

ATTESTATION OF

THE ROYAL NEWFOUNDLAND REGIMENT

(o.	5514 Name Ernest Penney Cos Dec
	Questions to be put to the Recruit before Enlistment.
I.	What is your name?
2.	What is your full Address?
200	Are you a British Subject? 3. Years Months
5.	What is your Trade or Calling? 5. Are you Married? 6.
	Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which?
8.	Are you willing to be vaccinated or re-vac- 8.
9.	Are you willing to be enlisted for General Service? 9
10.	Did you receive a Notice, and do you understand lits meaning, and who gave it to you? \\ \) Io.
1.	Are you willing to serve upon the conditions as embodied in the roll of service to be 11
28.0	do solemnly declare that the above answer te by me to the above questions are true, and that I am willing to fulfil the engagements made. Signature of Recruit
oui	OATH O BE TAKEN BY RECRUIT ON ATTESTATION. I
300	CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.
0	The Recruit above named was cautioned by me that if he made any false answer to any of the above question 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 duranters.
	replied to, and the said recruit has made and signed the declaration and taken the oath before me at. 1. 1918 Signature of Attesting Officer Library Lieut
	†CERTIFICATE OF APPROVING OFFICER.
ui	I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the reced forms appear to have been compiled with. I accordingly approve, and appoint him to the t
100	If enlisted by special authority, such will be attached to the original attestation.
at	o
	Approving Office.
	† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

viz:—(Name).....on the (Date)

	Applicable to all re	CONTRACTOR STATE	and with entrie	on the Medi	cal History	Sheet.	
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ame appl Addr	INFORM	IATION	UPPLIED	BYR	ECRUIT	Constrain F	erasky Arg
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	an and Surname of Woma (c) Pi	n to whom married resent address. (d)	, and whether s Initials of Off		w. (b) Plac	e and date of	
(a)		(b)		(c)			(d)
		Particula	rs as to Cl	ildren			4
Chr	istian Names	3.5			Date an	d Place of B	irth
	STA	TEMENT	OF THE	SERVI	CES	ű.	114
Corps in Rgt. or lieh served Depot	Promotion, Reduction Casualties, &c.	Army Rank	Dates	Service not allowed to recke for fixing the rate of pensio		Re- nilow- on to- Days Signa fyi	ture of Officers certi- ng correctness of entries
rvice towards life	ed engagement reckons i	rom/ 30 -	5-18				
ined at	his on	May 30	2-1918	1			
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Total Service	e forfeited as above	Demo	A S	tion	Jens 6 8	Mn.	5814

C.R. 5514

Extract from Baily Orders Part II Royal Newfoundland Regt. Depot st. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer 1/c Records from noted date 5-8-19.

5514, Pte. E. Penney.

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

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

#5514 Pte. E. Penney.

22-7-19.

Extract from Daily Orders For Mail Unit The Royal Nild. Rogt. St. Johnis, Fich Ext. 23.00

Thursproduct to the control of 100-10 the supplier of the about the second supplier of the second se

5514 Pte. E.Penney.

Reported at Headquarters 1-7-19 or "Cassan from which sailed Glasgow Jane 24th; 1919.

Extract area princers of the about a langua Hild. Bret. 3: Johnson, order set, J. 6 NEWFOUNDLAND COSTAL HELEGRAPHS. CABLE CONNECTION WITH ALL PARTS OF THE WORLD

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 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 nains 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 nulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such

ransmission, non-delivery, delay, or error shall have occurred to have not represented by the N.P.T. and the N.P.T. shall have focured to the course of the transit of the Message of its destination, it may be entrusted by the N.P.T. (and the N.P.T. shall have full power so to entrust the tessage) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority to controlled by the N.P.T. exclusively, although worked as part of or in connection with the Telegraph pelosping to service of the N.P.T.

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

NOT TRANSMITTED)

ignature of	Sender	Address_	Militia Dept.	
ine lumber	Red By s	Sent by	Check	
	No.	Series Sylvenson		

Dated

me 5th. 1919.

To

LAMES PENNEY THREE ARMS.

5514 PTR. ERNEST PENNEY ARRIVED BY CORSIGAN.

A. R. HUCKMAN

MINISTER OF MILITIA.

Charge to Dep. of Militia.

