



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4964 Name Simon Pretty Corps L. of C.

### Questions to be put to the Recruit before Enlistment.

- |  |                                 |
|--|---------------------------------|
| 1. What is your name? .....  | 1. <u>Simon Pretty</u>          |
| 2. What is your full Address? .....  | 2. <u>Dildo Trinity Bay.</u>    |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                   |
| 4. What is your age? .....   | 4. <u>21</u> Years ..... Months |
| 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 .....<br>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, Simon Pretty 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.

Simon Pretty SIGNATURE OF RECRUIT.  
Lt. G. Sargent Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Simon Pretty 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 7 day of May 1918

James Sient  
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

4964

Applicable to all ranks. (b) correspond with entries on the Medical History Sheet.

Name Simon Pretty  
 Apparent age 21 years \_\_\_\_\_ months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Martha Pretty  
Delco D.P. | Relationship Mother

### 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries	
					Years	Days	Years	Days		
Service towards length of engagement reckons from <u>7-5-1918</u>										
Joined at <u>St. Marks</u> <u>Moan</u> <u>7-1918</u>										
<u>Discharged July 5, 1919</u>										
<u>Embarked St. Marks train to Halifax N.S. 11-6-1918</u>										
<u>Embarked for Great. 26-10-1918</u>										
<u>Disembarked France 26-10-1918</u>										
<u>Joined 13th Bn. 2-11-18</u>										
<u>Transferred from Queen 22<sup>nd</sup> Coy. Canadian Mounted 23-11-1919</u>										
<u>In the employment for demobilization 22-3-1919</u>										
<u>Arrived the employment 1-6-1919</u>										
<u>Demobilization St. Marks 5-7-1919</u>										
Total Service forfeited as above.....										
Total Service towards Engagement to <u>5-7-1919</u> (date of discharge)					1	60	years	days		
Pensions " " " " " " " " " " " "										

C.R. 4964

Extract from Daily Orders part II, Unit the Royal  
Newfoundland Regiment dated July 9th. 1919.

The discharge of the undernoted on demobilization has  
been CONFIRMED by Officer i/c Records on 5-7-19.

#

#4964 Cte. Simeon Pretty.

C.R. 4964

Extract from Daily Orders Part 11 Unit The Royal WFLA. Regt.  
Depot, St. John's, June 11th, 1919.

The discharge of the undersigned ~~harmless~~ on demobilisation  
has been APPROVED by C.O. Discharge Depot with effect from  
21-6-19.

4964 Pte. Simeon Pretty.

C.R! 4964

Extract from Daily Orders Part 11 Depot; St. John's,

Date 10-6-19.

4964 Pts. Simeon Pretty

Reported at Headquarters 1-6-10.  
which sailed Liverpool May 22/1919.

EX "Corsican"

C.R. 4964

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.

#4964 Pte. S. Pretty.

C.R. 4964

Extract from Daily Order Part II Unit The Royal 22nd.  
Regt. By Lt. Col. J.F. Mathies, D.S.O. Commanding 1st  
Battn. 3-11-18.

The following joined the Battn. 3-11-18.

4964 Pte. S. Pretty.

6 Coy.

C.R. 4964

Extract from Seminal Roll Re-assignment Sheet No. 55 Subarea Folkestone,  
26/10/19, from 2nd Batta, Royal Newfoundland Regiment, Hazel of Down Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment, S.I.F.

4964 Pte. Preddy, S.



C.R. 4964

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated June 18, 1918

#4964 Pte. Simeon Pretty.

Proceeded overseas with Draft 11-6-18

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

#4964 Pte. S. Pietty

Attached for General Service with the Royal Nfld. Regt.  
from 7.5.18

~~S. Petty~~

C.R. - 4964

~~SPC~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 302 (vii. 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 E., 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 E., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Horse Artillery* 7. Former Trade or Occupation } *Labourer*
2. Regt. No. *4944* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Scrubby* *Screever* (Surname) (Christian Name) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday. *21*
6. Posted for duty on *May 7, 1918* at *21st Bn.* in category (or grade) *Private*
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 general 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 .. .. .
  - (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, 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.)*

*No complaint of no 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?

