

THE ROYAL NEWFOUNDLAND REGIMENT

7	Questio	ns be put to t	he Recruit bere	re Enlistment.	<i>A</i>
1. What is yo	our name?		. ug	upto p	Thaney
2. What is yo	our full Address?		200	Ban	of lole
3. Are you a	British Subject?		3	-	/
4. What is you	ur age?		420	Years	Months \
5. What is yo	ur Trade or Calli	ing?	~5 Ø	a ke	man
6. Are you Ma	rried?		6 Tu	7	
7. Have you e jesty's Ford	ver served in any ces, naval or mili	Branch of His Ma tary, if so,* which?	} 7 Ze	3	
8. Are you w	rilling to be vac	ccinated or re-vac-	} 8	lea	
9. Are you wil	ling to be enlisted	for General Service?	. 9	po	
10. Did you receits meaning.	cive a Notice, and and who gave it t	do you understand to you?	} 10	Name	
11. Are you will signed by you	ling to serve upon 1 if you are accept	the conditions as en	b died in the ro	Il of service to be	in yes
made by me	the above question	s are true, and that	The state of the s	ifil the engagemen	e that the above answernts made.
made by me is	18	Lille	mylla	lfil the engagemen	ats made.
21-5-	18 OATH	TO BE TIKEN BY	MS Constitution of the second	lal the engagement side of the second side of the s	ats made. NATURE OF RECRUIT
21-5-	OATH OATH Lace to His Majesty at faithfully defend to the conditions of	TO BE TIKEN BY King George the Fitt His Majesty, His Ho ff my service.	MecRuit on At Milis Heirs and Successors,	TESTATION. do make oath, the Successors, and in Person, Crown	ats made. NATURE OF RECRUIT nature of Witness.
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Corps in Rt Le	or Pror	STATE motion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckor for fixing the rate of pension	Service in R serve not all ed to recken wards (7, C, 1) Years Da	Signal fying sys	22-7-18.
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Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt. St. John's, July 25th, 1919.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer i/o Records from 23-7-19.

5248 Pte. Augustus Penney,

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt. July 10th, 1919(St.John's,)

The discharge of the undernoted on demobilization has been APPROVED by O.C. Discharge Depot with effect from 9-7-19.

5248 Pte. A.Penney.

Extract from Dailly Orders Part 11 Depot, St. Johns, Date June 18th 1919.

5248, Pte. A. Penny.

Roperted at Ecadquarters 1/6/19. ex "Corsican" which sailed Liverpool May 22/1919.

Extract from Moninal Roll from 1st. Battalion Royal Nawfoundland Regiment dated 30-4-19.

The undermentional of the 1st. Battalion left Rouan Camps 22/4/19, exbanked at Havre 22/4/19; disembarked at Southampton 23/4/19 and reached Hazeley Down Camp 23/4/19.

#5248 Pte. A. Penney.

Extract from Nominal Roll of Draft No. 56, from the End.,
Battalien of the Royal Newfoundland Regiment, to the
lst., Battalien of the Royal Newfoundland Regiment. B. E.F...
Embarked Southampton 25/11/18.

#5248 Pte, A. Penny.

Extract from Daily Orders part 11.from Unit The Royal . Rfld.Regt.St.John's. dated May 22.1918.

#5248 Pte. Angustus Penny.

Attested for General Servicewith the Royal Ffld.Regt. from 28.6.18 Extract from Orders by Lt. Col. B. J. BARTON COMMANDING 2nd. RN. OF THE ROYAL NEWFOUNDLAND REGIMENT.

#8000 Pte. A. Penngy.

A draft of 31 Other ranks will be held in readiness to join the 1st. Rn. Those who have not already been granted leave will proceed on Draft Leave from 2 p.m. 25rd. tommid-night 27th., inst., Extract from Daily Orders part 11, from Unit The Royal Nfl .Regt.St.John's, dated July 25,1918.

The following man embarked for overseas on H.M.S. "Columbella" July 22,1918.

#5248 Pte .Augustus Penney.

Tenny

Nors.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), King's Regulations, and in cases of discharge under para 332 (xv), 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. (1), 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.

