

# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5268 Name Arthur Reid Corps Cof E.

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Arthur Reid</u> .....              |
| 2. What is your full Address? .....  | 2. <u>Norris Point Boorne B.</u> .....   |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>20</u> Years <u>0</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u> .....                |
| 6. Are you Married? .....  | 6. <u>no</u> .....                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u> .....                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u> .....                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u> .....                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>Corps <u>Yes</u> ..... |
| 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, Arthur Reid 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.

Arthur Reid SIGNATURE OF RECRUIT.  
Arthur Power Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.  
The above questions were then read to the Recruit in my presence.  
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's, on this 10 day of June 1915  
Signature of Attesting Officer Asst. Lieut.

### †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

5668.

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

Name Arthur Reid  
 Apparent age 20 years          months. Height 5 feet 6 3/4 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 3 inches  
 Distinctive marks         

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Elizabeth Reid  
Bonne Bay | Relationship Mother  
 Particulars as to Marriage

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

| (a) | (b) | (c) | (d) |
|-----|-----|-----|-----|
|     |     |     |     |

## Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
|                 |                         |

## STATEMENT OF THE SERVICES

| Corps in which served  | Rgt. or 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>10-6-18</u> |               |  |           |       |  |      |  |      |   |
| Joined at <u>St. John's</u> on <u>June 10-1918</u>             |               |  |           |       |  |      |  |      |   |
| <u>Discharged Aug 21 1919</u>                                  |               |  |           |       |  |      |  |      |   |
| <u>Embarked St. John's N.S. to Halifax N.S. 22-7-18</u>        |               |  |           |       |  |      |  |      |   |
| <u>to 1st Lt for demobilization 24-6-19</u>                    |               |  |           |       |  |      |  |      |   |
| <u>Arrived to perform duty 1-7-1919</u>                        |               |  |           |       |  |      |  |      |   |
| <u>Demobilization St. John's 28-1919</u>                       |               |  |           |       |  |      |  |      |   |
| Total Service forfeited as above.....                          |               |  |           |       |  |      |  |      |   |

Total Service towards Engagement to 2-8-1919 [date of discharge] 1 years 54 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5668

Extract from Daily Orders Part II Royal Newfoundland Regt.

Despot St. John's dated Aug. 7th 1919.

The discharge of the undernoted on demobilization has been

CONFIRMED by officer i/c Records from noted date

2-8-19.

5668, Pte. A. Reid.

C.R. 5668

Extract from Daily Orders Part II Unit The Royal WFLD.  
Regt. July 10th, 1919 (St. John's.)

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

5668 Pte. A. Read.

C.R. 5668

Extract from Daily Orders War Office Unit: The Royal Field.

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

5668 Pte. A. Reid.

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

C.R. 5668

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

The following men embarked for overseas on H.M.S.  
"Columella" July 22, 1918.

#5668 Pte. Arthur Reid.

C.R. 5668

Extract from Daily Orders Part II, from Unit, The Royal Nfld.,  
Regiment, St. John's, dated June 11th 1918.

5668, Pte. Arthur Reid.

Attested for General Service with The Royal Nfld. Regt.,  
10/6/18.

Speid

C.R.

5668

~~Speid~~

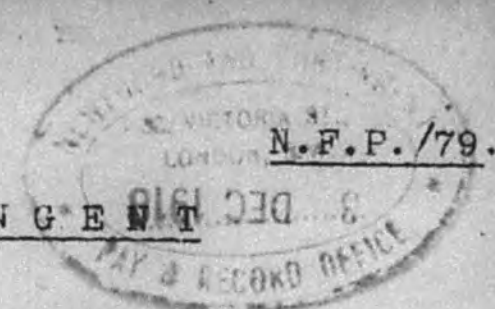




No. 19491/2183

0655799 B.  
K.C.

NEWFOUNDLAND CONTINGENT



From:

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

To:

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

28th November 1918

Subject: 5668, Pte. A. Reid,

With reference to the following telegram (10190) from the Hon. Minister of Militia, received

Pay to 5668 Reid £4:2:0

Draft £ 4:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. L. Carter*

Chief Paymaster & O. i/c Records.

Nov. 30th 1918

Receipt hereunder.

