

### FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

4351

(o	<b>ИЗ</b> Г1.	Name Male	w & tunsow(Corps Mull
	Qu	estions to be put to the	ne Recruit before Enlistment.
ı. W	hat is your name? .		, Steption & Piniant
. W	Neit to some full Adds		2 Fadlu lews.
2. VV	nat is your run Addi	ress?	Togo Westrel
. 3. Ar	e ýou a British Subj	ect?	3
4. W	hat is your age?		4
200	ALL OF THE PARTY O	Calling?	5. Tunkerman
			6 <b>l.b.</b>
7. Ha	ave you ever served in sty's Forces, naval or	any Branch of His Ma military, if so,* which?	} 7
		vaccinated or re-vac-	} 8
		enlisted for General Ser-	} 9
10. Di	d you receive a Not	ice, and do you under- who gave it to you?	} 10 { Name
II. Ar	re you willing to serve be signed by you if	upon the conditions as e you are accepted?	mbodied in the roll of service
'	H 22.2.	Bri	Signature of Witness.
bound,	ue allegiance to His Mi honestly and faithfully	& Funew	RECRUIT ON ATTESTATION.
19.7	c	ERTIFICATE OF MAGISTR	ATE OR ATTESTING OFFICER.
he wou	ald be liable to be puni	shed as provided in the Arr	
		e then read to the Recrui	(1) - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
as repl	ied to, and the said rec		Hen Louis High
E.H.		†CERTIFICATE OF	APPROVING OFFICER.
1	certify that this Attest	The second secon	Recruit is correct, and properly filled up, and that the re-
			ordingly approve, and appoint him to the:
If	enlisted by special aut	hority, such will be attache	d to the original attestation.
100 m	S John	.191 \	Approving Office
Place.	THE RESERVE OF THE PARTY OF THE		
algebra (	† The signature of the	f the Approving Officer is "Corps" for which the Rec	to be affixed in the presence of the Recruit.

### DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet. Name... months. Height. feet 11 Apparent age. ...years.... inches Girth when fully expanded 34 Chest Measurement Range of expansion..... Distinctive marks. INFORMATION SUPPLIED BY RECRUIT Lobias Gensent Name and Address of next of kin Relationship 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) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Signature of Officers certi-Corps in Rgt. or which served Depot Promotion, Reductions, Casualties, &c. Army Rank Dates fying correctness of entries

Total Service forfeited as above.....

# C.R. 4351

Extract from Daily Orders Part II Royal Newfoundland Regiment Depot st. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilization has been confident by officer 1/c knexs Records from noted data 9-8-19.

4351, Pte. Stephen Pincent.

Extract from Daily Orders Part 11 Unit The Repai Mild. Regt. St. John's, July 16th, 1919.

The discharge of the undernoted on demobilization has been APPROVED by 0.0. Discharge Depot with effect from 26-7-19

4351 Pte. S.Pinsent.

Extract from Dafly Ordone Payball Unly The Royal Mild. Regt. St. John's, July 375,12100

4351 Pte. S.Pinsent.

The first of the f

Roported at Headquarters 1-7-19 or "Cresantra" which sailed Blasgow Jane 24th, 1919.

Enteret grow a right of a time to be to be part to the

Route Bie Johnson, Minches

C.R. 4351

Extract from Daily Orders Exet by Major M.B. Sullivan, Commanding Exercise. Nfld. Forestry Companies 26-11-18.

The undernoted having arrived ferm 2nd Bm. Royal Mfld.

Regt. is attached to the strength from this date and posted to

"B" Co. for rations.

4351 Pte. S. Pinsent

Extract from Nominal Rell Entrained Ear St. John's for Overseas. 3\_pt.22,1918. "A".

4351 Pte. Pinsent Stephen.

# C.R. 4351

Extra t from Daily Orders part 11, from Unit The Royal Wfld.Regt.St.John's, dated July 25, 1918.

#4351 Pte. S.E. Pinsent.

Discharged from General Hospital 24-7--18

C.R. 4351

June 13, 1918.

