



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5357 Name Hegzekiah Randell comps Coje.

Questions to be put to the Recruit before Enlistment

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

I, Hegzekiah Randell 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.

Hegzekiah Randell SIGNATURE OF RECRUIT.

John D. ... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Hegzekiah Randell 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 fully explained as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Port Austin on this 23rd day of May 1915.

Signature of Attesting Officer John D. ...

† 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 Comps.

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

Date 1915

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

5357

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

Name Henrihan Randeel

Apparent age 22 years months. Height 5 feet 5 1/4 inches

Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 2 1/4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Adam Randeel
Port Rexton | 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 limited engagement reckons from <u>23-5-18</u>									
Joined at <u>W. P. Ho's</u> on <u>Monday 23-19-18</u>									
<u>Discharged August 9/1919</u>									
<u>Embarked W. King St. Rotterdam to Halifax N.S. 22-7-18</u>									
<u>To H.Q. for demobilization 24-6-1919</u>									
<u>Ordered to expand tent 1-7-1919</u>									
<u>Demobilization W. P. Ho's 9-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-8-1919</u> [date of discharge]					1 years <u>79</u> days				
" " Pensions " " " " " " " " " " " "									

C.R. 5357

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.

5357, Pte. Hezekiah Randell.

C.R. 5357

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

The discharge of the Undernoted on demobilization has been
APPROVED by O.C. Discharge ~~office~~ Depot, with effect from
26-7-19.

5357 Pte. H. Randell.

C.R. 5357

Extract from Daily Orders Part XI of the Royal Field. Regt.
St. John's, July 3rd 1919.

5357 Pte. H. Rendell.

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

C.R! 5357

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

Date

June 18th 1919.

5357, Pte. H. Bradbury.

Reported at Headquarters 1/6/19.
which sailed Liverpool May 22/1919.

RE "Corsican"

C.R. 5357

Extract from Daily Orders part 11, from Unit The Royal
Wilt. Regt² St. John's, dated July 25, 1918.

The following man emb^{ed} for overseas on H.M.S.
"Columbella" July 22, 1918.

#5357 Pte. Hezekiah Randell.

C.R. 6357

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

#5357 Pte. Hesekeiaj Randell

Attested for General Service with the Royal Nfld. Regt.
from 23.5.18

H. Randall

C.R.

5357

1890

No. 15430/1589.

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

Officer Commanding,
2/Bn. Royal Nfld, Rgt.,
Winchester.

September 25th 1918

Sep 28 1918

Subject: 5357, Pte. H. Randell,

With reference to the following telegram (5318) from the Hon. Minister of Militia, received

"Pay to 5357, Pte.H. Randell, £5.0.0.

Draft £ 5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

H. J. [Signature]
Chief Paymaster & O. i/c Records.

Receipt hereunder

[Signature]
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT,
Officer Commandg. Batt'n
Royal Newfoundland Regiment

Received the sum of Five
pounds on account of
cable remittance from Newfoundland.

£1. Randell
No. 5367 Rank Pte

Witness *P. W. [Signature]*
[Signature]

No. 2481/367

FROM: NEWFOUNDLAND

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



N.F.P./79.

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt
Winchester

13th February 1919

Feb 17th 1919

5357 Pte Rendell H.

With reference to the following telegram from the Minister of Militia / / (17)

Receipt hereunder.
J. Seymour
for LIET. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to- 5357 Rendell.

£6.0.0.

Cheque £ 6.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

A. O. Munroe
Chief Paymaster & O. i/c Records.

E. Rendell.
No. 5357 Rank Private
Witness J. G. Goss
H. Bockett

Randell, H

5357

Hay Sept.

August 14, 1919

#5357 Pte. Hezekiah Randell,
Port Rexton, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3680.

Yours truly,

Captain & Pa master

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5357 Rank. Pvt Name. Randell H.
 Intended place of residence. Port. Rexton

2. Occupation Fisherman
 Classification of soldier. E Medical Category. A L

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

Mrs H
 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

H. Randell
 Signature of soldier

J. Knowles
 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

H. Randell
 Signature of soldier

James O'Brien
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 23-5-18 No. of days on Military
 Discharged from service. JUL 26 1919 Plus 14 days Service. 444

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, 14 days from date.

Place, ST. JOHN'S

Date JUL 26 1919

N.R. Cooper Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 9/1919

M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

20213204912690

9
20
37
9
9

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 11/19

Regimental No. *5357*.....

Name *Randall*.....

H. H. H. H.

Address

Sgt. R. H. H.

Present Medical Category.....

A-1

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~.....

Members of Board

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

H. H. H.
Senior Medical Officer

T. H. H.
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5307 Rank Pvt Name Stanwell, A.
 Date of Enlistment 23-5-18 Address Port Rington District Trinity
 Occupation Fisherman Classification for Discharge F 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.	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 11-7-19

O. C. Discharge Depot

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

A. Randell

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. 112362 to his home at Port Rexlow and Release Certificate No. 35155 issued.