Extract from Casualties received from P.&.R.Office london, Aug. 20th, 1918.

The undermentioned man was admitted to Central Hospital, Chatam, (from Major Carty's draft from Nfld.) and discharged from Hospital on 19-8-18, reported at their office same date and was sent direct to Depot, Winchester.

5514 OPte Penny E..

Authority: Officer i/c. Records Nfld.Regt.

Extract from Casualties received from P.&.R.Office london, Aug.20th,1918.

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5514 OPte Penny E.

Authority: Officer i/c. Records Nfld.Regt.

GR 5514

Extract from Daily Orders part 11, from Unit The Royal Nf1 .Regt.St.John's, dated July 25, 1918.

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

#5514 Pte .Ernest Penney.

Extract from Daily Orders part 11, from Unit The Royal Nfld.Regt.St. John's dated May 31,1918

#5514 Pte. E. Penney

Attested for General Service with the Royal Nfld. Regt. from May 30,1918

& Lenney 5514 C.R.

Nº 6327



THE ROYAL NEWFOUNDLAND REGIMENT

Haggmother bors Steven Akerrys Hs Kathben Demey Green Bay	dentity Whether Wife, Clother Relative of Friend	- your	Address	AMOUNT (each perso
Kathbenoeme Green Bay	499 moth	er hars Steven	Herrys Hs	
		Kathleen Cem	afteen Bay	5
. Total Allotment, S			Total Allotment, S	<u> </u>

From:

NEWFOUNDIA

Chief Paymaster & O. i/c/Records, Newfoundland Contingent, Pay & Record Office.

58. Victoria Street, London, S.W. 1.

21st May

1919

5514 Pte. E. Penny

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

"Pay to514 E. Penny £6. 3. 0.

Cheque £ 6. 3. Ois enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

To: Officer Commander 2nd Batt. Ryl Nf

1919.

Receipt hereunder.

Officer Commdg. 2 nd. Batt'n.

Received the sum of Six

Three Shillimes in respect of telegraphic remittance from the Minister of Militia.

No. 5514 Rank Therate

Witness: ////

NEWFOUNDLAND

From:

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

2nd. January, 1919

Subject: 5514 Pte. E. Penny.

With reference to the following telegram (11365) from the Hon. Minister of Militia, received

Pay to 5514 Penny - £6:0:0

Draft £6:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Officer Commanding. 2nd.Bn.R. Newfoundland Regt. Hazeley Down Camp. Winchester. Hants.

ENT

4-1-1919

Receipt hereunder.

Received the sum of

ounds on account of

cable remittance from Newfoundland.

No. 55/4 Rank Ote Witness A. Maunder

No 2545/344

N.F.P./79.

H'rom

INGENT

Chief Paymaster & O.i/c Records, Newfoundland Contingent, Pay & Record Office.

58. Victoria street,

London, S.W. 1.

14th February

5514. Pte Penny. E

With reference to the following telegram from the Minister of Militia

"Pay to-5514. Penny.

£3.0.0.

Cheque £ 3.0.0. is enclosed. for payment to this Soldier. Kindly obtain his receipt hereon

weddell Pras

Chief Paymaster & O. i/c Records.

Ficer Commanding. nd/Br Ryl Nfld Regt.

Winchester.

Receipt hereunder-

LIEUT. GOLONEL.

Received the sum of hou

in respect of

telegraphic remittance from the Minister of Militia.

No. SSTY Rank Su

Witness M.

Henney, E Hay Loeph

august 5th 1919.

#5514, Pte.E.Penney, Harry's Hr.M.D.B.

Dear Sir:

Enclosed please find Discharge Certificate # 3522.

Yours truly,

Capt. a

Officer 1/c Records.