*M. J. Barton* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2nd Batt'n  
Royal Newfoundland Regiment

Received the sum of Four pounds two shillings on account of cable remittance from Newfoundland.

A Reid  
No. 5668 Rank Otc.

Witness: *A. L. Carter, Otc.*

No. 225/46/P&A.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn. Royal Nfld. Regt.,  
Hazeley Down Camp,  
Winchester.

5th January, 1918

8-1- 1919

Subject: 5668 Pte. A. Reid,

With reference to the following telegram ( 119 ) from the Hon. Minister of Militia, received

Receipt hereunder.

"Pay to 5668 Reid, A. £4.2.0.

*J. J. Barton* LIEUT. COLONEL  
COMMANDING OFFICER ROYAL NEWFOUNDLAND REGT.  
Royal Newfoundland Regiment

Draft £ 4.2.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Four Pounds  
Two shillings on account of cable remittance from Newfoundland.

*J. H. Mansell*  
Chief Paymaster & O. i/c Records.

A Reid  
No. 5668 Rank Pte

*H. Maunders*

Reid, A

1868

Ray Loeph

August 2nd 1919.

#5668, Pte. A. Reid..

Norris' Point.

Dear Sir:

Enclosed please find Discharge Certificate # 3305.

Yours truly,

Capt. & Paymaster.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5668 Rank Plt Name Russ A.  
 Intended place of residence Norris Point  
 2. Occupation Fisherman  
 Classification of soldier A Medical Category AI

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 5 1919 .....  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S .....  
 Date JUL 5 1919 .....  
 Signature of soldier Arthur Reid  
 Signature of witness W. H. Constable

## 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 5-7-19 .....  
 Signature of soldier Reid A  
 Signature of witness J. W. Chancey

## STATEMENT OF SERVICE

7. Enlisted for service 10-6-18 ..... No. of days on Military  
 Discharged from service 19-7-19 ..... Plus 14 days Service 419

## APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S .....  
 Date 19.7.19 .....  
 for 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 2/1919 .....  
 Officer in Charge  
 The Royal Newfoundland Regiment

*Post 15 2072/2200*

21  
21  
21

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5611 Rank PM Name Reid A  
 Date of Enlistment 10 6 13 Address Toronto Pt District St. John's  
 Occupation Fisherman Classification for Discharge R 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.....    |
| 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 5.7.14

L.P. Cooper Capt  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am and a 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~~ McLester

Date 5-7-14

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. <sup>112170</sup> ~~3265~~ to his home at Morris Point and Release Certificate No. 3265 issued.

Date 5-7-19

*J.A. Snowcroft*  
Demobilization Officer

4. Pay and Allowances.

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

Date 5-7-19

*H. Morris H.*  
Depot Paymaster.

Discharge approved for 19-7-19

Forwarded with following documents to O.C Discharge Depot.

|          |        |        |           |        |
|----------|--------|--------|-----------|--------|
| N.F. P36 | 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 7-7-19

*J.A. Snowcroft*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Date 19.7.19

Eligible for War Service Gratuity  
for O. C. Discharge Depot.

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

Date .....



# The Royal Newfoundland Regiment

Class for Demobilization:

*E.G.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *5.7.19* .....

Regimental No. .... *5668* .....

Name ..... *Reid Arthur* .....

Address ..... *Bonne Bay* .....

Present Medical Category ..... *A1* .....

Recommended for:— { (a) Immediate discharge .....

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

Members of Board {

*R.H. Lant Major*  
O.C. Discharge Depot.

*Robson*  
Senior Medical Officer

*Geo Borden*  
M. O. Depot

# 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.

*And a*

Signature of Man.

