



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4905 Name Justin Roberts Corps I B

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Justin Roberts</u> |
| 2. What is your full Address? | 2. <u>Fortune Harbour</u>
<u>N. D. B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>10</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 |
| | 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, Justin Roberts 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.

Justin Roberts SIGNATURE OF RECRUIT.

James A. Ellis Signature of Witness.

I, Justin Roberts DO TO BE TAKEN BY RECRUIT ON ATTESTATION.

I 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 6th day of May 1915.

Signature of Attesting Officer James A. Ellis

†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).....



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station *St. John's*

Date *June 12th 1919*

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>22</i> |
| 2. Regimental No. <i>4955</i> | 6. Enlisted on <i>May 1918</i> |
| 3. Rank <i>Plt</i> | at <i>St. John's</i> |
| 4. Name <i>Roberts J.</i> | 7. Former trade or occupation <i>fisherman</i> |
| | 8. Disability <i>Concussion foot - Rt-</i> |

9. History

*in snow. 1918. Man jumped on foot - foot
swelled. & very painful. was sent to Hoop
for 15 days. Returned to base. no history
of fracture.*

10. What is his present condition ?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

fairly well nourished.
Nothing abnormal in
chest.
Rt foot. Nothing abnormal
to be seen or felt.
Patient complains little
pain on walking

11. Was sanatorium advised and refused ? *no*
operation

12. Do you recommend discharge as *no*
permanently unfit ?

Signature

J. H. Keen

Rank or Qualification

Capt.

Remarks if any by Officer in Charge Hospital.

Place

Signature

Date

Rank

C.R. 4905

Extract from Daily Orders Part A1 Depot, Sp. John's,

Date June 18th 1919.

4905, Pte. J. Roberts.

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

C.R. 4905

extract from Daily Orders part II Royal Newfoundland Regiment
Depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/o records from noted date
~~17-7-19.~~ 15-7-19.

4905, pte. Justin Roberts.

C.R. 4905

Extract from Daily Orders Part 11 Unit The Royal Hfld.
Regt. St. John's, June 20th, 1919.

The discharge of the undernoted on demobilization has
been APPROVED by C.O. Discharge Depot with effect from
1-7-19.

4905 Pte. J. Roberts.

C.R. 4905

Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Militia Dept.

Line Number	Rcd	By	Sent	by	Check

Dated **May 30th. 1919.**

Mr. Thos. Roberts, Fortune Hr. M.D.B.

Beg to advise 4905 Justin Roberts on draft due here Sunday.

A.E. Hickman
Minister of Militia.

Charge to Dept of Militia.

FOR TYPEWRITER

C.R. 4905

Extract from Casualties from Pay & Record Office, London,
Dated May 14th 1919.

4905, Pte. J. Roberts.

was discharged from the King George Hospital on 10/5/19 and
granted furlough to 15/5/19. He is marked fit for III,
Employment.

AUTHORITY:

A.F.W.3016, from King George Hospital.

C.R. 4905

May 14th., 1919.

Mr. Thos. Roberts,
Fortune Harbour.
N.D.B.,

Dear Sir:-

I am directed to acknowledge receipt of your telegram of to-days date, requesting that enquiry be made concerning condition of your son #4905 Private J. Roberts. I am to state that a wire has been despatched to the Chief Paymaster, London, asking him to make the necessary enquiries. Upon receipt of an answer I shall immediately communicate with you.

Yours faithfully,

J.H.S.
Lieut.
Casualty Officer.

7AE
WWW/BC.

C.R. 4905
Counter No.

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(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Recd	By	Sent	by	Check

Dated **May 14th 1919**

To **Mr. Thomas Roberts, Fortuna Hr.**

**Wired Chief Paymaster London yesterday re condition of
4905 Roberts reply will be communicated to you
immediately when received.**

**J.R. Bennett,
Minister of Militia**

C.R. 4905

Extract from Telegram from Military to Synoptical, London
Dated May 14th 1919.

.....

Condition of #4905, Roberts.

.....

C.R. 4905

Extract from telegram from Syn. to Mil. dated May 15, 1919.

With reference to your telegram May 14th. 4905 Roberts
on furlough.



