



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5447 Name William Power Corps R.C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. William Power
- 2. What is your full Address? 2. H. Hunts Lane
City.
- 3. Are you a British Subject? 3. Yes.
- 4. What is your age? 4. 27 Years Months
- 5. What is your Trade or Calling? 5. Longshoreman
- 6. Are you Married? 6. no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes.
- 9. Are you willing to be enlisted for General Service? 9. Yes.
- 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. Yes.

I, William Power 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.

25/5/18 William Power SIGNATURE OF RECRUIT.
Pte. Power mark Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 25 day of May 1918.

Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date 191

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)

DESCRIPTIVE REPORT ON ENLISTMENT

5447

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

Name William Power

Apparent age 27 years months. Height 5 feet 6 1/2 inches

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

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Power
4 Hunts Lane | Relationship Father.
City, Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards United Kingdom engagement reckons from <u>25-5-18</u>									
Joined at <u>St John's</u> on <u>May 25-1918</u>									
<u>Discharged July 29-1919</u>									
<u>Embarked St John's train to Halifax N.S.</u>									
<u>to Newfoundland for demobilization</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St John's</u>									
<u>29-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-7-1919 [date of discharge] 1 years 66 days

" " Pensions " [" "] " " "

C.R. 5447

Extract from daily orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 7th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c records from noted date
29-7-19.

5447, Pte. W. Power.

C.R. 5447

Extract from Daily Orders Battalion Unit The Royal Mfld.

Regt. St. John's, July 3rd, 1919.

5447 Pte. W. Power.

Reported at Headquarters 1-7-19 on "Cassandra" which
sailed Glasgow June 24th, 1919.

C.R. 5447

Extract from Daily Orders furnished By Major M.S. Sullivan
Commanding BFLA, Forestry Co. 26-11-18.

The undernoted having arrived from 2nd Bn. Royal
BFLA. Regt. is attached to the strength from this date and
posted to "A" Co. for rations.

5447 Pts. W. Power

C.R. 5447

Extract from Telegram to Synoptical, London, dated November 5th. 1918.

Inform 5447 Power baby very ill wife well.

C.R. 5447

Extract from Medical Roll Entitled St. John's for Wounded,
Sept. 23, 1918. "A".

5447 Pte. Power Wm.

C.R. 5447

Extract from Daily Orders part 11, from Unit The Royal
Nfld.Regt.St.John's dated May 28.1918

#5447 Pte. W. Power

Attested for General Service with the Royal Nfld.Regt.
from 25.5.18

C.R. 5447

Extract from Daily Orders Part II Royal Newfoundland
Regiment dated July 19th 1919.

The discharge of the undernoted on demobilization has
been APPROVED by O.C. Discharge Depot with effect from fol-
lowing date.


15-7-19.

5447, Pte. W. POWER.

W. Power

5447

P. + R. P





THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Power, Regl. No. 5447

hereby agree, until further notification by me, and in similar official form to make an Allotment of Seventy Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins July 21st 1916

Identity Certificate No.	Whether Wife, Child or other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6627	Wife	M ^{rs} W ^m (Margaret) Power	6 Hunts Lane St Johns.	70
Total Allotment, \$ <u>70</u>				

This new Allotment Cancels Allotment form K 6024 in favour of father.

ENTERED
PAY LEDGER'S <u>R27/12/16</u>
NUM. ROLL
ALLOT. INDEX
REGISTER
EXAMINED

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

(Sig.) W. H. H. H.
 Officer Commanding
 Company
St Johns
July 23 1916

(Sig.) W^m Power
 (Rank) Private
 Witness W. H. H. H.

19530/2193/R.2.C.

G.P. & O. 1/c Records,
Newfoundland Contingent.

O.C. 2nd Bn.

Officer Commanding,
2nd Bn.,
R. Newfoundland Regt.,
Winchester.

The Chief Paymaster

Pay & Record Office.

Nov. 29th, 1918

28th November, 8.

5447 PTE. W. POWER.

Following extract of
telegram was received from the
Minister of Militia 6/11/18
(9576):

Reference attached,
this man is not on the strength
of this Battalion.