*Repetition*

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

*W. S. V. ... Capt. Ram. c*  
 Medical Officer in charge of case.

Station *Hazley B. ...*

Date *29/1/19*

\* 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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Simon Pretty*, Regl. No. *4964*

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 \_\_\_\_\_ Dollars and *seventy* Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz :

Allotment begins *1st June 1918*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4011</i>	<i>mother</i>	<i>Mrs Samuel (Martha) Pretty</i>	<i>Dildo's Hill TD</i>	
Total Allotment, \$				<i>704</i>

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

Sig. *J. James*  
 Officer Commanding  
*C* Company  
*J. James*  
*May 23<sup>rd</sup> 1918*

(S) *Simon Pretty*  
 (Rank) *HQ*

FORM K



N<sup>o</sup> 4244 *a*



1ST. NEWFOUNDLAND REGIMENT

I, Simon Pretty <sup>(ALLOTMENTS)</sup>, Regl. No. 4964

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4011	mother	mis Samuel (mother) Pretty	Dildo's Hb T B	
Total Allotment, \$				70

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

Sig. James [Signature]  
 Officer Commanding  
                   Company

(Sig.) Simon Pretty  
 (Rank) Plt

John [Signature]  
                    
                   may 23<sup>rd</sup> 1918

To: - The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir: -

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
1964	Pte	Betty S.	\$2.50	S. Betty

I have the honour to be, Sir,  
Your obedient Servant.

Date

July 1/18

S. Betty

X



No. *4964* Name *Betty S.* Sqn., Batty., or Company } *C* Corps **ROYAL NEWFOUNDLAND REG** Date of enlistment } *7/17/19* Badges } Service or Proficiency Pay }  
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. *One* Signature O.C. Company, etc. *W. M. ...* Character *left*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Rome</i>	<i>29/3/19</i>	<i>PT</i>		<i>Def. of lib.</i>	<i>C. &amp; D. Waters</i>	<i>pay for same</i>	<i>1-4-19</i>	<i>Major Bernard</i>	<i>W.M.</i>

Army Form B. 122

Pretty S

1864

Ray - Sept.

July 5, 1919

#4944 Pte. Simson Pre ty.

Wildo, T.B.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2632.

Yours truly

Captain,  
Paymaster & U.i/c Records.

**The Royal Nfld. Regiment**

**DEMOBILIZATION**

No. 4964 Rank \_\_\_\_\_

Name Presty G

Warned for demobilization on

JUN 7 1918

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4964 Rank Plt Name Pretty Simon  
 Intended place of residence. St. John's

2. Occupation Estimator  
 Classification of soldier E Medical Category A<sup>2</sup>

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 .....  
 Date ST. JOHN'S JUN 7 1919 .....  
 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 and date ST. JOHN'S .....  
JUN 7 1919 .....  
 Signature of soldier Pretty Simon  
 Signature of witness Amble

## 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 ST. JOHN'S .....  
7-6-19 .....  
 Signature of soldier Simon  
 Signature of witness James Newman

## STATEMENT OF SERVICE

7. Enlisted for service 7-5-18 ..... No of days on Military  
 Discharged from service 21-6-19 ten 14 days Service 425 .....

## APPROVAL OF DISCHARGE

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

Place ST. JOHN'S .....  
 Date JUN 21 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 .....  
 Date July 5 1919 .....  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

aFB2079/2632

# The Royal Newfoundland Regiment

Class for Demobilization:

*8.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *6.6.19*

Regimental No. *419.64.*

Name *Pretty Simeon Pt.*

Address *Bildo P.B.*

Present Medical Category *A-1*

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

Members of Board

*R.H. Lint Capt.*  
O.C. Discharge Depot.