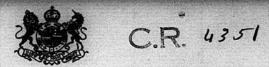
Te:- acting O.C.Depet.

#### #4351 Pte. S.R.Pinsent.

I return report of Beard of Enquiry on this case. I would suggest that the matter be theroughly investigated by the Officer Commanding when this soldier is discharged from Hospital.

Major.
District Officer Commanding,
Newfoundland.

RNCLOSURE.



### THE ROYAL NEWFOUNDLAND REGIMENT

HEADQUARTERS

H. John's, Newfoundland,

June 7th.,

19/8.

To D. O. C.,

Militia Department.

Sir:-

I beg to report that on the 6th inst at the Prince's Rink Barracks, No. 4351 Pte. S. E. Pinsent was injured in the foot by the discharge of a firearm, and sent to Hospital.

I have ordered a Court of Inquiry to assemble to-morrow to enquire into the circumstances.

- K. H Sait aft.

for Major,

Officer Commanding Depot.

Extract from Daily Orders part 11, from Unit The Royal Newfoundland Regiment, St. John's, February 22, 1918.

#4351 Pte. S. H. Pinsent.

Attested for General Service with the 1st, Newfoundland Regiment, with effect from 22/2/18.

E Tinsent 480 FORM K

Nº 6629





### THE ROYAL NEWFOUNDLAND REGIMENT

NAME (in full)	Address	AMOUNT (each person
16th Stephen (Violet)	Tinsent.	
	British House	
y.	2 kew Your St	-
1/00	leity	
1 3	Rozjak	
1,7	1.2 L 10 X 2 L 11	
b, 1/8.	" RECISTED	
, h''	L	-
/h		
10,		-
	Total Allotment, \$	

From:

NEWFOUNDL INGENT

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

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

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

9th. January.

1919

Subject: 4351. Pte.S.E.Pansent.

With reference to refollowing telegram ( 221 ) from the Hon. Minister of Militia, received

Pay to 4351 Pinsent - £4:0:0

Draft £4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt

Mucall May. Chief Paymaster & O. 1/c Records.

Receipt hereunder.

A.M.a. Kos Can Officer Commdg Journation Royal Newfoundland Regiment

Received the sum of 400

Your founds on account of cable remittance from Newfoundland.

No. 4351 Rank

Hinsent, S

4351

Pay Loeps.

٠

.

August 14,1919

#4351 Pte. Stephen Pinsent, Badle Cove. FUGO DIST.

Dear Sir:-

rlease find enclosed pischarge Certificate #3691.
Yours truly.

Captain & Paymaster.

# The Royal Newfoundland Regiment

PROCEED	ings on discharge
Intended place of residence.	le Core Topo
2. Occupation Sumberma Classification of soldier.	Medical Category. A.
	DBILIZATION
Eligible for	r War Service Gratuity
	e impartially inquired into all matter brought before me, in
CERTIFICATE TO BE SIG	GNED BY SOLDIER ON DISCHARGE
<ol><li>I hereby acknowledge that I have received all just demands up to the present date, and hereby of all financial responsibility in my connection.</li></ol>	I my pay and allowances (including clothing allowance) and all release the Discharge Depot, Royal Newfoundland Regiment,
Place, ST. JOHN'S  Date JUL 1'71919	Signature of soldier  Signature of witness
CIVILIAN RE-ESTABLISHMENT	CERTIFICATE TO BE SIGNED BY SOLDIER
6. I hereby certify that I am in a position to resur Place, ST. JOHN'S	me civilian occupation immediately on discharge.  Signature of soldier
Date JUL 1. 2.1912	Signature of witness S.
STATEM	ENT OF SERVICE
7. Enlisted for service. 2.2.2.2.1 Discharged from service. JUL 2.6.1919	No. of days on Military
APPROV	AL OF DISCHARGE
The Royal Newfoundland Regiment, twenty eig	officer Commanding Discharge Depot The Royal Newfoundland Regiment
CONFIRMA	TION OF DISCHARGE
The discharge of above mentioned soldier is here Place, ST. HOHN'S  Place, ST. HOHN'S	1 6 60 0