"Following for- 5447- Power-
"baby- dangerously ill- wife
"well-"

(Sgd) C. KARN, Capt.
for Lt. Col.

Please note that this
telegram was transmitted to
O.C., Details R. Nfld. Regt.,
Kinmel Park Camp, on 7/11/18.

10325/

30/11/18.

Major,
Chief Paymaster & O. 1/c Records.

4753

From C.P. & O. i/c Records.

To O.C. 2nd Bn.

Reference your reply to
my 18447/2019/R.&.C. of
14/11/18: your nominal roll
shows Pte. Power as being
attached to your station on
11/11/18. Will you kindly
verify?

Major,

Chief Paymaster & O.i/c Records.

Pay & Record Office.

3/12/18.

19530/2193/R.&C

Forma
C. 348
1660

MEMORANDUM.

C.P. & O. i/c Records,
Newfoundland Contingent.

From O.C. 2nd Bn.

To Officer Commanding,
2nd Bn.,
R. Newfoundland Regt.,
Winchester.

To The Chief Paymaster

ANSWER.

Pay & Record Office.

Nov. 29th, 1918

28th November, 1918.

101

5447 PTE. W. POWER.

Following extract of
telegram was received from the
Minister of Militia 6/11/18
(9576):

Reference attached,
this man is not on the strength
of this Battalion.

"Following for- 5447- Power-
"baby- dangerously ill- wife
"well-"

Please note that this
telegram was transmitted to
O.C., Details R. Nfld. Regt.,
Kinmel Park Camp, on 7/11/18.

(Sgd) C. KARN, Capt.
For Lt. Col.

10325/

30/11/18.

W. Maxwell
Major,

Chief Paymaster & O. i/c Records.

19733

From C.P. & O. i/c Records.

To O.C. 2nd Bn.

Reference your reply to my 18447/2019/R.&.C. of 14/11/18: your nominal roll shows Pte. Power as being attached to your station on 11/11/18. Will you kindly verify?

Major,

Chief Paymaster & O.i/c Records.

Pay & Record Office.
3/12/18.

Power, W.

5447

Ray Dept.

Power H.

9

1 suit clothes	60.00
1 pair socks	9.00
1 suit case	6.00
1 under clothing	2.50
1 top shirt	2.00
2 pairs socks	2.00
1 shaving outfit	5.00
4 collars	1.00
1 tie	40

\$ 88.20

R. S. [unclear]

ACCOUNT	
CH. NO. <u>24675</u>	INITIALS <u>[unclear]</u>
INL. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

O.K. for \$88²⁰ *[unclear]*

his
 Wm X Power
 mark
 Wirt Ewaldke

I, *William Power* being duly sworn
depose and say, that the attached statement of claim for
property lost in the fire at the Empire Hospital, is a
correct statement of my losses.

..... *W. X Power*

sworn before me at

Department of Militia, St. John's,
this.. *16th* ... day of.. *December*

A.D. 1919.

C. G. Byrne
Capt.

List of Articles Destroyed
by Fire on November 20, 1919

1	suit of Clothes	\$65	00
1	pair of boots	12	00
1	suit case	6	50
2	suits of Underwear @ 250 =	5	00
2	top Shirts @ 200 =	4	00
2	pair Socks @ 100 =	2	00
1	Shaving outfit =	7	50
4	Collars @ 40 =	1	60
1	Necktie	70	70
		\$ 104.30	

This man did not
receive replacement
issue of one pair
Boots, one suit
Underwear, 23 pr. socks
Signed William Power
Hunts Lane
City

The Royal Newfoundland Regiment

Class for Demobilization: E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 14/19

Regimental No. 5447

Name Power William

Address Hunts Lane

Present Medical Category A 7

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

Members of Board {

J. R. Cooper Capt.
O. C. Discharge Depot.

J. Peterson
Senior Medical Officer

J. W. Borden
M. O. Depot

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5447 Rank Plc Name Power W.
 Intended place of residence 4 Hunt's Lane
 2. Occupation Longshoremen
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

DEMOBILIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S
 Date 15.7.19
K.R. Cooper Capt
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S
 Date JUL 15 1919
Wm. Power
 Signature of soldier
Wm. Power
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S
 Date JUL 15 1919
Wm. Power
 Signature of soldier
James O'Rourke
 Signature of witness

7
30
29
56

STATEMENT OF SERVICE

7. Enlisted for service 25-5-18 No. of days on Military
 Discharged from service JUL 15 1919 Plus 14 days Service 431

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S
 Date JUL 15 1919
K.R. Cooper Capt
 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
 Date July 29/1919
M. Howley Capt
 Officer in Charge of Records
 The Royal Newfoundland Regiment

and B 30 29/3 457

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5147 Rank Plat Name Powell W
 Date of Enlistment 25.5.18 Address Avonmouth District Avonmouth
 Occupation Longshoreman Classification for Discharge by Medical Category 1.1.1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1.	1
B 173	W 3494	B 122	Board 1st.	" 2.	
B 178a	D 400A	B 1915	do 2nd.	" 3.	5
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 17.7.19 O. C. Discharge Depot Avonmouth

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

William X Powell
with permission

W Powell

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied

Date 15.7.19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at Hunts Lane and Release Certificate No. 362+ issued.

Date 15-7-19

[Signature]
 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 29.7.19

Date 15.7.19

[Signature]
 Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st.	" 2.
R 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 15

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 JUL 15 1919

[Signature]
 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.

Signature of Man.

Reg. No. 3247

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

15-7-18

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 Power*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5447*

Intended address *Hunt Lane*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *William*

Christian name of Mother *Ann*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St. Johns. 25-6-age. 25. 1892.*

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 Power*

(Rank) *PTE*

Station *ST. JOHN'S.* *Hart* *14/11*
1919
Date

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

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

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..... *William* 2. Surname..... *Powers*
3. Rank..... *Pte* 4. Regtl. No..... *5447*
5. Address in full to which future payments of gratuity are to be forwarded..... *4. Hunt's Lane*
St. Johns
6. Date of enlistment in the Regiment..... *May 27/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Geo
8. Relationship of such dependents..... *Geo*
9. Address in full of such dependents..... *St. Johns*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Yes*
11. Were you on active service only in field, if so, give dates and particulars of such service..... *England only*
12. Give total length of time which you served on active service, whether in field or Overseas..... *1 yr 1 mo*
- 1. $\frac{1}{2}$

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

..... *no*

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?
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.

..... *no*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?
(b) If so, was such reversion in consequence of misconduct or inefficiency?

..... *no*

19. Are you now serving in the Regulars? If not give: (a) date of discharge. *July 17, 1919* (b) Reason for discharge. *Decommissioned*

..... *no*

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.
..... *no England only*

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.
..... *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.

his

-3-

Signature of Applicant:

Wm X Power

Place of Residence:

4 Hunt Lane

Declared before me at:

St John

This

15

day of

July

19*19*....

Signature of Barrister of the
Supreme Court, Stibordary Justice,
Notary Public, Justice of the
Peace, or Commissioner of affidavits.

John M. Carthy

POST DISCHARGE PAY.					Net amount
Date paid	paid	paid	War Service		due
	Gratuity.	Dependents.	Benefit.		
.....
.....
.....
Certified correct.					Barrister

Nov 14th / 1919

Mrs
Haw

please Major Parsons
Will you please give my
Wife the Balance of
my Pension while i
am in hospital

her address is

No 4 Hunt Lane
from William Power
5447

9/12
Written by Mrs J Power
on W.P.

Dec 5th

B + M	
ACCOUNT	INITIALS
CHK NO 21595	INITIALS
ISS. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Please give me William Powers
 Board money from Thursday
 the 20th until Tuesday the 27th
 the day he was discharged from hospital

Pvt Wm Power 5447.