Transfer to Class W., W.	1), 1 ., 01 1 . (1), 01 the recourter
1. Unit and Corps Royal Men Janna	land 7. Former Trade or Occupation
2. Regtl. No. #248 /3. Rank. 1. 16	7a. If the soldier claims previous service in Army, he should state—
4. Name Jenney August	Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday	John a
6. Posted for duty on May 2018. at in category (or grade)	10000
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 stat	e:—
(a) When	(A) Postingless of Possion on Contritu
(b) Where	(d) Particulars of Pension or Gratuity (if any)
(c) Opinion of Court	the test of the community flower than the right of the first
Note.—The foregoing particulars are to be filled in an is seen by the Officer in charge of the case.	d A.F.B. 179 B (statement by the soldier) completed before the soldier

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.

12. Place of origin of disability.

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. ne

nie.

:	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	(M. A. s
	-	(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?	na.
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 doubt 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.)	De complemo y no diachilis.
	16.	Was an operation performed? If so, when and what was its nature?	2.
	17.	If not, was an operation advised and declined?	na
	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 treat- ment was unobtainable?	La,
	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?	M. State of the st
	20.	. Do you recommend—	tratión
		(a) Discharge as permanently unfit?	
		(b) Change to United Kingdom?	
		Note—(b) is only applicable to soldiers invalided at	
		Foreign Stations.	- DIRAY
		V.E. V/L	ocumen. Saft U. U. M. (
	Sta	ation Manual Dawn	Medical Officer in charge of case.
	Dat	te30 [[W]19	
	it is	 Loss of teeth on or immediately after active service, should is due to some other cause 	be attributed thereto, unless there is evidence that



THE ROYAL NEWFOUNDLAND REGIMENT

Friend (c	AMOUNT each person
Sister han Signet Honey Cumler month	60
1 psty falant	
Total Allotment, S	1



THE ROYAL NEWFOUNDLAND REGIMENT

AMOUN: each pers	· Address		Nay (in full	Whether Wife, Child. other Relative or Friend	Identity Certificate No.
-6	Curle mouth	Penny Du	his Signet	Sister	156
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	· 6	·			
_/	npany, signed by the Voluntee		ompleted by the Office	nis form must be co	OTE.—Th

From:

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

Officer Commanding, 2nd.Bn. Royal Nfld.Regt, Winchester.

10th, October 1918, 191

Subject: 5248, Pte.A. Pehney,

With reference to the following telegram (3700) from the Hon. Minister of Militia, received

"Pay to 5248. Pte. A. Penney, £7.0.0.

Draft £7.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Mucall has. Chief Paymaster & O. i/c Records.

Receipt hereunder. HEUT, COLONEL.

Oct 12 1918

aw Bo POYAL NEWFOUNTIAND REGIL Royal Newfoundland Regiment

Received the sum of Semen

Occurso on account of

cable remittance from Newfoundland.

Witness: - & Munkey Pt.

Penney Aunterment Noufla 3248. Pto A Penney

e of last entry inpany Conduct	Sheet January 6	No. and of last d	dute holinwa manus Period not reckoning towards drunk	Sheet No.	Signature O.C. Company, etc.	27/1	1 Cours	racter and
Place	Date of offence Rank	nk Cases of Drunken- ness	Offence .	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
A.U.	myly De	- 4	Enforcement / 1 vest	62ml Carrick	admonthed	24/2/19	Caffel Frost	Payl def
Rown	18/3/5		Separat of mas In love		admousled.	29/3/19.	Capt Collins	Pay ford
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Henney, A

Aay wepl.

5248

#5248 Pte. angustus Penney. Humbermouth.

Dear Sir: -

Please find enclosed Discharge Certificate #3192.
Yours truly,

captain & Paymaster.

The Royal Pewfoundland Regiment

Class for Demobilization:	Report of Demobilization Travelling Board, held on soldier for discharge.
Discharge Depot: Headquarters The Royal Nev	vfoundland Regiment .
	Date #. 1.19
Regimental No 5248	
Name Tenny agusta	Rank The
Name Penny Agusta Address Humberowuth	
Present Medical Category 4	
$ m Recommended \ for: \{$	(a) Immediate discharge
Members of Board ₹	O.C. Discharge Depot. Senior Medical Officer Sur Burden

