



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5470 Name Josiah Ralph Corps C/8

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

1. What is your name? ..... 1. Josiah Ralph
2. What is your full Address? ..... 2. Flat 1521 Broadway
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years ..... Months
5. What is your Trade or Calling? ..... 5. Waterman
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, Josiah Ralph 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.

Josiah Ralph SIGNATURE OF RECRUIT.  
J. Raymond Signature of Witness.

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

I, Josiah Ralph 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 given as replied to, and the said recruit has made and signed the declaration and taken the oath before me at ..... on this 17 day of May ..... 1918

Signature of Attesting Officer R. Spinks Const.

**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

5470

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

Name Josiah Ralph  
 Apparent age 21 years          months. Height 5 feet 4 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 1 inches  
 Distinctive marks         

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Stephen Ralph  
Flat 151 Broadway | Relationship Father  
 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 Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards <u>Married engagement</u> reckons from <u>21-5-18</u>									Leave <u>100</u> 20 <sup>7</sup> / <sub>8</sub> Pay <u>6</u> 19 <sup>8</sup> / <sub>8</sub>
Joined at <u>St. John's</u> on <u>May 21-1918</u>									
<u>Discharged August 9th 1919</u>									
<u>Embarked St. John's N.S. Columbia to Halifax N.S. 22-7-18</u> <u>To take for demobilization 24-6-1919</u> <u>Arrived Newfoundland 1-7-1919</u>									
Total Service forfeited as above.....					<u>Demobilization St. John's 9-8-19</u>				
Total Service towards Engagement to <u>9-8-1919</u> (date of discharge)					1 years		75 days		
" " Pensions " " " " " " " " " " " "									

C.R. 5470

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

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date  
9-8-19.

5470, Pte. Josiah Ralph.

C.R. 5470

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt.  
St. John's, July 15th, 1919.

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

5470 Pte<sup>3</sup> J. Ralph.



C.R. 5470

Extract from Orders By Lt. Col. B.J. Barton, D.S.O.  
Commanding 2nd Bn. Royal Nfld. Regt. 23-8-18,

5470 L/Cpl. Ralph.

Reverts to Pte. at his own request as from 19-8-18. .

C.R. 5470

Extract from Daily Orders Part II Unit The Royal Field. Regt.  
St. John's, July 3rd 1919.

5470 Pte. J. Ralph.

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

C.R.

5470

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

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

#5470 L/Cpl. Joshua Ralph

C.R. 5470

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated July 23, 1918.

#5470 Pte. J. Ralph.

to be Lance-Corporal from July 20, 1918.

C.R. 5470

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 29, 1918

#5470 Pte. J. Ralph.

Attested for General Service with the Royal Nfld. Regt.  
from May 27, 1918

J. Ralph

C.R. 5470

~~L.R.O.~~





No 6173/898

B. Co.

M.F.P./79.

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. Ryl. Mfld. Regiment,  
Winchester.

22nd April 1919

5470 Pte J. Ralph

With reference to the following  
telegram from the Minister of  
Militia / / ( 146 )

"Pay to- 5470 J. Ralph  
£6. 3. 0.

Cheque £6. 3. 0. is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon

Chief Paymaster & O. i/c Records.

April 24<sup>th</sup> 1919

Receipt hereunder.

*Exam of*  
COMMANDING OFFICER 2ND BATT. RY. MFLD. REGT. NEWFOUNDLAND REGT.  
*R.M.B.*

LIEUT. COLONEL.

Received the sum of £6. 3. 0.  
Three Shillings in respect of  
telegraphic remittance from the  
Minister of Militia.

J. Ralph  
No. 5470 Rank Private

Witness H. Creasey

No. 2933/426.

N.F.P./79.

B 067477

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 Bn. Nfld Regt.  
Winchester.

19th February 1919

February 21<sup>st</sup> 1919

5470. Pte Ralph. J.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / ( 36 )

LIEUT. COLONEL,  
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.  
Officer Commanding.

"Pay to- 5470. Pte Ralph.

£6.3.0.

Received the sum of Six pounds  
three Shillings in respect of  
telegraphic remittance from the  
Minister of Militia.

Cheque £6.3.0. is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

S Ralph

Chief Paymaster & O. i/c Records.

No. 5470 Rank private

Witness M. Rockett

Ralph J

5470

Ray Sept.

August 14, 1919

#5470 Pte. Josiah Ralph,  
Flat Islands, B.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3703.

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3470 Rank. Pte Name Ralph J  
 Intended place of residence. Flat - Island B. B.

2. Occupation Freelancer  
 Classification of soldier... E Medical Category... A1

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 JUL 12 1919

[Signature]  
 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 12 1919

[Signature]  
 Signature of soldier

[Signature]  
 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 12 1919

Date .....

[Signature]  
 Signature of soldier

[Signature]  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service... 27-5-18 No. of days on Military  
 Discharged from service... JUL 26 1919 Plus 14 days Service... 440

### 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~~ 14 days from date.

Place, ST. JOHN'S

Date JUL 26 1919

Date .....