*H. Mason*  
Senior Medical Officer

*See Borden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 49617 Rank Pvt Name Petty, James  
 Date of Enlistment 7-5-18 Address Delade District County  
 Occupation Fisherman Classification for Discharge E1 Medical Category A1  
 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	E 400	ME 2		" 6.
B 179c	B 120	M 93		

Date 6-6-19 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:-

- (a) Clothing Allowance payable. \$600  
 (b) Clothing Supplied Amle best

Date 7-6-19 O. i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 121546 to his home at Rildo and Release Certificate No. 2446 issued.

Date 7-6-19

*[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 5-7-19

Date 7-6-19

*[Signature]*  
Depot Paymaster.

Discharge approved for 21-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36:	B 268	B 121	/	N.F. Med.	D.F. 1	/
F 178	W 3494	B 122	/	Board 1st.	" 2	/
R 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 7-6-19

*[Signature]*  
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 21 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

*D. Pretty*  
Signature of Man.

Reg. No. 4964

*J. P. Smallcraft*  
Signature of the Vocational Officer or his Representative.

Place *St. Johns*

Date *MON 7 1919* 191

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

## MEDICAL HISTORY

Surname

Pretty

OF

Christian Name

Simon

Table I.—GENERAL TABLE.

Birthplace:—Parish

Dilda, Trinity Bay County nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	7th day of May 1918	St. John's nfld.	day of	191
Declared Age	21 years	— days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 8	inches	feet	inches
Weight	150 lbs.			lbs
Chest Measurement	37½ inches			inches
	4½ inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	4/6	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)	Lambert Paterson			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at	St. John's nfld.	at	
	on	7th day of May 1918	on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	The Royal nfld Regt.		4964	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





## 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. & 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 *Simon Pretty*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *4964*  
 Intended address *Dildo, N.B.*  
 Height on discharge *5 Feet 10*  
 Color of hair on discharge *light*  
 Complexion *Fair*  
 Color of eyes *Brown*  
 Descriptive Marks —  
 Figure on discharge *Normal*  
 Christian name of Father *Samuel*  
 Christian name of Mother *Martha*  
 Wife's maiden name in full —  
 Date and place of marriage —  
 Christian names of children —  
 Place and date of soldier's birth *Dildo, Nov. 5, 1898*  
 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)

*Simon X. Pretty*  
*mark*

(Rank) *Pte*

Station **ST. JOHN'S.**

Date *5-6-19*

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

Station

Date



**Casualty Form—Active Service.**Regiment or Corps ROYAL NEWFOUNDLAND REG.Rank Pvt. Surname Pretty Christian Name SimonReligion C. Age on Enlistment 21 years 2 monthsEnlisted (a) 7/5/18 Terms of Service (a) DURATION Service reckons from (a) 7/5/18

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended  Re-engaged  Qualification (b).....  
or Corps Trade and Rate.....Occupation Fisherman Signature of Officer J. O. M. Curran

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, (as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...	26 OCT 1918		
		Disembarked...			
		Joined Battalion	8 NOV 1918		
		Arrived in UK		23/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &amp;c.

(17581) W 2 W 1917 - P 1124, L 600,000, 6-12, D &amp; S, Form B. 103, (E. 1956.)

I.P.T.O.

Next of kin Mother, Martha Pretty Mldo W. S. Pld

**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 *1st Royal Newfoundland* 7. Former Trade or Occupation *Lumberman*
2. Regtl. No. *4964* 3. Rank *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *F. netty* *Simeon* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *21*
6. Posted for duty on *May 7/18* 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                      | .....               | .....             |
| (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 nasal stenosis, eye disease, deafness 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.)*

*He complains from 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*

*Signed W. R. Brown*

*W. R. B.*  
 Medical Officer in charge of case.

Station *Bazely D Camp*

Date *29.11.19*

\* 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



July 16, 1919

#4964 rte. Simeon Pretty,

Dildo, 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

Paymaster & O.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..... *Seneca* ..... 2. Surname..... *Pretty* .....
3. Rank..... *Pvt.* ..... 4. Regt. No. *496th* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Widdo - V. B.* .....
- .....
6. Date of enlistment in the Regiment..... *May 7/1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge.....  
*Martha Pretty*
8. Relationship of such dependents..... *Mother* .....
9. Address in full of such dependents..... *Widdo, V. B.* .....
- .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No* .....
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas* .....
- .....
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *From May 7/18 to June 6/19.* .....