Date 12-7-19 *J. J. Smuleoff*
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 *M. H. [unclear]*
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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		

J. J. Smuleoff
Demobilization Officer

Date 12-7-19 *J. J. Smuleoff*
Demobilization Officer

APPROVED.

Documents as above forwarded to:—

Officer in Charge
Board of Pension Commissioners.

with following additional documents:

Eligible for War Service Gratuity

Date JUL 26 1919 *N. R. Cooper Capt.*
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:

A. Randell.

Signature of Man.

J. P. Knowlton

Signature of the Vocational Officer or his Representative.

Reg. No. 5357

Place

ST. JOHN'S.

Date

12-7-18

191

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

MEDICAL HISTORY

OF

Surname Ranacee

Christian Name Agatheiah

Table I.—GENERAL TABLE.

Birthplace:—Parish

St. John's

County

Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	23 day of May 1918	St. John's		
Declared Age	22 years	days		
Trade or Occupation	Fisher			
Height	5 feet 5 1/2 inches			
Weight	130 lbs.			
Chest Measurement	Girth when fully expanded	36 1/2 inches		
	Range of Expansion	2 1/2 inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/			
When Vaccinated				
Vision	R.E.—V=	6/60	R.E.—V=	
	L.E.—V=	6/6	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)	L. J. Peterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	27 day of May 1918	on	
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.	1317	Regtl. No.	
Transferred to				
Became non-effective by	on		on	
(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. 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 *Randell Hezekiah*
Regiment from which discharged **Royal Newfoundland**
Regimental number *5357*
Intended address *Port Rexton 4B.*
Height on discharge *5* Feet *6*
Color of hair on discharge *Black.*
Complexion *Fair*
Color of eyes *Brown*
Descriptive Marks *Scar. Rt. leg.*
Figure on discharge *Medium*
Christian name of Father *Adam Robert.*
Christian name of Mother *Sarah Elizabeth*
Wife's maiden name in full *—*
Date and place of marriage *—*
Christian names of children *—*
Place and date of soldier's birth *Port Rexton, Nov. 6, 1895*
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) *Hezekiah Randell.* (Rank) *Pte.*

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.

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

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

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

1. Unit and Corps. Royal Newfoundland } Former Trade or Occupation } Kashoman
2. Regtl. No. 5357 3. Rank. Plt 7a. If the soldier claims previous service in Army, he should state—
4. Name Randell Hazzeliah } (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday 23
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 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? }

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

Repatriation

W. Premier Capt. Rame
 Medical Officer in charge of case.

Station Hogley Down
 Date 3/4/19

* 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

August 18, 1919

Mr. Ezekiah Rendell,
Port Haxton, 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 war Service Gratuity.

Yours truly

Captain & Paymaster

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?

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

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

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

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

19. Are you now serving in the Regt.? *no* If not give: (a) Date of discharge. *July 26/19* (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.

England

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.

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: - *A. Randell*
 Place of Residence: *Port Rector N.B.*
 Declared before me at: *R. Jones*
 This *12* day of *June* 19*18*.....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of Affidavits. *John McCarthy*

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

The Royal Newfoundland Regiment

5357

DEMobilIZATION OF

Reg. No. 5307 Rank. Plt Name Randell A.
 Date of Enlistment 23-5-18 Address Port Reginald District Trinity
 Occupation Fisherman Classification for Discharge F1 Medical Category A1
 Recommendation S.M.B. Disability Rating
 Passed to Demobilization Officer with following documents:-

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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 11-7-19O. C. Discharge Depot. Mess H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

A Randell

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing:

Certified that Clothing Regulations have been complied with:-

(a) Clothing Allowance payable. Yes

(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. 13362 to his home at Port Rexton and Release Certificate No. 3575 issued.

Date 12-7-19

J.P. Shewell
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-5-19

Date 12-7-19

J.P. Shewell
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.
B 178	W 3494	B 122	Board 1st.	" 2.
B 178a	D 400A	B 1915	do 2nd.	" 3.
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		

J.P. Shewell
Demobilization Officer.

Date 12-7-19

J.P. Shewell
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

JUL 26 1919

Date

K.R. Cooper
O. C. Discharge Depot.

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

Date Aug 7.11.19

Reg. No. *1317* Rank *Plt* Name *Randall H.*

Attested Address. *Post Director*

Allotment Allottee

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

Returned on S S *Cassandra* Cause *Discharge*

12-7-19
28-7-19

~~PASSED TO DEMOBILIZATION OFFICER~~

~~DISCHARGE APPROVED ON DEMOBILIZATION~~

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 Inf.*
- 2. Regtl. No. *2357* 3. Rank... *Pte.*
- 4. Name *Randell* *Hogeliah*
(Surname) (Christian Names)
- 5. Age last birthday... *33*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
- 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 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.)

No complaints 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.E. Proemier *Capt Ramc*

Medical Officer in charge of case.

Station *Wagley, Brown*

Date *3/1/19*

* 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.