*McLoughlin*

Reg. No. *5668*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*5-7*

191*9*

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

# MEDICAL HISTORY

OF

Surname Reis

Christian Name Arthur

Table I.—GENERAL TABLE

Birthplace:—Parish St. John's, St. John's Bay, County Newfoundland

|   | SPECIAL RESERVE           |                                    | REGULAR ARMY |                  |
|---|---------------------------|------------------------------------|--------------|------------------|
|   | on                        | day of                             | on           | day of           |
| Examined  | 10 <sup>th</sup>          | June                               | 191          | 191              |
| at  | St. John's                |                                    |              |                  |
| Declared Age  | 20                        | years                              |              | days             |
| Trade or Occupation   | Fisherman                 |                                    |              |                  |
| Height  | 5                         | feet 6 <sup>3</sup> / <sub>4</sub> |              | inches           |
| Weight  | 127                       | lbs.                               |              | lbs.             |
| Chest Measurement   | Girth when fully expanded |                                    |              |                  |
|   | 35                        | inches                             |              |                  |
|   | Range of Expansion        |                                    |              |                  |
|   | 3                         | inches                             |              |                  |
| Physical Development  |                           |                                    |              |                  |
| Vaccination Marks   | Right                     | Left                               | Right        | Left             |
|   | /                         | /                                  |              |                  |
| When Vaccinated   |                           |                                    |              |                  |
| Vision  | R.E.—V=                   | 6/9                                | R.E.—V=      |                  |
|   | L.E.—V=                   | 6/9                                | 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)   | <u>Samuel Stinson</u>     |                                    |              |                  |
| (Rank)  | Major                     |                                    |              |                  |
|   | Medical Officer.          |                                    |              | Medical Officer. |
| Enlisted  | at                        | St. John's                         | at           |                  |
|   | on                        | 10 <sup>th</sup> day of June       | on           | day of 191       |
|   |                           | 191                                |              |                  |
| Joined on Enlistment  | Corps.                    | Regtl. No.                         | Corps        | Regtl. No.       |
|   | Royal Nfld                | 5668                               |              |                  |
|   | Regiment                  |                                    |              |                  |
| Transferred to  |                           |                                    |              |                  |
| Became non-effective by   | on                        | day of 191                         | on           | day of 191       |
| (Signature)   |                           |                                    |              |                  |
| (Rank)  |                           |                                    |              |                  |



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 Regiment* Former Trade or Occupation } *Fisherman*
2. Regtl. No. *2668* 3. Rank... *C. Lt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Brud* *Arthur* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *20*
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? }

*No complaints 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.E. Groomier*      *Capt R.A.M.C.*

Medical Officer in charge of case.

Station .. *Mazeley, Bournemouth*

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.



## 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 *Reid, Arthur*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5668*

Intended address *Donner Bay, N. B.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Med.*

Christian name of Father *Abraham*

Christian name of Mother *Elizabeth*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Donner Bay, 24 Dec. 21 1898*

Nature and locality of civil employment required \_\_\_\_\_

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

(Soldier's signature in full) *Arthur Reid*

(Rank) *Private*

Station **ST. JOHN'S.**

Date *5-7-19*

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

August 9th 1919.

Mr. A. Reid,  
Norris' Pt. Bonne Bay.

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,

Capt. J. M. Paymaster.

RS/.



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..... *Arthur* ..... 2. Surname..... *Reid* .....
3. Rank..... *Pte* ..... 4. Regtl. No..... *5668* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Norris Point, Bonne Bay* .....
6. Date of enlistment in the Regiment..... *6 June 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
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 Nfld. If so, give dates and particulars of such service..... *Overseas* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Thirteen months* .....
- ..... *1.3* .....

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 Regt.? *no* If not give? - (a) Date of discharge *July 18/19* (b) Reason for discharge

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: *Arthur Reid*  
 Place of Residence: *Norris Point Bonn Bon*  
 Declared before me at: *St John used*  
 This *7<sup>th</sup>* day of *June* 19*11* S....

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

*John M. Carthy*  
*J.P.*

| POST DISCHARGE PAY. |               |                 |                       |                |
|---------------------|---------------|-----------------|-----------------------|----------------|
| Date paid           | Paid Soldier. | Paid Dependent. | War Service Gratuity. | Net amount due |
| .....               | .....         | .....           | .....                 | .....          |
| .....               | .....         | .....           | .....                 | .....          |
| Certified correct.  |               |                 | .....                 | Paymaster      |



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Arthur Reid, Regl. No. 5668

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

Allotment begins August 1st

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS   | AMOUNT (each person) |
|--------------------------|---|----------------|-----------|----------------------|
| 4795                     | mother  | Elizabeth Reid | Borne Bay | 60c                  |
| Total Allotment, \$      |   |                |           | <u>60c</u>           |

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

(Sig.) H. G. James 2/lieut

Officer Commanding  
F. Company

(Sig.) Arthur Reid  
 (Rank) Pte.

