

THE ROYAL NEWFOUNDLAND REGIMENT

No. 5431 Name almond	CRandell Corps Cof6
Questions to be put to the	Recruit before Enlistment
I. What is your name?	alrent CKandell
2. What is your full Address?	
3. Are you a British Subject?	3 yer
4. What is your age?	4
5. What is your Trade or Calling?	5 Justernan
6. Are you Married?	6. Tho
7. Have you ever served in any Branch of His Ma jesty'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? • •	, Vyes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?	io. Name
11. Are you willing to serve upon the conditions as emb signed by you if you are accepted?	
VHS/18 Clement	am willing to fulfil the engagements made. SIGNATURE OF RECRUIT. SIgnature of Witness.
bear true allegiance to His Majesty King George the Fifth, bound, honestly and faithfully defend His Majesty, His Heirs enemies, according to the conditions of my service.	do make oath, that I will be faithful and His Heirs and Successors, and that I will, as in duty and Successors, in Person, Crown and Dignity against all
CERTIFICATE OF MAGISTRAT	
The Recruit above named was cautioned by me that i he would be liable to be punished as provided in the Army	if he made any false answer to any of the above questions
The above questions were then read to the Recruit i	[2] (1) 전통하다 1일 10년 12 전 10년 12 12 12 12 12 12 12 12 12 12 12 12 12
I have taken care that he understands each question, a	I PIADIA
as replied to, and the said recruit has made and signed the on this	8 amilia 1. G
†CERTIFICATE OF A	DDDOVING ORNIGED
2000는 TEXPERIMENT CONTROL OF CONT	cruit is correct, and properly filled up, and that the re-
quired forms appear to have been complied with. I accord	
If enlisted by special authority, such will be attached t	
Date191	,
Place	Approving Officer.
† The signature of the Approving Officer is to ‡ Here insert the "Corps" for which the Recrui	be affixed in the presence of the Recruit.

^{*} 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)......on the (Date)

5431 DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet. Height 5 Apparent age.... months. Girth when fully expanded. inches Chest Measurement Range of expansion. inches Distinctive marks. INFORMATION SUPPLIED BY RECRUIT deress of next of kin Relationship articulars 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. (c) (d) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service in Re-serve not allow-ed to reckon to-wards G. C. Pay Signature of Officers certi-fying correctness of entries Corps in Rgt. or L'epot Promotion, Reductions, Casualties, &c. Army Rank Dates Years Days Davs Joined at

[date of discharge]

Total Service forfeited as above.....

C.R. 5431

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

The undermentioned of the 1st.Bettalion left Rouen Camps 22/4/19, embarked at Havre 22/4/19 disembarked at Southampton 23/4/19; and reached Hezeley Down Damp 23/4/19.

#5431 Pte. A. Randell.

Extract from Nominal Roll of draft No. 56 from the 2nd., Battalion Winchester to the 1st. Battalion, Royal Newfoundland Regiment B. E. F., Embarked Southampton 23/11/18.

5431 1te. A. Randell.

C.R. 5431

Extract from Daily Ord rs part 11, from Unit The Royal Wilk.Regt2st.John's,dated July 25,1918.

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

#5531 Pte. Allan Rendell.

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

#5431 Pte. A. Randell.

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

Entropt from Baily Ordern Part 11 Unit The Bayal Mills. Rogt. St. John's, July 10th, 1919.

The discharge of the undernoted on denobilization has been complished by officer 1/0 Records from T-V-10.

543 Pte. Almond Randell.

S.R. 5431

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

The discharge of the undernoted on demobilisation has been APPROVED by O.C. Discharge Depot with effect from 25-6-19.

5431 Pte. A.Randell.

C.R. 5431

Extract from Daily Orders Part 11 Depot, St. John:s, Date 11-6-19.

5431 Pte. A.Randell.

Reported at Headquarters 1-6-19. ex "Considen" which salled Liverpool May 22/1919.