The Koyal Pewfoundland Regiment

DEMOBILIZATION OF
Reg. No Jano Rank Name enry U
Date of Enlistment 21-548 Address Summer th District A Co. gra
Occupation Teshermon Classification for Discharge
Recommendation S. M. B. Disability Rating
Passed to Demobilization Officer with following documents:—
N.F. 1/36
B 178 W 3494 B 122 Board 1st " 2
B 178a
B 179a D 400C Form K do 4th " 5
B 179b B 103
B 179c B 120 M 93
THE REPORT OF THE PERSON OF TH
Date 4-7-16 O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.
I amin a position to resume civilian occupation.
Ot I lovy
J
The state of the s
Particulars passed to Vocational Officer for information and action.
Date
2. Clothing.
2. Clothing. Certified that Clothing Regulations have been complied with:
Certified that Clothing Regulations have been complied with:

3. Transportation and Rele			_	
The above named h	as been provided w	ith Travelling Wa	rrants No 1/2/	89 to his home
at Heuren	and Release	Certificate No.	3221	sued.
and any are the set of a selection of the second section	erdered Leavisian et al., et a		0	etogitan d
Date 77	10 -	LOU .	1 Thur	hell
/-/-	67	11		ation Officer
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4. Pay and Allowances.				
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Discharged approved for		1 - 17		
Forwarded with follow	ing documents to (O.C. Discharge De	pot.	
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B 178a D 400A	1. B 1915	. do 2nd	" 32	Tom R.
В 179 D 400В	Form L	. do 3rd	" 4	• •
	Form K	do 4th	" 5	1.0
В 1796 В 103	/. ME 2		" 6	
B179c	М 93			216
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Documents as above fo	rworded to:			
	Records.			
	Pension Commissi	oners.		
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Date 9.1.19	·····	//	N / C COOL	el Cafel
	and the second	. /	1. 1. C. C. Disch	arge Depot.
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Received the above noted door	cuments from O. C	Discharge Depot.		
	000mm (**)	1470	ing of the participants	
Date				

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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 Penny

Signature of Man.

Signature of the Vocational Officer or his Representative.

Place 21- Jo

Date 7-7-19. 191

[P.T.O.

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

MEDICAL HISTORY

Surname Penni	4,	Christian Nan	ne augu	spas		
-	Table I.—GF					
	mberno	1 Roto	1111			
Birthplace:—Parish VIII	nour mr	www. / Coun	y from			
	SPECIAL	L RESERVE	REGULAR ARMY			
•	(on 2/ day	of may 1918	on day	of 191		
Examined	at O	olus.	at			
Declared Age	26 ,	ars days	yea	rs days		
Frade or Occupation	Fraker	man				
Height ·····	fee	et 97 tuches	feet	inches		
Weight	· * * * * * * * * * * * * * * * * * * *	142 lbs.		lbs.		
Chest (Girth when fully expanded.		36 inches		inches		
Measure-		# inches		inches		
Physical Development						
	Right	Left	Right	Left		
Vaccination Marks {						
When Vaccinated	/					
	1 N=V 9/1		R.E.—V=			
Vision ···· ·	i L.EV= 6/b	,	1,.EV=			
	975	7				
	(a).		(a)			
(a) Marks indicating congenital pec árities or previous disease	uli-					
	(6)		(b)			
(b) Slight defects but not sufficient						
cause rejection						
Approved by (Signate	ure) Lamm	Paterson				
· (Ra	nk)	major				
	10	Medical Officer.		Medical Officer.		
	at of the	vo	at			
Enlisted	on 21 d	lay of Man, 1918	on da	y of 191		
	Corps.	Regtl. No.	Corps	Regtl. No.		
Joined on Enlistment	heraya	248		4		
	Maken	t		-		
Transferred to						
Transition (O.)		*				
Became non-effective by		lay of 191	on da	y of 191		
(Sign	on (lay of 191	Cii da			
(P	tank)					
	ANAPARAMENT BANKS AND STREET STREET					

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 Type 16	faultati le autory 5	Brief	Details, and Signatures	needle of the State of the Line Land Lette	inadistrational contrational trans-
CHARLES AND THE REAL PROPERTY AND THE PROPERTY AND THE PARTY AND THE PAR		*		3	
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		tion	· Medical	218 Oct 13 8:11.	ig.
-		#1	Medical category	AT	
		$T_{C,Q}$	of 7	1/1 WSH-	-
			Ei-/	A VEN	ist d
		Street was the			
		Table IV.—SERV	VICE TABLE.		
Station or Troops	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

Station or Troopship	Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Arrival or Embarkation	Date of Departure or Disembarkation
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one!			HU.		