[Signature]  
 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 August 9/1919

[Signature]  
 Officer i/c Records  
 The Royal Newfoundland Regiment

Copy B 2049/3702

5  
20  
31  
9  
7



# The Royal Newfoundland Regiment

Class for Demobilization: 2  
16

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 11/19

Regimental No. 5470

Name Ralph Joseph

Address Flat Island B.B.

Present Medical Category A-1

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

Members of Board

R.H. East Major  
O.C. Discharge Depot.

W. Brown  
Senior Medical Officer

T. W. B. de V.  
M.-O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5470 Rank Plt. A/C Name Rappin J  
 Date of Enlistment 27.5.18 Address Flat 12, St. John's District St. John's  
 Occupation Instrument Classification for Discharge 6 Medical Category AI  
 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 July 1919 O. C. Discharge Depot St. John's

### 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 \$60.00

(b) Clothing Supplied

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2448 to his home at Flat 22d and Release Certificate No. 3526 issued

Date 12-7-19

*[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

Date 12-7-19

9-5-19  
11/11/19  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.	B 268.	B 121.	N.F. Med.	D.F. 1.
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 12-7-19

*[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 JUL 26 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.

*Josiah Ralph*

Signature of Man.

Reg. No. 5470

*J. H. Snowball*

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

12-7-49

191

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

# MEDICAL HISTORY

Surname

*Raep*

OF

Christian Name

*Josiah*

## Table I.—GENERAL TABLE.

Birthplace:—Parish

*St John's Parish*

County

*Nfld.*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	<i>27th</i>	<i>May</i>	191 <i>8</i>	191
Declared Age...	<i>21</i>	years	days	years
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i>	feet	<i>4 1/2</i>	inches
Weight	<i>132</i>	lbs.		lbs.
Chest Measure- ment (Girth when fully expanded.... Range of Expansion...)	<i>36</i>	inches		inches
	<i>4</i>	inches		inches
Physical Development...				
Vaccination Marks	Right	Left	Right	Left
	<i>/</i>	<i>/</i>		
When Vaccinated				
Vision	<i>R.E.—V= L.E.—V=</i>	<i>6/6 1/2</i>	<i>R.E.—V= L.E.—V=</i>	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Samuel Palmer</i>			
(Rank)	<i>Major</i>		Medical Officer.	Medical Officer.
Enlisted	at	<i>St John's</i>	at	
	on	<i>27th</i>	on	day of
		day of		191
		<i>May</i>		
Joined on Enlistment...	<i>Regt. Nfld.</i>			
	<i>Regiment</i>	<i>5470</i>		
Transferred to...				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(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. 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 *Ralph Josiah*

Regiment from which discharged **Royal Newfoundland**

Regimental number *547 P.*

Intended address *Flat L. B. B.*

Height on discharge *5* Feet *5*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *Scar. Rt. Thigh*

Figure on discharge *Short*

Christian name of Father *Stephen*

Christian name of Mother *(Dead)*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Flat L. B. B. July. 5. 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

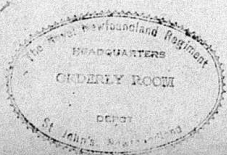
(Soldier's signature in full) *Josiah Ralph* (Rank) *1st Lt*

Station **ST. JOHN'S** Date *7.7.19*

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

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

Station



Date

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. *R. Royal Horse Artillery* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5490* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Ralph* *Yorah* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *22*
6. Posted for duty on ..... at .....  
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 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

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

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.)*

*to explain of no disability*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental 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.

*Rehabilitation*

*W.E. Hocmier - Capt. Rawe*

Station *Hazley Down*

Medical Officer in charge of case.

Date *2/12/19*

\* 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

August 16, 1919

Mr. Josiah Ralph,  
Flat Island, B.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 war Service Gratuity.

Yours truly,

Captain & Paymaster.

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..... *Josiah* ..... 2. Surname..... *Ralph* .....
3. Rank..... *Pte* ..... 4. Regtl. No. *5470* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Flat 2 RR* .....
6. Date of enlistment in the Regiment..... *May 26, 18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No* .....
8. Relationship of such dependents..... *No* .....
9. Address in full of such dependents..... *No* .....
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 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* .....
- ..... 1.2 .....



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. *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? *No*

19. Are you now serving in the R.A.F.? *No* If not give: (a) Date of discharge *July 12/19* (b) Reason for discharge *Disced*

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.

..... *England only* .....

21. (a) Are you receiving treatment from the Warial 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.



*J Ralph*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*12* day of *July* 19...*19*.....

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

*John C. Cauley*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
-----------	---------------	-----------------	-----------------------	----------------

.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Registrar

April 12, 1919

Mr. Stephen Ralph,  
FLAT ISLAND, B.B.

Dear Sir:

With reference to your letter of March 27th. I beg to inform you that the letter referred to is intended for the father of #5470, Pte. Josiah Ralph. If you know the whereabouts of this man, will you kindly have it forwarded to him.