	Medical Report	t on an Invalid Station & azely D. Camp
	L D	Date
1.	Unit Regimental No. 5431	7. Former Trade or Occupation fine
2.	Regimental No. 5431	7a. If with previous service in Army, state-
	Park 175	(a) Former Unit;
4.	Name Rendell almond	(b) Regimental No.;
5.	Age last birthday 24	(c) Date of Discharge;
	Enlisted on May 24/18 hrs	(d) Cause of Discharge.
	8 Disability in respect of	which invaliding is Proposed.

Statement of Case.

(Other disabilities should be reported upon in answer to question No. 19).

Note.—The answers to the following quantions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

nil
nil
nil
nil 9. Date of origin of disability. 10. Place of origin of disability.

 Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is-

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.



the compolains of no disability. 13. What is his present condition? Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

- 14. If the disability is an injury, was it caused-
 - (a) In action?
 - (b) On field service?
 - (c) On duty?
 - (d) Off duty?
- 15. Was a Court of Inquiry held on the injury?

If so-(a) When?

- (b) Where?
- (c) Opinion?
- 16. Was an operation performed? If so, what?
- 17. If not, was an operation advised and declined?
- 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?
- · 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present

20. Do you recommend-

(a) Discharge as permanently unfit, or (b) Change to England?

Capt OR.a. M. C

Officer in medical charge of case.

Lesatration

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station Gazeley D. Camp

Date 30-4-19

Officer in charge of Hospital.

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

B day

No.6441/930

From:

NEWFOUNDLAND

Chief Paymaster & O.i/c Records, Newfoundland Contingent,

Pay & Record Office. 58, Victoria Street, London, S.W. 1.

29th April

1919

5431 Pte A.C. Randell

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

"Pay to-5431 Pte Randell A.C. £10-0-0

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

Chief Paymaster & O. i/c Records.

099359

NVF.P./

To Officer Commanding.

2nd Batt Bl. Wile Megiment

191

Receipt hereunder.

Helliams heart of Medyaland Officer Commidge. __ Batt'n.

Received the sum of Zen

pounds (£1000.0) in respect of

telegraphic remittance from the Minister of Militia.

A. Transell

No. 1431 Plank Private

Mitnes

Sec. 412 . 15 1/2 1/2"

Nº 6032



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

Identity	Whether Wife, Child, other Relative or	NAME (in full)		Address	AMO (each p	UNT
No.	Priend	Mr James Banes	call	Port Regton 7B	(each p	6
-						
-						
					-	
-				Total Allotment, \$	1	6
	signed by the Office required payments	er Commanding Company and		Company, signed by the Volum to the Paymaster as authority		

Nº 6032



1st NEWFOUNDLAND REGIMENT

ALLOTMENTS 1, Almond Randell

Identity Certificate No.	Whether Wife, Child other Relative or Friend	NAME (in full)		Address		ount person)
35	Father	m James Bar	dell	Port Reston 7B		6
-						
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				Total Allotment, \$		61
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Compar	y Conduc	t Sheet I	And or	of last	drunk f	freedom from extra fine	1141	flence	Company, etc.	Lake his	Coupe	Place
P	lace	Date of offence	Rank	Cases of Drunken- ness		Offence		Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
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ALCOHOLOGICA CONTRACTOR

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Randell, 1

5431

Aay Dept.

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\$

July 8,1919

#5431 Pte. Almond Rendell,

Port Rexton, T.B.

Dear Sir:-

Referring to your application I enclose chaque for seventy dollars (270.00%, being amount of first payment due you on account of the War Service Cratuity.

Yours truly

Captain Paymaster & Officer 1/c records.