Nore.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvl. or xvia.), King's Regulations, and in cases of discharge under para. 392 (v1), 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. Hoyal Meufound land	7. Former Trade } Justiern
2. Regtl. No. 3. 4. 8 3. Rank	7a. If the soldier claims previous service in Army, he should state—
4. Name Penny Jus (Christian Names)	(a) Former Regts. or Corps with Regtl. Nos.
5. Age last birthday	
6. Posted for duty on may roft bat . Al John	

8. If the disability is an injury was it caused

in category (or grade).

- (a) in action
- (b) on field service
- (c) on duty
- (d) off duty?
- 9. If a Court of Inquiry was held on an injury state :-
 - (a) When
 - (b) Where
 - (c) Opinion of Court

- (b) Date of Discharge;
- (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)
- Note.—The foregoing particulars are to be filled in and A.F.B. 179 s (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 veneral 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.
- 12. Place of origin of disability.
- 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.

at it is	t early state of the state of t		
1	4. State whether the disabilities are	(a) attributable to	(b) aggravated by
	(i.) Service during the present war		.,
	(ii.) Previous active service	·····/	Book Contraction
n or	(iii.) Climate in pre-war service	···	STILL THAT
	(iv.) Ordinary military service before the war	O~	
	(v.) Serious negligence or misconduct on the man's part.		
1	4 (a). If not due to any of these causes, to what specific condition do you attribute it?	} cs.c	***************************************
ases such 1	5. What is his present condition?	الدر رز	eni of an
ye, ear, d throat, ties, &c., alist's re- s to be d with graphs possible;	(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)	durch	luy-
cases of tion the position		to the second of the second	
e stated.		en To angles in the control of the second	Substance Service 2
. 1	6. Was an operation performed? If so, when and what was its nature?	die	Y VS.Da. No. 18 18 18
1	7. If not, was an operation advised and declined?	00.00	
100/1	8. *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 treat- ment was unobtainable?	٠.٠	
- 1	9. 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?	Ou. v.	
	\sim		
. ,	20. Do you recommend—	atrialin	
	(a) Discharge as permanently unfit?		\wedge
	(b) Change to United Kingdom?	1 11.4	Various
	Note—(b) is only applicable to soldiers invalided at iroreign Stations.	Aug Com	A Print of the second
	e	1 -	lath on a.on
	Hoseley Drong	Medical Officer in	charge of case.
	Station State Fold 119		
	 Loss of teeth on or immediately after active service, sho 	uld be attributed thereto w	nless there is swidence that
it	t is due to some other cause	ki	and marife and the
		PER VICE HER PORTURATION OF THE PROPERTY AND A STREET	TALL THE WAY OF STREET



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

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 occuring in the description subsequent to the date of admission to pension should be noted in red ink. Name in ful Agustas. Genny. Regiment from which discharged Royal Dewfoundland Regimental number \$5248 Intended address flumber mouth. Height on discharge Color of hair on discharge Complexion Lair Color of eyes Brown Descriptive Marks Figure on discharge Tall Christian name of Father Willis Christian name of Mother Many Wife's maiden name in full Date and place of marriage Christian names of children Place and date of soldier's birth Humbermoath. 23-8-age .22.1897 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

Augustus enney.
Datofuly 4-7-19 (Soldier's signature in fuli)

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.

July 26th 1919.

#5248, Pte.Augustus Penney,

Dear Sir:

Heferring to your application. I enclose cheque for seventy dollars (\$70.00) being amount of first payment due you on a coount of war Service Gratuity.

Yours truly,

Capt.& Paymaster.

RS/.

DEPARTMENT OF MITTIETA.

WAR SERVICE GRATCITY.

st. John's, Nowfoundland.