7/2/23/ 9

169

113134913691

# The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No. 55/ Rank Name Sompost
Date of Enfistment 2. 2 2 Address La Melive District 1090
Occupation workersman Classification for Discharge f Medical Category
\$100 pp. 10 pp.
Recommendation S.M.B. Disability Rating
Passed to Demobilization Officer with following documents:—
N.F. P 36
B 178 W 3494 B 122 Board 1st " 2
B 178a D 400A B 1915 do 2nd
B 179 D 400B Form L do 3rd " 4
B 179a D 400C Form K do 4th " 5 " 5
B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
Date
1. Civil Re-Establishment.
I amin a position to resume civilian occupation.
10 to uniting
Particulars passed to Vocational Officer for information and action.
Date
a. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable to he had to he
(b) Clothing Supplied
Date. 12 7 1. 9 O i c. Re-clothing.

3. Transportation and Release Certificate.  The above named has been provided with Travelling Warrant No.	
Date 12-7-19 Den	issued.
4. Pay and Allowances.  The herein named soldier's accounts have been correctly balanced a	and all matters in connection
therewith settled. He has received pay and allowances to	9-19-11
Date	pot Paymaster.
Discharge approved for	
N.F. P 36	2 g. famm B.  6.  Nowledge Demobilization Officer.
Eligible for War Service  Jul 26 1919  Date	C Gratully  R. Cooke Colo.  C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.	
Date	

### Civil Re-establishment Committee

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

To resume former Occupation.

Signature of Man.

Reg. No. 433-1

Signature of the Vocational Officer or his Representative.

Diane

ST Ansin

Date 12.7-19.

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# The Royal Newfoundland Regiment

Class for Demobil- ization:	Report of Demobilization Travelling Board, held on soldier for discharge.
/6%	
Discharge Depot: Headquarters The Royal Newfour	Date July 11/19
Regimental No. 43.51	
Name Simout s'tap	hur.
Address . Ladoll . Care	
Present Medical Category. 47	
Recommended for:—	(a) Immediate discharge
	O.C. Discharge Depot.
Members of Board	Senior Medical Officer
	Sween Sea

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

MEDICAL HISTORY

surname Finism!		or Christian Nan	e Steph	m &
	Table I.—GE	NERAL TABLE		
Birthplace: -Parish Spo	de leve	Count	y Logo	
	SPECIAL	RESERVE.	REGULA	R ARMY.
	on 22 day	of Fel 1919	on da	y of 191
Examined	as sofolu	4	at	
Declared Age	2q years	i daga	yea	ri deye
Trade or Occupation	Lumbe	man		
Height	5 feet	, / inches	fee	
Weight		1 4 3 lbs.		lbe.
Chest   Girth when fully expanded Measure- ment   Range of Expansion		38 Inches		inches
Physical Development				
, (Arm	Right	Left	Right	left
Vaccination Marks Number	State State			
When Vaccinated				
Vision	R.EV= VIS		R.EV= L.EV=	
(a) Marka indicating congenital peculi- arities or previous disease	(a)		(a) ·	
(b) Slight defects but not sufficient to cause rejection	6) 2727 WW 134	Minn.	(6) . 	
Approved by (Signature) (Rank)	Lames	Paterson		
knlisted	Sapplus on 22- day		at	Medical Officer.
	on 22 day	of Tely 1916 Regtl. No.	оп сла	y of 191 Regti, No.
Joined on Enlistment				
Transferred to	Noya Wed	ν35'1 1		
Became non-effective by				
	on day	of 15 191	on de	y ef 191
[Signature]				

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

	Ad	imitted Hospita	to	Disc	Admitted to Discharged from Hospital			Number	Remarks bearing
Name of Hospital	Day	Month		110000	Day Month Year		Disease —	Number Days in Hospital	Remarks bearing syphilis, admissi of tre
St. John's	6	6	18	23	7	18.	G. S. W. Foot.	47	
General Hospit	al.			V:					
or to to the second									10-12-21-7
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Anna Ai						14			
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								La bridge	
	./ .								
									SZIJA I PO POJE
			SILVER						
	*2		1					on avura	
day of 191	VAU.		по	191		lo	Val		
	SIMILAR					4	(Rank)%	A Services	

st 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 and re-admissions to hospital will be shown. The subsequent progress, including particulars nent out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Portion loose bene removed. Wound healed.