DEPARTMENT OF HILLITIA. 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 dakhes. 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. almona 200 Kandele4. Regtl. No. .. 3431 5. Address in full to which future payments of statuity are to be 6. Date of enlistment in the Regiment. May nr 1908 7. Name of dependent, if any, to whom Separation Allowance is being issued or was being issued imediately prior to your discharge..... not applicable 9. Address in full of such dependents.... 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of mother saldier?..... 11. Were you on active service only in Nfld, Tr so give dates and particulars of such service..... 12. Give total length of time which you served on active service. whether in lift d. or Overseas. Therhan mouths.

of discherge and re-enlistments, and under what regimental numbers. Applicable 14. Have you alroady received any payment of Post Discharge pay or Var Service Gretuity? 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? . To. 16. Have you, during the present war, served in the Imperial Beroes. To. 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. To. 18. Did you revert Overseas to a rank lower than the substantive renk hold by you on your arrival in England? To. (b) If so, was such reversion in consequence of Misconduct or inefficiency? . The same give? - (a) date of discharge flag. All (b) Reason for discharge	13. Have you had more than one enlistment? If so, give particulars
14. Have you alroady 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 poid. 15. Have you been issued with a War Service Badge?	of discharge and re-onlistments, and under what regimental numbers.
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	Cor. (b) If so are you in receipt of full pay and allowances from
that Committee	that Committee
And I sake this solemn decleration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under eath.	And I ske this solenn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if

Signature of Applicant:

Place of Residence:

Declared before ne at:

This

Signature of Berrister of the
Supreme Court, Stipendiary Heristrate; Notary Public, Russice of the
Peace, or Commissioner of affidevits.

Da te		DISCHARG Yeid Soldier.		War Sorvice Gratuity.	Net amount due	
			14.	4989		
	(crtified	correct.	P	ymastor	

July 7,1919

#5431 Pte. Almond Rendell.

Port Rexton, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate

⁸0.2766.

Tours truly

Captein Faymaster & O.i/c Hecords.

The Royal Mild. Regiment DEMOBILIZATION

No.543 / Rank Name Kundele W

Warned for demobilization on

JUN # 1919

PROCEEDINGS ON DISCHARGE
I. No. 5.4. 3.1. Rank Plany Name Randelle a
Antended place of residence
2. Occupation Annual Classification of soldier
3. The above named man is discharged in consequence ofDEMOBILIZATION.
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.
Plast. JOHN'S. Comanding Discharge Depot The Royal Newfoundland Regiment
CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE
JEANNE TO BE SIGNED BY SOLDIER ON DISCHARGE 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 9 1919 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 and Date JOHN'S. Signature of soldier
JUN 9 1919 Signature of witness Signature of witness
STATEMENT OF SERVICE
7. Enlisted for service 2.3-6-19 The 14 days Service 4/0
APPROVAL OF DISCHARGE
8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i c Records, The Royal Newfoundland Regiment, twenty-eight days from date. ST. JOHN'B.
Officer Commanding Discharge Depot The Royal Newfoundland Regiment
Date JUN 23 1919
CONFIRMATION OF DISCHARGE
9. The discharge of above mentioned soldier is hereby confirmed in Houseley Capt
Date Muly 7/1919 The Royal Newformuland Regiment
an Bro79/2766

Class for Demobilization:	Travelling Board, held on soldier for discharge.
16,	
Discharge Depot: Headquarters The Royal Newfoundle	and Regiment
Discharge Depot: Headquarters The Royal Tremental	16.19
Di	1.6.19
Regimental No 5 4/3/	
Name Randell a	lowed.
Name	
Address Port Res	ton
Address	
Present Medical Category	
((a) Immediate discharge
Recommended for: }) Standing Medical Board
((b) Standing Medical Board
	0111
	Kit John Calif
in the second	
	O.C. Discharge Depot.
	20
	Materson
Members of Board (Senior Medical Officer
	Senior Medical Officer
	Heigh do
	Morain
	M. O. Depot

