



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1404 Name Wm Ploughman Coff.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------|
| 1. What is your name? | 1. <u>William Ploughman</u> |
| 2. What is your full Address? | 2. <u>Port Buxton Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>22</u> Years |
| 5. What is your Trade or Calling? | 5. <u>fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, William Ploughman do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Wm Ploughman SIGNATURE OF RECRUIT.
James Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly stated as replied to, and the said recruit has made and signed the declaration and taken the oath before me.

on this 11 day of May 1916
 Signature of Attesting Officer C. B. Dick Lieut.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the

If enlisted by special authority, such will be attached to the original attestation.

Date 1916 }
 Place } Approving Officer.

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

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

C.R. 5404

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

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

5404 Pte. Wm. Ploughman.

C.R.

5404

Extract from Daily Orders Bart 11 Unit The Royal Nfld.
Regt. Depot, St. John's, June 12th, 1919

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 23-6-19.

5404 Pte. Wm. Ploughman.

C.R. 5404

Extract from Daily Orders Part III Depot, St. John's,

Date 11-6-19.

5404 Pte. Wm. Ploughman

Reported at Headquarters 1-6-19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R! 5404

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5404 Pte. W. Ploughman

C.R. 5404

Extract from Nominal Roll of Draft No. 56, from the 2nd.,
Battalion of the Royal Newfoundland Regiment to the 1st.,
Battalion of the Newfoundland Regiment B.E.F., Embarked

#5404 Pte. W. Ploughman.

C.R. 5404

Extract of War Office List No. 35344. H.A.

March 13th/19.

Dis. to Camp Adjutant Ex. 1 Sty. Hospital Rouen.

March 5th/19.

5404 Pte. W. Floughman.

VDG.

CR 5404

extract from war Office list no. H.A. 34592

Adm. l. Sty. H. Rouen 31st. Jan. 1919.

5404 Pte. W. Ploughman.

V.D.G.

C.R.

5404

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

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

#5404 Pte. William Ploughman.

C.R. 5404

Extract from Daily Orders part 11, from Unit The Royal Nfld. R
Regt. St. John's, dated May 27, 1918.


#5404 Pte. W. Floughman

Attested for General Service with the Royal Nfld. Regt.
from 24.5.18

W. Ploughman

5404

P. T. R. O



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* } Former Trade } *Fisherman*
or Occupation } *None*
2. Regtl. No. *54043*. Rank. *plb* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Ploughman William* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *24*
6. Posted for duty on *21 May 18* at *St. John's*
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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. *nil*
12. Place of origin of disability. *nil*
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. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | } <i>na.</i> | |
| (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? } *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 should be stated.

15. What is his present condition?

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

Re complaints of n. disability.

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

W. J. P. ...
W. J. P. ... *Capt R. D. ...*

Station ... *Hazley Brown*

Medical Officer in charge of case.

Date *30.4.67*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

No. 6442/931

B copy

099357
507 357
M.F. / 70.

From NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. 1/8 Bn. 1/8 Regt
Winchester

29th April 191 9

191

5404 Pte W. Ploughman

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (155)

Williams Recd & Adjutant
Officer Commdg. 1/8 Batt'n.

"Pay to- 5404 W. Ploughman
£10-0-0

Received the sum of Ten

Cheque £ 10-0-0 is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

pounds (£10-0-0) in respect of
telegraphic remittance from the
Minister of Militia.

A. C. Munnell
Chief Paymaster & O. i/c Records.

W. M. Ploughman
No. 5404 Rank Private
Witness Hellier

Houghman, W^d

5404

Hay Sept.

July 8, 1919

#5404 Pte. William Houghan,

Port Reston, T.B.

Dear Sir:-

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

Yours truly

Raymaster & U.i/c Records. Captain

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name... *Hollison* 2. Surname... *Boaghtman*
3. Rank... *Private* 4. Regtl. No... *5404*
5. Address in full to which future payments of gratuity are to be forwarded... *Port Nelson. Family*
6. Date of enlistment in the Regiment... *May 24th 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
not applicable
8. Relationship of such dependents... *not applicable*
9. Address in full of such dependents... *not applicable*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Nfld, if so, give dates and particulars of such service... *not applicable*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *One year and fifteen days* 12.

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

not applicable

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

no

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

no

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

no

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

not applicable

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

no

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

not applicable

19. Are you now serving in the Regt.? If not give - (a) date of discharge

Jan 2nd 1919

no

Demobilized

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.

Flanders Germany -

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

'A' 'no' 'B' 'no'

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

Signature of Applicant: *Wm. Pughman*
 Place of Residence: *Fort Austin, Texas*
 Declared before me at: *St Johns*
 This *9th* day of *June* 19*17*....
Robert Calap

Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

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

July 7, 1919

#5404 Pte. William Floughman,
Port Rexton.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2765.