Signature of Medical Officer

G. Kugan

Station or Troopship

I'.T.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.

Brief Details, and Signature

Date		
<del>ti</del> t at	of the Carrier and A	
<u> </u>		
26-2-18	Yaco. #	١.
8-3-18	Ta.B #	
12.3.18.	500 H	
19.3.18)	Seo LP	

Is is hereby certified that this soldier has been before a Travelling Medical Board, and has been classified as for Dischurge on Deprobilisation. Medical category

#### 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
			A CALL TO THE STATE OF		
				1	
			and the second second		
		A TOTAL			
	Alfordance Co.		( ) ( )		Server Market

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. (I), 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 of	n a Soldier	Boarded !	Prior to Dis	charge or
Transfer to Class				

Transfer to Class W., W. (T), P., o	or P. (T), of the Reserve.
1. Unit and Corps Lyal Mewfoundland Kg	7. Former Trade \ Lunberman
2. Regtl. No.44. 33. 13. Rank	7a. If the soldier claims previous service in
4. Name bincent Stephen E.  (Surname) 30 (Christian Names)  5. Age last birthday.	(a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last 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 :
- (c) Cause of Discharge.

(if any)

- 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.

Norg.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier

(d) Particulars of Pension or Gratuity

#### 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.

and

\$	1	
	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 aman'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 injura- nose and throat, disabilities, &c., a specialist's re- port is to be attached with radiographs when possible; and in cases of imputation the exact position- chould 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.)
	v	
	16.	Was an operation performed? If so, when and what was its nature?
	17.	If not, was an operation advised and declined?
	18.	*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
	19.	Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military
		conditions?
		Do you recommend—  Do you recommend—
	20.	Do you recommend—
		(a) Discharge as permanently unfit?
		(b) Change to United Kingdom?
		Note—(b) is only applicable to soldiers invalided at Foreign Stations.
•		Medical Officer in Assistance
	Sta	tion Hazely Down Medical Officer in charge of case.
	Da	te . 18/4/19
	# 6	· Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that



### 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. insent.X Name in full Regiment from which discharged Royal Dewfoundland 4 351. Regimental number Intended address Height on discharge Color of hair on discharge Complexion Color of eyes 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 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)

Date

Station

ST. JOHN'S.

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.

August 16,1919

Mr.Stephen Pinsent, Eadle Cove, FOGO DIST.

Dear Sir:-

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

Yours truly

Captain & Paymaster.

#### DEPARTMENT OF HILLITIA.

#### WAR SERVICE GRATUITY.

St. John's Newfoundland.

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

A complete reply must be given to every question in this Declaration There must be no blanks and no deahes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.
Christien name. Stephen 2. Surnene. Purseut
3. Renk, Pho 4. Regtl. No. US51
6.Address in full to which future payments of gratuity are to be
forwarded. Radle Cone Fopo Wish
6. Date of enlistment in the Regiment. Jet 12/18
7. Name of dependent, if any, to whom Separation Allowance is being
issued, or was being issued, immediately prior to your discharge
nos V weer Pinsent
8. Relationship of such dependents
9./dlress in full of such dependents. Lade Gre, Topo Distri
10. Is said dependent, now, or was said dependent at my time in receipt
of Separation Allowance on account of another soldier?
11. Were you on active service only in Nfld. Hi so, give dotes and
particulars of such service. Overseas
••••••••••••••••••••••••
***************************************
12. Give total length of time which you served on active service,
whether in Ifld. or Oversees. Seventum months

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 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 I: period Dorees
17. Are you entitled to receive, or have you received my Gratuity
in the nature of Pest Discharge Pay from the Imperial Forces? If
so, state mount received, or to which you are entitled
***************************************
18.Did you revert Overseas to a rank lower than the substantive
renk held by you on your arrival in England?
(b) If so, was such reversion in sonsequence of Misconduct or
inofficiency?
19. Are you now serving in the Rest. ? 12 not give ?- (a) date
of discharge. July 76/19. (b) Reason for discharge.
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
cu land
***************************************
21.(a) Are you receiving treatment from the Wivil Re-Establishment
Com.(b) If so are you in receipt of full pay and allowences from
that Cormittee
And I take this soloun declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if the unior oath.