DEMOBILIZATION OF A
Reg. NOT/3/ Rank for als Name Kandle
Date of Rulistment 24 - 5 - 1 . Address Part Restor District remity
Occupation Assistant Classification for Discharge Medical Category
Recommendation S.M.B
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
B 179 D 400B Form L do 3rd " 4
B 179a D 400C Form K do 4th " 5
B 179b 19 103/ ME 2 " 6 " 6
B 179c B 120 M 93
* Harris II
Date
PARTICULARS FOR DEMOBILIZATION .
I. Civil Re-Establishment.
I amin a position to resume civilian occupation. A Randell
· · · (comme)
Particulars passed to Vocational Officer for information and action.
Date
The state of the s
2. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable.
(b) Clothing Supplied
0.0004.
Date. 9 6 14 O ilc. Re-clothing.

3. Transportation and Release Certificate.	Mua
The above named has been provided with	Travelling Warrant No. 11.1.5.9.2 to his ho
at For Kellow and Release	se Certificate No 2.5. 0. 7. issued.
01 / 10	01. 1.0.11
Date 9-6-19	At moredel.
Date	Demobilization Officer
4. Pay and Allowances.	Cenatharina Nation of the Charles of the Company of
The herein named soldier's accounts have	been correctly balanced and all matters in connect
therewith settled. He has received pay and	allowances to
a - 1 - 1a	/ Hilling U
Date	Depot Paymaster.
	t to the
Discharge approved for	17
Farmented with following documents to O.C.	Discharge Boot
Forwarded with following documents to O.C	, Discharge Depot.
N.F. P 36 B 268 B 121	N.F. Med D.F. 1
Б 178 В 122	Board 1st " 2
B 178a D 400A B 1915	do 2nd " 3 2 Torm /
B 179 D 400B Form L	do 3rd " 4
B 179a D 400C Form K	do 4th " 5
B 179b	
В 179с В 120 М 93	
	0 0
9.6-19	In trave to off.
Date	Demobilization Officer.
<u> </u>	
APPROVED.	
Documents as above forwarded to:-	
Officer i c Records.	
Board of Pension Commissioners	
with following additional documents.	C THE Comics Cratrity
Eligibi	le for War Service Gratulty
,IIIN 20 1010	1. It. Sait Can
Date	
	O. C. Discharge Depot.
A. A	A SV SAMPE
Received the above noted documents from O. C. Disch	narge Depot.
	Security News Company News (see News

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:

Is resume former becupation

ch. Randell Signature of Man.

Reg. No.

Signature of the Vocational Officer or his Repr

Place of John

Date JUN 9 1919

191

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

MEDICAL	LISTODY	

Table I.—GENERAL TABLE. REGULAR ARMY SK Johns. years days Trade or Occupation Height inches Weight lbs. Chest Girth when fully expanded.... inches Range of Expansion . . inches Physical Development... Right Right Left (Arm Vaccination Marks Number When Vaccinated R.E.-V= Vision (a) Marks indicating congenital peculi-arities or previous disease (6) (6) (b) Slight defects but not sufficient to cause rejection Approved by (Signature) (Rank) Medical Officer. Medical Officer. Enlisted 1910 Regtl. No. Joined on Enlistment Transferred to .. Became non-effective by on day of 191 day of 191 (Signature) P.T.O. Table III .- Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date (ACON Londonica		Brief Details, and Signatures	ert og silver sjæret finne. Literije sjæret restaret men	3 6.115 (1.185)
25-5-18	Vacc	40		·	
13-6-18 20-6-18 27-6-18	TAB)	B			
20-6-18	TABL	10			
•			has been before a Board, and has fortise	iffed that his soldier Travelling M dian been c'essibet a chargeon innybilina	7, 8
				X	
				<u> </u>	

				CALLS THE SECOND	-
Table	IV _	CED.	VICE	TADIE	

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
· ·				Berniner.	