Yours truly,

Lieut.  
For Paymaster



9402

Flat Island

Bonaville Bay

Dec. 19<sup>th</sup> /19

Sir

The last gratuity cheque  
I received was dated in October  
& as there is another due me  
will you kindly let me know  
if it has been sent & if not  
the reasons why. If you will  
please reply as soon as possible  
you will oblige

Yours Truly

Josiah Ralph

No. 5430.

Final Cheque M to day  
20/2/20

3931

Flat Island Bonaville Bay  
Feb. 1<sup>st</sup> 1919

Dear Sir

Your letter of Jan. 12<sup>th</sup> to hand  
I beg to inform you that I have received the  
cheque dated Jan. 2<sup>nd</sup> but not the one dated in  
December. I received no allotment for November.  
Will you kindly let me know when my first allotments  
were made.

Yours truly  
Stephen Ralph.

5133  
Lt. P. Jones Ralph was granted leave from 1/11/18 to 1/12/18 & was granted extension from 1/12/18 to 27/12/18  
returned from leave Jan 2<sup>nd</sup> 1919 \$50

3773

Flat Island, Bonavesta Bay  
Jan 12<sup>th</sup> 1919

Sir

I beg to inform you that I haven't received any pay for my son Josiah Ralph. Pt. Regl. No. 5320 since Nov. 1<sup>st</sup> will you kindly let me know if it has been sent, if not the reason why.

Yours truly  
Stephen Ralph.

Cheques for Nov & Dec sent to the above address



February 23, 1920

Pte. J. Ralph  
Flat Island,  
B.B.

Dear Sir:

I enclose cheque for  
\$70.00, balance of War Service Gratuity, due you,  
please.

Yours truly,

*[Handwritten Signature]*  
Major  
Paymaster

LM-  
Enc.

5470

9402

Feb. 21, 1920

Josiah Ralph  
Flat Island.

Dear Sir:

Final cheque on account  
of War Service Gratuity was mailed to you on  
this date, please.

Yours truly,

Lieut.  
For Paymaster



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup> x

Feb 20 19 20

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.  
on account of Pay. 10<sup>00</sup>  
balance

J.B.B.

Ch. No. <u>30112</u>	Initials... <u>Tein</u>
Pay Ledger... <u>253</u>	Initials... <u>WR</u>
Gen. Ledger.....	Initials.....

Regtl. No. .... Rank .....

No. 5470

Rank Pt

Name

J. Raeph

Flat Island

P.O. 3

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*

Signature of O. C. Company

Number of Sheet

*ave*

*C. S. Dicks*  
*lieut*

9

Regimental Number and Name	
No.	<i>Josiah Ralph</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	<i>27</i> years <i>00</i> months	<i>Fisherman</i>
Place and Date of Enlistment	<i>St John's</i> <i>27 5 18</i>	Religion <i>C/E</i>
Period of	with Colours <i>1 7 3</i> years.	Place of Birth <i>St John's Nfld</i>
	with Reserve <i>3 6</i> years.	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Charge if drunk or disobedient	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>9 5 19</i>			

To be carried over.

Army Form B. 121.

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 Newfound Land* 7. Former Trade or Occupation } *Fisherman*  
2. Regt. No. *4270* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—  
4. Name *Ralph Josiah* (a) Former Regts. or Corps; with Regt. Nos.  
(Surname) (Christian Names)  
5. Age last birthday. *22*  
6. Posted for duty on ..... at .....  
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. *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? } |                     |                   |

*The complainant for of no disability*

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.)*

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 ?

*Repatriation*

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

*W.S. Groenier, Capt. RMC*

Station *Mazeley Barr*

Medical Officer in charge of case.

Date *2/4/19*

\* 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

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5470 Rank APC Name Ralph J  
 Date of Enlistment 27.5.18 Address Fleet Island District Bona Vista  
 Occupation Fisherman Classification for Discharge B Medical Category A I  
 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.	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 July 11/19O. C. Discharge Depot #11/19

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am ..... in a position to resume civilian occupation. J - 1/19

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 .....
- (b) Clothing Supplied None .....

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82448 to his home at Flat 352 and Release Certificate No. 3520 issued

Date 12-2-19

*[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 9-8-19

Date 12-7-19

*[Signature]*  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P]36	B 268	B 121	N.F. Med.	D.F. 1	
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 12-7-19

*[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**

JUL 26 1919

Date .....

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

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

Date Aug 7/19

*[Signature]*

Reg. No. *5470* Rank *Pfc* Name *Ralph J*

Attested ..... Address *214th St Lawrence*

Allotment ..... Allottee ..

Date of Allotment ..... Returned from Overseas *JUL 1 1919*

Returned on S.S. *Cassandron* Cause *Discharge*

*12 7 19* ~~PASSED~~ TO DEMOBILIZATION OFFICER

*26 7 19* DISCHARGE APPROVED ON DEMOBILISATION.