Signature of	Applicant: Slep	hu tinsent
Place of Res	sidence: Ladle G	ve. 2000. District, us 20.19
Declared ber	forome at: A John	us
This	12 day of M	n 19.19
		00 00

Signature of Berrister of the Shu Marky Supreme Court, Stipendiary Hears for the trate; Hotary Public, Bustice of the Reace, or Commissioner of affidevits.

	POST	DISCHARG	E PAY.			
Dr te				War Service Gretuity.	Net amount due	
····	• • • • •					
••••	• • • • •	Cortified	correct.	!	Eagnester	

2204 British House I thew Gover Steel-St John dug 12th, /18. Captin Howley Defot Water Street Dear Sir - Legering To Hoy Wifes Separation allowance, It rom HDay 22 nD. June 30th, When seeding the allotment. For July, not Knowing It los Hessasary To relde may & Julie. Seperation allowance Owing To me, Sending in the date of. Bur of the arriage.,

Beginning Lot the Future address.

Lo Seuls the Hooney. Where She wice bee Living to 7 of Early. Hero S. E. PinsentBlankers Beach.

Conception Bay. Conception Bay. # 4351. Pl. S. E. Cinoent -.

### FORM K

Nº 3894



# 1ST. NEWFOUNDLAND REGIMENT

concern	ed, viz.: Allotment begins	the undermentioned Personal duction of the relative			
Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	1	ADDRESS	AMOUNT (each person
173	on name of	Bank a	1	Stoke	0
/	and	montre	al		
	mother	and			
		Mos Tobia	man	Radle	Gue of
		ann) lines	ent	7000	
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					467451 487 5 5 5 6 1
	100				
				Total Alle	
TOTTE '	DL C				
	signed by the Office	er Commanding Company	and handed	to the Paymaster as a	uthority to make the
		он аррисации.	2.5		
	This form must be signed by the Office required payments	completed by the Officer Corr Commanding Company on application.	ommanding (	Total Allo Company, signed by th to the Paymaster as a	e Volunteer, counter

Nº 3894



### 1ST. NEWFOUNDLAND REGIMENT

Certificate No.	Whether Wife, Child other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each perso
10	and	montre	el The	
	noire	Woo Tobias	man fadle or	e os
E		ann) Fincen	1 togo	
		_		
1.29				
			Total Allotment,	
S	This form must be igned by the Office equired payments	r Commanding Company and	nanding Company, signed by the Volu handed to the Paymaster as authorit	inteer, counte
iig ,)	Moule	16-	. 0	

pay (wife) His illutown Dec 2911. 119. Miletia Department Walin shuit Dear sin: Beging I the The man was to get; Severy Decar in month tor. -Four month and his Wege, was Lo get. Yhulidaen for Rath month as quolinabour Hederying To my wige. Came back From over Seas, he work receive \$ 450 and the Second month.

She receive Thurtien dollar.

That are my wife receive yet.

Please write & Give me

In Mination of what I am

Reserving Low, & what him

her lot. L. gel:

Journ Truly.

(43.51) Ext. Trivali

S. E. Ginsent

Holeentown.

Pebruary 26,1920

Mx Pte. S.R. Pinsenty Millertown.

Dear Sir:

I enclose form, which kindly have your wife complete in the presence of a Magistrate or a Justice of the Peace, and return to this Uffice.

Yours truly,

For Paymaster

Enc.