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 Disabili-

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 Ic 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

Regiment from which discharged Royal Newfoundland Regimental number Intended address Height on discharge Color of hair on discharge Complexion Color of eves Descriptive Marks Figure on discharge Christian name of Father Christian name of Mother Wife's maiden name in full Date and place of marriage Christian names of children Rexton 25 May. 1895 Place and date of soldier's birth

Nature and locality of civil employment required

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

(Soldier's signature in full) Almond

Station

ST. JOHN'S.

5 619

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 ic Hospital Unit of Command Depot. HEADQUARTER John's Hewfounds

Medical Report on an Invalid.

S	tation Wazeley Down	
	Date_ 30/4/19	
1. Unit Royal Newfoundland	7. Former Trade or Occupation }	nas
2. Regimental No. 5'43/	or Occupation)	

2. Regimental No.

7a. If with previous

(a) Former Unit;

a. If with previous service in Army, state-

Rank
 Name

Randell almond

(b) Regimental No.;

5. Age last birthday

24

(c) Date of Discharge;(d) Cause of Discharge.

6. Enlisted at may on /18

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

and

10. Place of origin of disability.

my.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

 Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.



	Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.	1 Descrip
14.	If the disability is an injury, was it caused—	
	(a) In action?	
	(b) On field service?	
	(c) On duty?	
	(d) Off duty?	
15.	Was a Court of Inquiry held on the injury?	
	If so—(a) When?	
	(b) Where?	
	(c) Opinion?	
16.	Was an operation performed? If so, what?	m.a.
17.	If not, was an operation advised and, declined?	an. a.
18.	In case of loss or decay of teeth. Is the	~ 4 • .
10.	loss of teeth the result of wounds, injury or disease, directly* attributable	
	to active service?	
19.	Give particulars of any other disabilities	
-	existing, but not in themselves sufficient	~ •
	to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present	면 하면 1211대의 기업으로 있는 111대 (P. 1984년 11 11 11 11 11 11 11 11 11 11 11 11 11
	aggravated by service during the present war.	
		•
		Repotriation, Supi le Produció
		a franch
		Repo
	,	20
. 20.	Do you recommend— (a) Discharge as permanently unfit, or	Lassi be l'orames
	(b) Change to England?	A I III.
		1.4.m
		Capi Rame
		Officer in medical charge of case.
		· · · · · · · · · · · · · · · · · · ·
	I have satisfied myself of the g	eneral accuracy of this report, and concur therewith,
exc	cept†	
Sta	ation Hozeley Down	
		Officer in charge of Hospital.
	ite30/+//9	pt .
	1 1 1	> 1
°Lo	ss of teeth on or immediately after, active service, sl	hould be attributed thereto, unless there is evidence that it is due to some other cause.
		ord if no exceptions are to be made.

13. What is his present condition?

Casualty Form-Active Service.

9	O _F Reg	iment or Corps ROYAL N	EWFOUNDLAND	REG!	7. 0	To the state of th
Rank	Surnam	e Tlandell	Chris	tian Name	$Q \cdot Q$	S
Religion	6,06		Age on Enli	istment 22	years,	months
Enlisted (a)		erms of Service (a)DL	BATION.	Service recko	ns from (a) 4/5/18
Date of pro	motion to present	rank	Date of ap	pointment to la	nce rank.	·*····································
_ (.) _	()	Qualificati	on (b)		
Extended	. O a Re	-engaged				
Occupation.	Tisherma	m	17/	Long	Sig	nature of Officer.
	Report	Record of promotions reductions, tr- &c during active service, as reported	ansfers, casualties, ed on Army Form	Place of Casualty	Date of	Remarks Taken from Army Form
Date	From whom received	&c., during active service, as report B.213, Army Form A.36, or in other The authority to be quoted in each case,	official documents.	race of Casualty	Casualty	B.213, Army Form A.36, or other official documents
			Embarked			
			Disembarked	2.8 NOV 10	19	
		. Joined Batt.	Jiscindar Red	~ · · · · · · · · · · · · · · · · · · ·	LAND	010
		Λ.			-JAIV	919
		thrived in .	VK		23/4/	2
	Carrie Carried	A				90
~	A STATE OF THE STA					
)4.	MA A					
111						
- V*	Carlo Carlo					
		Barton Lavine	- `			
(-) 7- 11- 1		for an entire of in Casilan D. I D.				