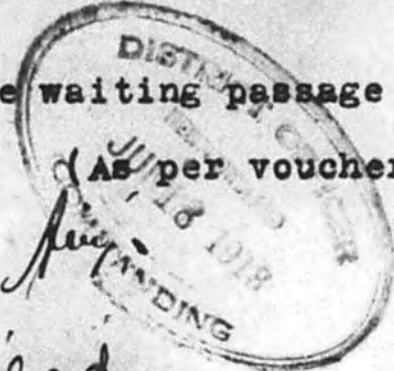
July 15th 1918

To Sent to Prince; Reid.

June 13th. 1918

The Royal Newfoundland Regiment,  
To 5668 Pte. A. Reid.

To board while waiting passage to St. John's.  
(As per voucher).



*J.M.*  
8041  
*ew*  
*Jan*  
\$1.20.

*Correct For \$1.20*  
*C. S. Dicks*  
*Leid*  
*A. R.*

*Cheque mailed*  
*July 1/18*

*13/6/18*

*OK.*  
*cc.*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

Royal Newfoundland

Signature of O. C. Company

One  
C. Dicks/lieut

| Regimental Number and Name |             | Enlistment |  | Trade                           | Good Conduct Badges, Service pay or proficiency pay |
|----------------------------|-------------|------------|--|---------------------------------|---|
| No.                        | Arthur King | Age on     | 90 years months                                | <i>Soldier</i>                  |   |
| Joined                     |             | Date       | Place and Date of Enlistment } <i>10/10/18</i> | Religion                        |   |
| Joined                     |             | Date       |  | <i>C of E</i>                   |   |
| Joined                     |             | Date       | Period of } with Colours <i>1/54</i> years.    | Place of Birth                  |   |
| Joined                     |             | Date       |  | with Reserve <i>1/36</i> years. | <i>Brace Bay</i>                                    |

| Place | Date of Offence | Rank | Cases of Drunkenness | OFFENCE                 | Name of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|-------|-----------------|------|----------------------|-------------------------|-------------------|--------------------|---|-----------------|---------|
|       |                 |      |                      | Demobilized St John's 2 |                   | 8/19               |   |                 |         |
|       |                 |      |                      |                         |                   |                    |   |                 |         |
|       |                 |      |                      |                         |                   |                    |   |                 |         |
|       |                 |      |                      |                         |                   |                    |   |                 |         |

To be carried over.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5666 Rank Private Name Reid A  
 Date of Enlistment 10.6.18 Address Torris Pt District St. John's  
 Occupation Rehoboth Classification for Discharge 2 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 5.7.19 ..... for L.P. Cooper Capt  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*Reid A*

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 AMC Co. Toronto

Date 5-7-19

O i/c. Re-clothing.

ELIGIBLE FOR WAR SERVICE GRATUITY

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *11-175* to his home  
 at *Morris Point* and Release Certificate No. *3265* issued.

Date *5-7-19* ..... *J.A. Knowlton*  
 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 *5-7-19* ..... *H. M. ...*  
 Depot Paymaster.

Discharge approved for..... *19-7-19*

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 *7-7-19* ..... *J.A. Knowlton*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

Date *19.7.19* ..... **Eligible for War Service Gratuity** *Capt.*  
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
 Date *July 21 1919* ..... *[Signature]*



Reg. No. *5668* Rank *PL* Name *Leiv. A.*

Attested ..... Address *Born Bay.*

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

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

Returned on S S *Cassandra* Cause *Discharge.*

*77*  
*1917*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILIZATION**

C.R. 5668

Army Form B. 179A

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 Coast* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5668* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Reed* *Arthur* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *20*
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 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 }<br>man's part. } | .....               | .....             |
- 14 (a). If not due to any of these causes, to what }  
specific condition do you attribute it? }

15. What is his present condition ?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

*The complains 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 ?

*Repatriation*

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

*W.E. Proemier Capt Rame*

Medical Officer in charge of case.

Station *Mazeley town*

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