2900 was only noted on 4351 He address Lieut maddickace and several for 80 and there is not several beach for 80 and there was not several beach for 80 and several several for the paper of melitia meline ago, telling them about my change of Sometime ago, telling them about my change of address, and I received an answer to my letter telling the that all cheques would be forwarded to me at blarkis Beach, I received a cheque for my Deperation money but have not received my allotment cheque will you please send it to me for september month, and in future send it every month with the Separation cheque, I received an Solentity certificate, and as far as I can understand. I should call and show the certificate to get it. but that would be very inconvient for me, and you would ablige me very much if you will send it to The in future yours truly Violet pinsent blankis Beach.

October 12, 1918.

Mrs. Violet Pinsent, CLARKE'S BEACH.

Dear Madam:

With reference to your letter of October 11th. I beg to inform you that your husband was given thirty-six days' leave without pay, therefore his allotment, which he made to you, was discontinued from that period.

I wish to state further that through an oversight in this office, the Separation Allowance was forwarded to you for last month, which you were not entitled to therefore the amount overpaid, which is \$20.00, will be deducted from your next month's cheques.

It is understood that you were aware that your husband was given this period of leave without pay.

Yours truly,

4351

2771

Clarkes Beach Sept 30th/18

Royal Newfoundland Regiment,
pay Department,
To pay master.
Dear Sir:

and am now living at blarkes Beach, Will you please Send my allotment and Seperation money hear in future, instead of British House, I ckew yower street, bity, which was my former address.

and ablige yours Truly Violet pinsent

my address Inro Stephen & pinsent Clarkes Beach Conception Bay.

October 2, 1918.

Mrs. Violet Pinsent, CLARKE'S BEACH.

Dear Madam:

I beg to state that your change of address has been noted, and that in future all cheques will be forwarded to you at Clarke's Beach.

Yours truly,

Lieut. For Paymaster

#### Fold Here

### ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 2 0 1921 1921		OCT	20	1921	1921	
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The	e accomp	anying ¥	ictory	Medul a	nd/or Briti	sh War Mo	dal
is/are fo	rwarded	herewith	to .				
san a san a san							
	s	tephen	E. I	insen	ıt		
in respe	ct of his	service as	s No	4351	Raņk	Pte.	_
Name _	S.E.	Pinser	at	V1 (5)	Royal Nfl	4. Regt.	_

Signature S. E. EinsentDate How 19th., /21.
Address Laste Core

Receipt of the same should be acknowledged hereon.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regin	nental Number and Nan	e Enlistment	Trade	Good Conduct Badges, Serv	ice pay or pro	ficiency pay	
No. Joined Joined Joined	Finant Cal	of Enlistment 22. 2. 18	Religion  Religion  Place of Birth	-			
Juined Place	Date Date of Offence Rank	Period of with Colours /169 years.  Cases   OFFENCE    Cases   OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Neadyths.	29-4-18 Ste	Thent from 830 Am para world 855 M. To hisobuying an order To Neglect of Buty	och It Bursell . Henneburg 834 Hussry	94 Ans F.D		Major I Harty	aj
st. golinis	3.6.18 4.6.18	Farada Fell 2:15 P. I About from Reform	M.Parole	2 days. G.B.	4.6.18	Bapy Jestimus	
		Balls from 6. P. M. Lo I Breaking Barrach while a defaulter I Alant from Tallo	Syl. Whele		5.6.18	Bef Nummer	
elef Down Camp	25].18 2-3-19	Absent from Barras while under open as	ho R. D.M.			ggs. R. J. Tait M. unt Lemeosevrer	
	~~/	Improperly delosed	. RM.C	Carrier (D)	1	messurur (	