The Royal Newsoundland Regiment

PROCEEDINGS ON DISCHARGE

No. 3.5-14 Rank. Pe Name Penney & Intended place of residence. Harrys He N. D. B
Occupation Tackerman Classification of soldier. E. Medical Category. A.
The above named man is discharged in consequence of
DEMOBILIZATION
Eligible for War Service Gratuity
His accounts are correctly balanced and I have impartially inquired into all matters brought, before me, in accordance with Regulations.
Place, ST. JOHN'S Commanding Discharge Depot
Date JUL7. 1919 Commanding Discharge Depot The Royal Newfoundland Regiment
CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE
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 7-4-19 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.
Place, ST. JOHN'S Signature of soldier
Date 7-7-19 Signature of witness Signature of witness
STATEMENT OF SERVICE Enlisted for service
Discharged from service. 2.2.7.7.9. Plus 14 days Service. 433 Service. 433
APPROVAL OF DISCHARGE
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 Officer Commanding Discharge Depot The Royal Newfoundland Regiment
CONFIRMATION OF DISCHARGE
Place, ST. JOHN'S Date Cuguet 5/1919 Officer ile Records The Royal Newfound and Regiment

Congra 2019/13/24



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

	Date	19
Regimental No.		Barrier Commission
Name Sen	my En	mul.
Address VY	my N?	
Disease or Disabilit	у	
Finding of last Stan	ding Medical Board,	
held on	19	
Present Condition		
Recommendation		
	4	
Category	L ₇ .	
	Members	RH Lat Mayer OC. Depot
	of <	Maxerom
	Board	Levbersen D. D. M. S.
		() M O D

ssued.
DEMOBILIZATION OF
Reg No. Rank
Date of Mistment 5 18 Address Tarry District Olly E
Therein named soldier's accorde have been correctly balanced and all markers uponnection Occupation
the rewith settled He has received pay and allowances to
Recommendation S.M.B
Passed to Demobilization Officer with following documents:—
N.F. P 36
B 178 W 3494
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 1796 B 120 ME 2 4 6 4 6
B 179c B 120 M 93
The state of the s
Date O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.
I amin a position to resume civilian occupation.
APPROVED Documents as above forwarded to:-
Documents as above in warde to
Board of Fension Commissioners.
Particulars passed to Vocational Officer for information and action.
Date
Date
2. Clothing. Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable 60
Received St. C. Discharge Deport
0 8-10
Daye. Oilc. Re-clothing

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrant Noto his home
at Hanys, Hand Release Certificate No. 328.3. issued.
7-7-11 Washington
Date 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 22 - 7 - 19
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36 B 268 B 121
Б 178 W 3494 В 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 do 4th
B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
y y 10 Val formball.
Pate Pemphilization Officer
Demobilization Officer.
APPROVED.
Documents as above forwarded to:
Officer i c Records. Board of Pension Commissioners.
with following additional documents.
with following additional documents.
Eligible In O. 1.
10 P P P P P P P P P P P P P P P P P P P
Date O. C. Discharge Depot.
O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.
Accepted the above noted documents from O. C. Discharge Depot.
Date

of Man.

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,

8	Penny	
	J. J.	Signature
_	- Reg No	33-11.

Agnature of the Vocational Officer or his Representative.

Place A

Date 7-7-19

191

and

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

MEDICAL HISTORY Truest. Christian Name. Surname.

Birthplace:—Parish	ary A.	wee brigount	y Her.	ath a second
	SPECIAL	RESERVE	REGUL	AR ARMY
	on 30 day of	May 1918	on day	of 191
Examined	at Styon		at	
Declared Age	23. years	days	yea	rs days
Trade or Occupation	t est	uman,		
Height ···· ···	∫ feet	S4. tuches	feet	inches
Weight	14	w . lbs.		lbs.
Chest (Girth when fully expanded	38	inches		inches
Measure- {- Range of Expansion	3%.	inches		inches
Physical Development				
(Arm	Right	Left	Right	Left
Vaccination Marks Number				
When Vaccinated	A 17	1		
Vision }	$\frac{R.EV = 0}{L.EV = 0}$	66.	$\frac{\text{R.EV=}}{1_{\text{A.EV=}}}$	
		1		
	(a)		(<i>a</i>)	
(a) Marks indicating congenital peculi- arities or previous disease				·
THE STATE OF THE S	(<i>b</i>)		(6)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	Lamont	Paterson		
(Rank)	ann			•
	-/-	Medical Officer.		Medical Officer.
	at Skyohu.		at	
Enlisted	on day	of May 1918.	on da	y of 191
	Corps.	" Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	Noyae Her.			
·	Regiment.	5514.		
Transferred to	,		3	7.
Became non-effective by		+ \		
(Signature)	on day	of 191	On da	y of 191
(Rank)				
			I	

Table II.—Only for admission to hospital or to the sick !