Declaration required of Officers and men of the Royal Novfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th.1919.

dated January 28th, 1919.
A complete reply mass be given to every question in this Declaration There must be no blonks and no dabbes, if my 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
RECHES, MAY & RECORD OFFICE, ST. JOHN'S.
Christian name. Augustus. 2, summer o. Feuney
3. Renk
5. Address in full to which future payments of gratuity are to be
forwarded. Hermbermouth
Ma od
6. Date of enlistment in the Regiment. Mac. 18.
7. Name of dependent, if any, to wher Separation Allowance is being
issued, or was being issued, immediately prior to your discharge. Lo
8. Relationship of such dependents.
8. Relationship of such dependents

13. Have you had more than one enlistment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers.
100
14. Have you already received any payment of Poet 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 is sued with a War Service Badge?
16. Have you, during the present war, served in the Inperial Doroes.
17. Are you entitled to receive, or have you received any Gratuity
in the nature of Pest Discharge Pay from the Depried Forces? If
so, state amount received, or to which you are entitled,
so, state another recoverage to three you are the stay and
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 Rest.? . L.O. If not give? (c) date
of discharge . My 7/19. (b) Reason for discharge
KMP
20. Did you at any time serve at the front in an actual theatre of
War? If so give particulars of places, and dates of such service
France + fermany 51/2 Money
21.(a) Are you receiving treatment from the Wirl Re-Establishment
Com.(b) If so are you in receipt of full pay and allowances from
that Cormittee
and 1 the this soloun dedicration, conscientiously believing it to be true the knowing that it is of the same force and effect as if
n.lo. inter Oath.

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This	ync	day of	ney	19.6.9		
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		Notary Publi or Commissio				

POST DISCHARGE PAY.

Date paid Paid Paid War Service Not amount due

Cortified correct.

Cortified correct.

Enymenter



THE ROYAL NEWFOUNDLAND REGIMENT

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1 Joseph Marie	July of Justicens	1-00		-/-/-			7
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completed by the Officer Commanding Company, signed by the Volunteer, or	Company, signed by the Volt	ng Compa	the Officer Co	completed by	orm must be office	-This	OTE.

July 23,1919

Officer Command in . Maharge Depot. Headquarters.

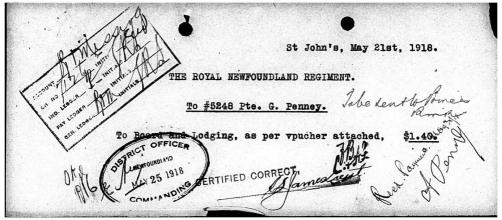
wear sir:-

The undermenioned man has been discharged on account of memobilization, on this date:-

√√5248 Pte, abgustus Penney ✓

Yours truly.

Captain & Paymaster.



Palet Statel 42 Water St West mrs. D. Lakey prop Mr. G. Tenney 10 3 meals @ 40° pan 1.20 hodging 1 might .20 may 21 4/5 22 -3/18.

Casualty Form-Active Service.

\sim	Regi	ment or Corps ROYAL NEWFOUNDLAN	D REG.	y	
Rank J	te Surname	Jenny Chris	tian Name	Ų	
Religion	Wethor	disc () Age on Enl	istment 20	vears	month
Enlisted (a)	21/5/18 T	erms of Service (a) DURATION.	Service recko	ns from (d	1) 21/5/18
Date of pro	notion to present	rank Date of ap			
Extended (Re-	engaged Qualificati	Trade and Rate	oy2,	nature of Officer
Occupation.	Report			Date of	Remarks Taken from Army Form
Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Casualty	B.213, Army Form A.36, or other official documents
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		Disembarked	20 NOVIE	118	010
	To All	Joined Batt,	· 5	PANI	318
		<u>/</u>),		<u> </u>	<u> </u>
		armed in WK		13/4/19	
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(a) In the case of a man who has re-engaged for, or collisted in Section D. Army Reserve, particulars of such re-engagement or collistment will be entered.

(b) Signaller, Shoping-Smith, &c (17691.) Wt. W 1887-P 1124, 1,000,000. 6/18. D & S. Form B.103. (E. 1286.)

(c) Signaller, Shoping-Smith, &c (17691.) Wt. W 1887-P 1124, 1,000,000. 6/18. D & S. Form B.103. (E. 1286.)

(c) Signaller, Shoping-Smith, &c (17691.) Wt. W 1887-P 1124, 1,000,000. 6/18. D & S. Form B.103. (E. 1286.)

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms B 121.