14351

emobilisation Form

## The Royal Newfoundland Regiment

DEMOBILIZATION	N OF
Reg. No H. 50 Rank. Name	Insent I
Date of Enlistment 33-3-18 Address	rolle gos District J. fo
Occupation January Coul. Classification for Dischar	rget./Medical Categoryt
Recommendation S.M.B Disabil	ity Rating
Passed to Demobilization Officer with following documents:-	A SAN TO THE SAN TO SAN THE SAN
	[ed D.F. 1
	1st
	3rd
	4th " 5
B 179b B 103 ME 2	" 6
B 179c B 120 M 93	
	A AMIGANT
Date	O. C. Discharge Depot.
A STATE OF THE STA	
PARTICULARS FOR DEM	OBILIZATION
z. Civil Re-Establishment.	
I amin a position to resume civilia	n occupation.
Particulars passed to Vocational Officer for informat	ion and action
rarticulars passed to vocational Officer for informat	
Date	
TANK TO THE RESERVE T	The state of the s
2. Clothing.  Certified that Clothing Regulations have been comp	lied with
and the same of th	1
(a) Clothing Allowance payable. A O. A	MINIMANIA
(b) Clething Supplied	
Date 12-7-19	O ilc. Re-clothing.

3. Transportation and Release Certificate.  The above named has been provided with Travelling Warrant No. 2. 2
at Andly Coul and Release Certificate No. 12.0 issued.  Date Demobilization Officer
A Pay and Allowances.  The herein named soldier's accounts have been correctly balanced and all matters in connection
Date Depot Paymaster.
Discharge approved for
N.F. P 36
Date 12.)-19 Inwelafol Demobilization Officer.
APPROVED.  Documents as above forwarded to:  Officer i c Records. Board of Pension Commissioners.
with following additional documents.  Eligible for War Service Gratalty
Date JUL 45 1919 KR Coope Cilet O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.
Date auf ust 7/19

1 . . . .

		Address.  Allottee  tment o Returned from Overseas.  S S ASSALLANCE  Cause S SULLANCE  Cause S S S S S S S S S S S S S S S S S S S	
Date	of Allo	Meturned from Overseas	
Retur	ned on	S.S. Cause Cause	•••••
127	19	PASSED TO LEMOBILIZATION OFFICER	
14 7	19		
		PECHARGE APPROVED ON DESCRIPTION.	

C.R. 435/ Army Form B. 179A

Note.—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 (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, Mat 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. (T), P.	or P. (T), of the Reserve.
1. Unit and Corps	1015	7. Former Trade or Occupation
2. Regtl. No. 4.35	3. Rank	6 7a. If the soldier claims previous service in Army, he should state—
4. Name (Surname)	cent Alfthen 6	(a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday		
	at	
8. If the disability is a	n injury was it caused	
(a) in action	(b) on field service	
(c) on duty	(d) off duty?	(b) Date of Discharge;
9. If a Court of Inquir	ry was held on an injury state :—	(c) Cause of Discharge.
(a) When		(A) Postiaulous of Possian on Contains
(b) Where		(d) Particulars of Pension or Gratuity (if any)
(c) Opinion of Co	ourt .	

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

### Statement of Case.

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

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

11. Date of origin of disability.

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.

wie

mi

	14.	4. Stare whether the disabilities are (a) attribute	able to (b) aggravated by
		(i.) Service during the present war	
		(ii.) Previous active service	
		(iii.) Climate in pre-war service	
	5	(iv.) Ordinary military service before the war	
		(v.) Serious negligence or misconduct on the man's part.	
	14	4 (a). If not due to any of these causes, to what specific condition do you attribute it?	1 n
In all cases such	15	5. What is his present condition?	replains file
as facial injur- ies, eye, ear, nose and throat, disabilities, &c., a specialist's re- port is to be attached with radiographs where 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.)	Sisability
and in cases of amputation the			
exact position should be stated.			
		v 7:	
		· Carry	
	16.	6. Was an operation performed? If so, when and what was its nature?	
	17.	7. If not, was an operation advised and declined?	The second secon
		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 treatment was unobtainable?	
	19.	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?	
	2	Relativat	on .
	20	0. Do you recommend—	
		(a) Discharge as permanently unfit?	
		(b) Change to United Kingdom?	
		Note—(b) is only applicable to soldiers invalided at Foreign Stations.	comier. Pau
	Sta	tation Torrely Sown Medic	al Officer in charge of case.
	Da	Date 10/4/19	
	it i	<ul> <li>Loss of teeth on or immediately after active service, should be attributed to some other cause.</li> </ul>	ted thereto, unless there is evidence that