18 Address Salmon Cove District Bay St. George
 Occupation Miner Classification for Discharge C Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 11.12.18

W. H. C. B. S.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Samuel Peach

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 Joseph H. Snowling

Date 11-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 205* to his home at *Salmon Cove* and Release Certificate No. *288* issued.

Date *11-12-18*

O B Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *10-1-19*

Date *11-12-18*

Holley Capt.
Depot Paymaster.

Discharge approved for *13. 12. 18*

Forwarded with following documents to O.C Discharge Depot.

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

Date *17. 12. 18*

O B Dicks Capt.
Demobilization Officer.

APPROVED. *h*

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Date *DEC 13 1918*

R H Lait Capt
O. C. Discharge Depot.

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

Date *Dec 13/1918*

M. Bowley Capt
a u c R

Reg. No. 6169 Rank St Name Peach Samuel
Attested 18-9-18. Address Salmon Cove B.H.V.
Allotment 60 Allottee Thos Peach Father
Date of Allotment 1¹¹/₁₈ Returned from Overseas.....
Embarked for Overseas Cause.....

Vacc 19-9-18. 1st Inc 31-10-18 3rd Inc 9-11-18.
26-9-18 Admitted to Barracks Hoop
28-9-18 Discharged to General Hoop.
3-10-18 " From " " "
Returns from leave 21st/₁₈

11-12-18. **PASSED TO DEMOBILIZATION OFFICER**
13-12-18 **DISCHARGE APPROVED ON DEMOBILISATION.**