Yours truly

Captain
Paymaster & O.i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No 5404 Rank

Name Plouffe W

Warned for demobilization on

JUN 8 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5404 Rank Pvt Name Ploughman Wm
 Intended place of residence Post Rector

2. Occupation Intermar
 Classification of soldier 2 Medical Category AF

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
 D ST. JOHN'S JUN 9 1919
 Comanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date
ST. JOHN'S
 Signature of soldier Wm Ploughman
 Signature of witness Wm Lester

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date JUN 9 1919
ST. JOHN'S
 Signature of soldier William Ploughman
 Signature of witness Wm Lester

STATEMENT OF SERVICE

7. Enlisted for service 24-5-18 No of days on Military
 Discharged from service JUN 23 1919 Plus 14 days Service 410

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
 Date JUN 23 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld.
 Date July 7/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

ayb 2079/1915

The Royal Newfoundland Regiment

Class for Demobilization: *6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7.6.19*

Regimental No. *5404*

Name *Shanghuan M. Williams*

Address *Port Nelson*

Present Medical Category *A-1*

Recommended for:—

(a) Immediate discharge

(b) ~~Standing~~ Medical Board

Members of Board

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

Watson
Senior Medical Officer

W. Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 54664 Rank Pfc Name Laughman William
 Date of Enlistment 24 5 48 Address Port Rexton District St. John's
 Occupation Fisherman Classification for Discharge E Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents—

N.F. P136	B 268	B 121	/	N.F. Med	D.F. 1	/
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 4-6-49

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

[Signature]

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable \$6.00
 (b) Clothing Supplied

[Signature]

Date 9-6-49

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1688.....to his home at Fort Renton and Release Certificate No. 2504 issued.

Date

9-6-19

J.A. Snowball
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 7-7-19

Date

9-6-19

J.A. Snowball
Depot Paymaster

Discharge approved for.....

9-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36.....	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.....	2 Form B.
B 179.....	D 400B.....	Form L.....		do 3rd.....		" 4.....	
B 179a.....	D 400C.....	Form K.....		do 4th.....		" 5.....	
B 179b.....	B 103.....	✓ ME 2.....	✓			" 6.....	
B 179c.....	B 120.....	M 93.....					

Date

9-6-19

J.A. Snowball
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 23 1919

R.H. Saint Clair
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former occupation

Wm. Pughman
Signature of Man.

Reg. No. *5404*

J. A. Snowlett
Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

JUN 9 1919

191



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

William Ploughman

Regiment from which discharged

Royal Newfoundland

Regimental number

5404

Intended address

Port Bexton, I.B.

Height on discharge

5 Feet 11

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Figure on discharge

*Tall
Henry (Dead)*

Christian name of Father

Deliah.

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

Port Bexton, 12 March, 1896

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct.

(Soldier's signature in full)

*William Ploughman**Pl.***ST. JOHN'S.**

Station

Date

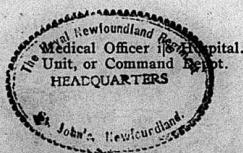
5-6-19

(Rank)

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

Station

Date



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

MEDICAL HISTORY

Surname Plaughman OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Prothon 2B. County Nfld.

	<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>	
	on	day of	on	day of
Examined	at <u>21st</u>	<u>May</u> 191 <u>8</u>	at	191
Declared Age	<u>33</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>8 3/4</u> inches		feet	inches
Weight	<u>125</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>35</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>—</u>	<u>/</u>		
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/9</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lambert Peterson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at <u>St. John's.</u>		at	
	on <u>21st</u> day of <u>May</u> 191 <u>8</u>		on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>Royal Nfld.</u>	<u>1404</u>		
	<u>Regiment.</u>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

one

Signature of O. C. Company

C. J. Dicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	23 years	months	
<i>5404</i>	<i>Regimental No.</i>	Place and Date of Enlistment	<i>St. John's</i>	Trade	<i>Justice</i>
Joined	Date		<i>22 5 18</i>	Religion	<i>C. M.</i>
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date	with Reserve	<i>1 1/2</i> years.	<i>Port Rexton</i>	<i>T. B.</i>
Joined	Date		<i>3 1/2</i> years.		

Place	Date of Offence	Rank	Class of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St. John's</i>	<i>7</i>	<i>19</i>		

To be carried over.

The Royal Newfoundland Regiment

5404

DEMOBILIZATION OF

Reg. No. 5404 Rank Pte Name Roughman William
 Date of Enlistment 24-5-18 Address Port Rexton District Trinity
 Occupation Fisherman Classification for Discharge F Medical Category AL
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136	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	S
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 4-6-19

[Signature]
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am in a position to resume civilian occupation.

Received
 Particulars passed to Vocational Officer for information and action.

Date

2. Clothing

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00
 (b) Clothing Supplied *[Signature]*

Date 9-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1688 to his home at Fort Rector and Release Certificate No. 2504 issued.

Date 9-6-19 *J.A. Snowball*
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 7-1-19

Date 9-6-19 *H. J. ...*
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 9-6-19 *J.A. Snowball*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents. **Eligible for War Service Gratuity**

JUN 23 1919

Date *R.H. ...*
O. C. Discharge Depot.

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

Date June 16/19 *J. ...*
for O.C. Records

Reg. No. *5404* Rank *Pte* Name *Ploughman W.*
Attested Address *Port Newton*
Allotment Allottee
Date of Allotment Returned from Overseas *29-5-79*
Returned on S.S. *Corican* Cause *Discharge*

1-6-19
23-6-19

FORWARDED TO MOBILISATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.