Name of Hospital	Adi F	lmitted to	o	Disch H	arged fi Iospital	rom	Disease	Number Days in Hospital	Remarks bearing o syphilis, admission of trea
	Day	Month	Year	Day	Month	Wear		Hospital	of trea
Port Put Challan	8	8	18	19	8	18	Mump 8 Forsetete	-//	· · ·
Hazeley Dom	28	10	18	1	11	18	Sonsielete	4	
	Particular Sur				90.50	3 / 5 / 5	Park to the second seco		Provide the second
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			and the second	A STATE OF THE STA	100000				
	15								

t in case of Warrant Officers treated in quarters.	
he cause, nature or treatment of the case likely to be of interest or of future use. In cand re-admissions to hospitals will be shown. The subsequent progress, including particular out of hospital, transfers. etc., will be given in the special syphilis case sheet.	ise of culars Signature of Medical Officer
No Conflications.	68 Friend
Discharged to duty.	168 Tivians
	CAPT., R. A. M. C.
·	

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	the Court for the State of the	Brief Details, and Signatures
	*	•
		<u> </u>
31-5-18	Vace. p	
13-6-18	TABE	A Company of the Comp
11-7-18	JAB X	,
and Mariana special control of the c	and the second s	It is hereby carrifted that this soldie.
		has been before a Travelling Medical
		Board and his been classified as
		for Dischargeon Demobilisa-
		tion. Medical category
		7.7.19. All We fain
		·
	the same	

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
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			and country generals and a construction of the			
•				Parlia Control for the control of th		
		*		¥		
		>				
					2. 10	
	\	*				
				•	45.00	

red ink.



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. $i \mid c$ Records together with the remainder of the man's documents.

enny Ermet.

Changes occuring in the description subsequent to the date of admission to pension should be noted in

Name in full enny.
Regiment from which discharged Royal Dewfoundland
Regimental number 5514. 11 Of anh
Intended address Harry N.
Height on discharge
Color of hair on discharge
Complexion Lair.
Color of eyes Slue.
Descriptive Marks
Figure on discharge
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 Aany St. 27 lug. 1894.
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) Firnest Penny (Rank)
Station ST. JOHN'S. Date 7.7.19.

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.

Note.—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. 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.

	C1000 11 1, 11 1 (1), - 1,	01 - 1 (-), 01
11	Royal Herry winds 4 3. Rank. Ph. 14 3. Rank. Ph. 15 (Christian Names)	Former Trade or Occupation 7a. If the soldier claims previous service in Army, he should state— (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday.	Z./.T	
	n atgrade)	
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 Inqu	iry was held on an injury state:—	
(a) When		(d) Particulars of Pension or Gratuit
(h) Where		(II all V)

Note.—The foregoing particulars are to be filled in and 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.

(c) Opinion of Court

is seen by the Officer in charge of the case.

12. Place of origin of disability.

13. Give concisely the essential facts of the history of the disability in so far as it is required. History Sheet bearing on the case and in other relevant official documents.

		(i.) Service during the present war	
		(ii.) Previous active service	
		(iii.) Climate in pre-war service	V.j 57 1 24 25
-		(iv.) Ordinary military service before the war	
1		(v.) Serious negligence or misconduct on the man's part.	/ / da or istensi
	14 0.	(a). If not due' to any of these causes, to what specific condition do you attribute it?	Ale a la la constant de la constant
in all cases such		What is his present condition?	He complains of no
les, eye, ear, nose and throat, disabilities, &c., a specialist's re- port is to be attached with		(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)	desobility
where possible; and in cases of amputation the exact position			
hould be stated.			
			to the second to both approximate
	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 treat- ment 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	
	20.	Do you recommend—	
		(a) Discharge as permanently unfit?	RI 17 17
		(b) Change to United Kingdom? Note—(b) is only applicable to soldiers invalided at Foreign Stations.	Departation 3
		4.6.	Memor Callan
	Sta	tion Mazeley Lown	Medical Officer in charge of case.
	Da	te 3/4/19	
	it i	 Loss of teeth on or immediately after active service, shous due to some other cause. 	ld be attributed thereto, unless there is evidence that

tering sayes better

14. State whether the disabilities are (a) attributable to (b) aggravated by

THE RESERVE NAMES

August 12,1919

Mr. Ernest Penney, Harry's Marbor, B.D.B.