Regiment of Royal Mew Jonn Land

Number of Sheet Crul

No. No. No. Oliver y oined oined oined oined	Da Da Da	ate_	gustu	Age on 9 years months Place and Date of Enlistment 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Neligion Neligion Place of Birth Humbur	Good Conduct Badges, Service pay or proficiency pay			
Place .	Date of Offence	Rank	Cases of Drunk- enness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
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The Koyal Pewfoundland Kegiment

DEMOBILIZATION OF

Reg. No 534	& Rank	/plv	Name	lenny.	00	<u> </u>
Date of Enlistme	pt 21-	5418 Ad	iress Bun	elements	District	CE CUM
Occupation L.	therman	Classification	for Discharge	E Me	dical Category	A
Recommendation	s.M.B	onewolp bon	Disabil	ity Rating	tiwa wilt species	¥CI
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Date.	7:19			0, C, D	scharge Depot.	
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7	rak	TICULARS F	OR DEMOB	- ILIZATION	- , i	
1. Civil Re-Este						
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Particul	ars passed to V	Vocational Office	r for informati	on and action.		
		2 172 AL 101	Siuigna	AGP COLLEGE		
Date	· ····. 💃 · · · ·			·		,
2. Clothing.	17.50 A					Sint
	d that Clothing	g Regulations ha	ve/been comp	lied with:-		11
		wance payable.			0.1.1	\mathcal{U}
(b)		plied		and	Janview	1
(b) Date 7-7	Clothing Sup	plied		O ilc. Re-cle	2 Coursell)

The Koyal Pewfoundland Kegiment

DEMOBILIZATION OF STAIL
Reg. No 5 248 Rank Str. Name Jenny U
Date of Enlistment 21 548 Address Bumber went A District A Constitution
Occupation Lishertmon Classification for Discharge
Recommendation S.M.B. Disability Rating
Passed to Demobilization Officer with following documents:—
N. F. 1/86 B 268 B 121 N. F. Med D. F. 1 2 3 3 3 3 3 3 3 3 3
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.
Tamin a position to resume civilian occupation. Particulars passed to You world Officer for information and action. Date
2. Clothing. Certified that Clothing Regulations have been complied with:— (a) Clothing Allowance payable Allowance payable Allowance payable Office Re-clothing

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrants No. 121 to his home at
Date 7-7-1990 MOLFASTERSOM 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
Discharge approved for
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 Team R
B 179 D 400B Form L do 3rd " 4
B 179a
B 179b B 103 ME 2 "6 B179c B 120 M 93 7
Date 7-7-19 JA Graw baff. O. Discharge Depot.
APPROVE
Decuments as appre forwarded to:—
Officer ils Records. Board of Pension Commissioners.
with fo lowing additional documents. Eligible for War Service Gratisty
Date 9, 1, 9 In Corles Control of Discharge Depot.
Control of the Contro
Received the above noted documents from O. C. Discharge Depot.
Date July 31/19

mey agustu Reg. No Attested Allota Date of Returr - in S.S. PASSED TO DEMOBILIZATION OFFICER

Reg. No. 5	248 Rank Pt Name Sunney, &	
Attested 2	1-5-18 Address Stymber mouth	
Allotment 6	Allotee Miss Tenny Vister)	
Date of Allots	nent 1-7-18. Returned from Overseas.	
Embarked for	Overseas JUL 221918 Cause	
22-5-18	Vaca	
134814	Luce.	
	2/6/18 to 24/6/18	
24/6/5	turned from Leaver seported Holges	
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The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

I.	No. 5248 Rank. Pto Name. Cenney a. Intended place of residence. Humbernouth.
2.	Occupation . Lasherman Classification of soldier . E
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 JUL7.1919
	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 Signature of soldier Signature of witness
-	CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
0.	Place, ST. JOHN'S
	Date JUL 7-1919 Signature of soldier Signature of witness
	STATEMENT OF SERVICE
7.	Enlisted for service. 21-3-18 No. of days on Military Discharged from service 77-19 Plus 14 days Service. 12.9
	APPROVAL OF DISCHARGE
8.	The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ic Records, The Royal Newfoundland Regiment, twenty-eight days from date. Place, ST. JOHN'S Officer Commanding Discharge Depot The Royal Newfoundland Regiment
	CONFIRMATION OF DISCHARGE
9.	The discharge of above mentioned soldier is hereby confirmed to the low ley bapto. Place, ST JOHN'S Officer i c Records. The Royal New Boundland Regiment.

11 20