Mrs Margaret Power

\$7.20 No 4 Hunts Lane
 City

Nov 21 to 27th
 MEDICAL DEPARTMENT
 1ST DIVISION, 42ND REGIMENT.
 M. O. DEPOT.
 Wm X Power recd
 mark with full

ST. JOHN'S, JUL 15 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pvt W Power

Billeting Soldiers as undermentioned

from July 11/19 to July 13/19

5447 Pk W Power H 40

ACCOUNT	<u>B 4 m</u>
CH. NO.	<u>2081</u>
INITIALS	<u>Leid</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 4.40

W. McEwen

Billeting Officer.

W Power

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet one

Regiment of Royal Newfoundland

Signature of O. C. Company W. Dicks Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No. <u>517 Power Wm</u>		Age on <u>27</u> years <u>0</u> months	<u>Sergeant</u>						
Joined _____ Date _____		Place and Date of Enlistment <u>St. John's</u>	Religion <u>R.C.</u>						
Joined _____ Date _____		Period of } with Colours <u>166</u> years. <u>34</u>	Place of Birth <u>St. John's</u>						
Joined _____ Date _____									
Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's</u>	<u>29</u>	<u>7</u> <u>19</u>			

To be carried over.

The Royal Newfoundland Regiment

5447

DEMobilIZATION OF

Reg. No. 5447 Rank Plt Name Power, W
 Date of Enlistment 25.5.18 Address Sturtons Lane District St. Johns
 Occupation Longshoreman Classification for Discharge F Medical Category H.S.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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 14-7-19 O. C. Discharge Depot. Miss H

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

William X Power
with permission

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$60.00
 (b) Clothing Supplied Miss Constable

Date 15-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at Hunts Lane and Release Certificate No. 362+ issued.

Date 15-7-19 Demobilization Officer [Signature]

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 29.7.19

Date 15.7.19 Depot Paymaster, [Signature]

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st.	" 2	
F 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 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 15 1919 O. C. Discharge Depot. [Signature]

Received the above noted documents from O. C. Discharge Depot. [Signature]

Date Aug. 11. 19

Reg. No. *15747* Rank *Plt* Name *James W.*

Attested Address *4 1/2nd Lane*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S. *Cassanba* Cause *Discharge*

15719

1579

PASSED TO DEMOBILIZATION OFFICE

DISCHARGE APPROVED ON DEMOBILIZATION.

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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 P., or P. (T), of the Reserve.

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Longshoreman*
2. Regtl. No. *5447* 3. Rank. *RAF* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bower William* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) *28* (Christian Names)
5. Age last birthday *28*
6. Posted for duty on *May 11/18* at *St Johns* 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 (if any)
- (b) Where
- (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.
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.
- Information in Left Knee Joint 23-217 Troop Down Camp tented near where playing football. Suffered Synovitis. Hospital twice. reunion of Amelity*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|------------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war | na | |
| (ii.) Previous active service | na | |
| (iii.) Climate in pre-war service | na | |
| (iv.) Ordinary military service before the war | na | |
| (v.) Serious negligence or misconduct on the man's part. } | na | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *Dis.*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., 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.)

The Complaints of no Disability
Still fluid kept since treated with crepe bandage. and rest. Pentined. Excised root man's and ordinary Parade drill

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?

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.B. Procmier *Capt. Kaur*

Station *Kazeev Dron*

Date *14/19*

Medical Officer in charge of case.

* 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.

Dept. of Veterans Affairs
DEPARTMENT OF VETERANS AFFAIRS
 of Service Records

APR 2 1964

Referred to:

Charged to:

Ottawa Ont.
 Date April 1 /64

To **Copy for H.O. file**

Attention of

NAME POWER, William

SERVICE NUMBER 5447 WMI

C.P.C. No. 261018
 W.V.A. No. 51146

NAVY
 ARMY X
 R.C.A.F.

*ROYAL Nfld
 REG.T.*

48469

The DEPARTMENT has received information from

S.T.M.O. DVA. March 4, 1964 St John's Nfld. Tele Memo

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death March 4, 1964.
 Cause of Death

Place of Death General Hospital St. John's Nfld.

Name and Address of next of kin (if known).....

Copies to: W.S.R.
 V. I.
~~PAY~~
~~D.O.~~
 H.O.

} Destroy form if advice of death already received.

E.C. Richards
 for
 Chief, Central Registry