Dear Sir:-

Referring to your application I enclose chaque for Seventy dollars (\$70.00), being amount of first payment due you on account of the war Service Gratuity.

Yours traly

Captain & Pagnaster.

and arlietyents If so give particulars
13. Have you had more than one enlistment? If so, give particulars
of discharge and re-onlistments, and under what regimental numbers.
······
14. Have you already received any payment of Post Discharge pay or
Man Compiles Creativity? If so, state amount you and your dependents
have already received and by whom paid
15. Have you been issued with a War Service Badge?
16. Have you, during the present war, served in the Imperial Bordes
17. Are you entitled to receive, or have you received any Gratuity
in the nature of Pest Discharge Pay from the Imperial Forces? If
so, state amount received, or to which you are entitled. Clo
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
inaffinianava
and the Rost of th
of discharge. The (b) Reason for discharge.
5
Amp
20. Did you at any time serve at the front in an actual theatre of
The service norticulars of places and dates of such service
Mary 11 50 con part only
21.(a) Are you receiving treatment from the Wivil Re-Establishment
Cor. (b) If so are you in receipt of full pay and allowences from
that Cormittee
The this solon decleration conscientiously believing it to
And I take this solenn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Place of R	esidence:	Hor	syp.	AT SI	- Day	5
Declared b	efore ne et	: Sty	ohus	7		
This	Th	day of	orly	19.19.	11 Cox	the
	Supreme trate; I	ore of Barra Court, Stipe Hotary Publa or Commission	endiary H ic, Hustic	cois- e of the	J.	A
	·	8				

Date paid Paid Paid War Service Gratuity. Net amount due

4480 Springdale tyarch 20. Jr R. Bennett minister of militia Dear sir & am unting to ask your about Ptr. Ernest Panney allotment I have secent It four times since the enlisted and he enlisted it for any i and went overseas list thilly. I have only received Win allestament four times I would like the form if Trislayfor but hat become of it affor it the lost we enough he while ty that I searched up please/let one know. I remain how.

Nº 6327



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

i, Zarm	est oun	nec	/	, Regl. No.	35	14
hereby agree, until further	notification by me, and	in similar	official fo	orm to make an	Allotme	
	Dollars and					
to, and for the benefit of th	e undermentioned Pers	on and Pers	sons, such	payment to be m	ade on	proof
of identity of, and prod	uction of the relative	Identity	Certificate	es by the Person	and Pe	ersons
concerned, viz.: Allotment begins	angus	115	1,8	>		
Identity Certificate No. Whether Wife, Child. other Relative or Friend	NAME (in full)			Address	AMO (each I	ount person)
449a mother	mrs Sten	enia	Ha	ares H		in the state of th
777	11011 B. D	h .	Oho	200		i
	Eugherens	enney	J'IL	en suy		3-1
						
			*		-	
			***		-	-
*						
					-	
				Total Allotment, \$	#	1
NOTE —This form must be or	omploted by the Officer Co		0			30
NOTE.—This form must be considered by the Officer required payments of	Commanding Company a	and handed	to the Pay	master as authority	teer, co	unter- re the
F-120						
(Sig.) Evals	- Juni		0			
		(Sig.)	Ermes	t Genn	111	/
Off	ficer Commanding	(Dig./	00		1	
•	6. Company	(Rank	, כייט	le.	•	
ب						
0,0	0100					
July	6/18191	#				

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

The Koyae Henfoundland Signature of O. C. Company Destricts B 121. Good Conduct Badges, Service pay or proficiency pay Regimental Number and Name Trade Age on 23 years _ months Place and Date of Enlistment 30-5-18. Toined Date Joined Date 68 years. Place of Birth) with Colours Toined Date Toined Date of award or of order dispensing with trial Name of Date of Place Rank OFFENCE Punishment awarded By whom awarded REMARKS Offence Witnesses

To be carried over.