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.

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.

*No*

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?

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

*June 6/19*  
*Temporary*

*No*

(b) Reason for discharge.  
*Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

*France, Belgium & Germany - From Oct. 3/18 to Apr. 1919*

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.

Signature of Applicant:

*J. Kretz*

Place of Residence:

*Dills, J. B. Ryed*

Declared before me at:

*St. Johns, Ryed*

This

*7<sup>th</sup>*

day of

*June 1913*  
*John M. Carthy*

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

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependant	Gratuity.	due

.....

.....

.....

Certified correct.

Paymaster



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Simon Pretty, Regl. No. 4964

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4011	Mother	Mrs Samuel (Martha) Pretty	Dildo Hill T.B	
Total Allotment, \$				70 <sup>00</sup>

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

Sig.) [Signature]  
 Officer Commanding  
 \_\_\_\_\_ Company

(Sig.) Simon Pretty  
 (Rank) Pte

[Signature]  
May 23rd 1918

Receipt for Army Book 64

No. .... 4964 ..... Name. *S. Pretty* .....

To Certify that I have received the AB 64 of the above named soldier.

Date ... *July 23rd / 20* .....

Name. *S. Pretty* ...

Place. .... *Dilda G. W.* .....

N.B. For completion and return to the Department of Militia  
Insert in corner of envelope "AB 64"

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
39.

Number of Sheet CR 1

Regiment of Royal Newfoundland Signature of O. C. Company J. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>4964</u>	Age on	<u>21</u> years	<u>Fisherman</u>		
	<u>Pratt's S.</u>		months	Religion		
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	<u>C.P.</u>		
Joined	Date	Period of	<u>7.5.18</u>	Place of Birth		
Joined	Date		with Colours <u>60</u> years.	<u>St. John's</u>		
Joined	Date		with Reserve <u>36</u> years.	<u>St. John's</u>		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>					<u>St John's 5/19</u>

To be carried over

Army Form B. 121.



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4964 Rank Pvt. Name Pretty, Simon  
 Date of Enlistment 7-5-18 Address Delds. District Trinity  
 Occupation fisherman Classification for Discharge E1 Medical Category A1  
 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 6-6-19 for W. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation.  
Simon x Pretty  
and Meierman

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$65.00
- (b) Clothing Supplied \_\_\_\_\_

Date 7-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 715-44 to his home at Wills and Release Certificate No. 2446 issued.

Date 7-6-19 *[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 5-7-19

Date 7-6-19 *[Signature]*  
Depot Paymaster.

Discharge approved for 21-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400E	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		

*[Handwritten: 2 Form B]*

Date 7-6-19 *[Signature]*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 21 1919

*[Signature]*  
O. C. Discharge Depot.

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

Date June 14/19 *[Signature]*  
for Records

JUN 1 1919



Reg. No. *4964* Rank *Plt* Name *Pretty, S.*

Attested ..... Address *Bildo*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29-5-79*

Returned on S.S. *Corsecan* Cause *Discharge*

*6-6-19*  
*21-6-19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILIZATION**

## DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for HO file

Ottawa 4, Ont  
May 6, 1968  
Date.....

Attention of

NAME PRETTY Simeon

SERVICE 4964  
NUMBER WWL  
ROYAL Nfld  
REGT.C.P.C. No.  
W.V.A. No. 214269NAVY  
ARMY ✓  
R.C.A.F.

The DEPARTMENT has received information from

DVA St. John's Nfld. Tele. Memo. Date May 3, 1968

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death..... Not stated.....  
Cause of Death.....  
Place of Death..... Not stated.....Name and Address of next of kin (if known).....  
.....Copies to: W.S.R.  
V. I.  
~~RAF~~  
~~EOx~~  
H.O.

} Destroy form if advice of death already received.

C.C. Richards  
for  
Chief, Central Registry