{P.T.O.

Nº 6032



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

Identity Certificate No.	Whether Wife, Child	NAME (in full)		Address	Amou (each pe	NT erson)
35	Father	M. James Ban	dell	Port Reston 713		6
	•					
_			7.			
_						
_				•		
		-		4.2		-
		<u> </u>				
				Total Allotment, S		61
S	This form must be signed by the Office required payments	er Commanding Company a	mmanding nd handed	Company, signed by the Volunto the Paymaster as authority	teer, cour to make	nter-

3000

C.R. 5431

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches of Riband of British War Meda: 1914-1919.

Name. A. G. Randell

Date 18 Textor

Squadron, Troop, Battery and Company Conduct Sheet. Forms B 121. 39. Regimental Number and Nam Enlistment Good Conduct Badges, Service pay or proficiency pay No. Place and Date Ioined Date Joined. Date with Colours 135 years. Place of Birth Joined Date Joined. Date with Reserve Date of Date of award or of order Name of Place Rank OFFENCE Punishment awarded Offence By whom awarded REMARKS Witnesses dispensing with trial To be carried over.

Army Form B. 121.

Reg. No. 743/ Rank Production Of					
Date of Enlistment. 24-5 / Address Vorfaction District Frankly					
Occupation Listerman Classification for Discharge Medical Category					
Recommendation S.M.B. Disability Rating					
Passed to Demobilization Officer with following documents:—					
N.F. P 36 B 268 B 121					
B 178 W 3494 B 122 Board 1st 2					
B 178a					
B 179 D 400B Form L					
B 179b B 103 / ME 2 " 6 " 6					
B 179c B 120 M 93					
Date. 7-6-19. Javo. C. Discharge Depot.					
PARTICULARS FOR DEMOBILIZATION					
r. Civil Re-Establishment. I amin a position to resume civilian occupation. Reaction of Panalell					
Particulars passed to Vocational Officer for information and action.					
Date					
2. Clothing.					
Certified that Clothing Regulations have been complied with					
(a) Clothing Allowance payable.					
(b) Glothing Supplied					
Date. 9 - 6 - 19 Oilc. Re-clothing.					

O i|c. Re-clothing.

3. Transportation and Release Certificate. The above named has been provided with Travelling Warrant No. 11.19.9
at
9-6-19 Id throwlass
Date
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 9 - 1 - 19
Depot Paymaster.
Discharge approved for
Forwarded with following documents to O.C Discharge Depot.
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36 B 268 B 121 N.F. Med D.F. 1
5 178 W 3494 B 122 Board 1st " 2
B 178a D 400A B 1915 do 2nd " 3
B 179 D 400B Form L
B 179a D 400C Form K do 4th " 5 B 179b B 103 ME 2 " 6
B 179b. B 103. ME 2 6. 6
. 7.6-19 JA man baff.
Date
APPROVED. Documents as above forwarded to:—
Officer ilc Records.
Board of Pension Commissioners.
with following additional documents.
Eligible for War Service Gratuity
JUN 23 1919 Eligible for War Service Gratuity
Date O. C. Discharge Depot.

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

June 16/19

Jamelath JKA

Date

Reg. No. 543/ Rank Mame Candoll	Q.
Reg. No. 743/ Rank Name Rank Name Rank Address.	σu
Allottee	
Date of Allotment Returned from Overseas 2.9 Returned on S.S. Cause Security Cause Security	- 778
Returned on S.S. Cause Cause	72
,	
8-679 PASSED 7ATION OFFICE	
23-6-70 MARGE APPROVED ON DIMIOBILITATION.	