10014

Demobilization Form

The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No. 55/H Rank At Name Alongy 6
Date of Enlistment, 30 5 18 Address Marry W District dullet E.
Occupation Tohetypus Classification for Discharge Medical Category
[18] : 18] - 18] : 18] : 18] : 18] : 18] : 18] : 18] : 18] : 18] : 18] : 18] : 18] : 18] : 18] : 18] : 18] : 18
Recommendation S.M.B
Passed to Demobilization Officer with following documents:—
N.F. P 36
B 178 Board 1st " 2
B 179 D 400B Form L
B 179a B 103 ME 2
B 179c B 120 M 93
- I I I I I I I I I I I I I I I I I I I
Date. 1.7.19 O. C. Discharge Dept.
O. C. Discharge Bepq.
PARTICULARS FOR DEMOBILIZATION
z. Civil Re-Establishment.
r. Civil Re-Establishment. I amin a position to resume civilian occupation.
Particular and to 11 and a few
Particulars passed to Vocational Officer for information and action.
Date
A J
2. Clothing. Certified that Clothing Regulations have been confolied with:
Certified that Clothing Regulations have been complied with
(a) Clothing Allowance payable. A. Co
(b) Clothing Supplied
Date. 7-8-19 Oilc. Re-clothing.
U ilc. Re-ciotning.

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrant Noto his home
at Hanny S. H. and Release Certificate No. 32.8.2. issued.
A A A A A A A A A A A A A A A A A A A
- 12 -111 Will shrawlast
Demobilization Officer
Demodrination prince
4. Pay and Allowances.
[12] 교통에서 발표하면 보고 있었다면 되었으면 하면 하는 이 보다는 그리고 있다는 것이 되는 사람들이 되었다면 하고 있다면 하고 있었다. 그리고 있는 그리고 없는 이 하고 있었다면 하지 않아야 하다.
The herein named soldier's accounts have been correctly balanced and all matters in connection
therewith settled. He has received pay and allowances to
All In
Date
Depot Paymaster.
99-7-19
Discharge approved for 22-7-19
Forwarded with following documents to O.C Discharge Depot.
To marked with following documents to one Discharge Depot.
N.F. P 36 B 268 B 121
Б 178 W 3494 В 122
B 178a D 400A B 1915 do 2nd " 3 2. Town.
B 179 D 400B
B 179a do 4th
B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
1 1/9 In the francist.
Demobilization Officer.
Demobrization Officer.
APPROVED.
Documents as above forwarded to:—
Officer i c Records. Board of Pension Commissioners.
with following additional documents.
with following additional documents. Eligible 194 Table 3 Total Gratuity
Eligioto
NO Pal. Pla
Date O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.
Date Cuy 1/19
Park

Reg. 1	٠٠	Address Harry's Tr.	
		Allottee	
Allotm	ent	Allottee 1919	
Return	n⊠ en	tment	
		RASSED TO DEMOBILIZATION OFFICER	
22.7	19	DISOHARGE APPROVED ON DEMORILAGATION	
		,	

C.R.5514

Note.—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. 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

Transfer to Class vv., vv. (1), 1.,	or really, or the recourter
1. Unit and Corps. Royal H. Eurfound! 2. Regtl. No. 35/4 3. Rank Jole	Former Trade or Occupation Trade for Occupation Trade army, he should state—
4. Name Penny Conest: (Surname) (Christian Names)	(a) Former Regts. or Corps; with Regtl. Nos.
5. Age lasf birthday	
6. 'Posted for duty on at	
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;
할 것이 없는 사람들이 되었다. 그는 이번 사람들은 이 시민이는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	BE INSTITUTED BY

- 9. If a Court of Inquiry was held on an injury state :-
 - (a) When
 - (b) Where
 - (c) Opinion of Court

is seen by the Officer in charge of the case.

- (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 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.

mil mil

	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 injunctions, essential injunctions, and in a specialists, dec, a specialists, dec, a specialist, dec, a tatached with radiographs where possible; amputation the exact positions, should be stated.		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.)	He complains of a 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 treat- ment 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—	Reporting de
		(a) Discharge as permanently unfit?	Repotriation
		(b) Change to United Kingdom?	, minuelle
		Note—(b) is only applicable to soldiers invalided at Foreign Stations.	rocumier. CastRa
	St	ation Hazeley boun	Medical Officer in charge of case.
	D	ate . 3/4/1.9	
	it	 Loss of teeth on or immediately after active service, shis due to some other cause 	ould be attributed thereto, unless there is evidence the

A FOR THE METERS AND A SECTION ASSESSMENT