NEWFOUNDLAND POSTAL TELEGRAPHS. ^{CR 4905}

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 54 Sent by _____ Rec'd by _____ Check 10/- No. _____

Place from Fortune H 13

To Mr Militia



Want know how 4905 private
Justin Roberts is wire
immediately.

Thomas Roberts

CRB

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender

Address Dept of Militia.

Line Number	Red	By	Sent	by	Check

Dated

May 10th, 1919

To

Thomas Roberts, Fortune Hr. N.D.B.

Regret to inform you that Record Office, London, officially reports No. 4905, Private Justin Roberts admitted to King George Hospital Stamford Street, London suffering from fever uncertain origin slight

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett.

Chge Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

C.R. 4905

Extract from Telegram from Syn., London to Military.

Dated May 7th 1919.

.....

King George Hospital, Stamford Street, fever of ^{un}certain
origin, slight,

#4905, Jones.

C.R. 4985'

Extract from Nominal Roll of Sick and Wounded from
France admitted the King George Hospital, Stamford St.
France on 5/5/19.

4985
~~4985~~ Pte. J. Roberts.

P.U.O. Slight.

C.R. 4905

Extract from War Office List No. H.A. 35905.

#4905 Pte. J. Roberts.

Admitted 6 Gen. H. Rouen 11th. April 1919.

Enteritis

WOUNDED & SICK N.C.O.s, & MEN OF THE EXPEDITIONARY FORCE - FRANCE

CR 4905

L. E. O. R. CORPS. NOTTINGHAM.

LIST NO. H.A. 34095

ADMITTED 1 STY. H. ROUEN 12TH JANUARY, 1919

22443 Pte. Jenkins	885/A.B. Coy.	VDSC.
612159 Cpl. Selway A.H.	Lab. Corps att. 36 POW.	VDG. M'ld.
446957 Pte. Cupitt J.	758/AFC. Late. 16/Enfs.	Un. bratis..... Dis. to 1 Sty.H. (Miner) ex 1 Sty.H. Rouen 12 Jan. 19.
414297 Pte. Saunders W.	801/AFC. Late. 14/Wels R.	VDG..... Dis. to Unit ex 1 Sty.H. Rouen 12 Jan. 19.
529227 Pte. Brown N.	901 A.B. Coy.	VDG..... Dis. to Camp adj. ex 1 Sty.H. Rouen 12 Jan. 19.
505338 Pte. Petherick W.	897/A.B. Coy.	VDH..... Dis. to Camp Adj. ex 1 Sty.H. Rouen 12 Jan. 19.
303050 Pte. Mander B.	905 A.B. Coy.	Urethritis..... Dis. to Camp Adj. ex 1 Sty.H. Rouen 12 Jan. 19.
299179 Pte. Jacklin A.	176/Lab. Coy. late. M.A.C.	NYD..... Adm. 11 Sty.H. Rouen 12 Jan. 19.
45196 Pte. Jones A.	334/POW. Lt. 4/ Corp. R.	Inf. of Larynx. Adm. 11 Sty.H. Rouen 12 Jan. 19.
605496 Pte. Clarke W.	84/POW. Lt. 16/ Ches. R.	ADU..... Adm. 11 Sty.H. Rouen 12 Jan. 19.
379790 Pte. Bartlett B.	996/Agricultural Coy. Late. 2/ Cam. Highrs.	PUG..... Dis. to Reinf. Camp Rouen ex 11 Sty.H. 12 Jan. 19.
571994 Cpl. Whitehurst F.	109/POW. Late 2/ Manch. R.	Debility..... Dis. to Duty ex 11 Sty.H. Rouen 12 Jan. 19.
100204 Pte. Adams F.	903/A.B. Coy. att. M.A.C. 6/Co. Late 31/Lab. Coy.	Inf. Stomach.... Dis. to Duty ex 11 Sty.H. Rouen 12 Jan. 19.
425387 Pte. Taylor A.	165/Lab. Coy.	Multiple, stab Fractured Wds Adm. 41 Sty.H. Dury-les-miens 12 Jan. 19.
419368 Pte. Kerr E.	53/Lab. Coy. att. 273 POW.	Fractured Femur L. Adm. 41 Sty.H. Dury-les-miens 12 Jan. 19.
469160 Pte. Foreman H.	3/Dersst. att. 281 POW.	Nephritis..... Adm. 41 sty.H. Dury-les-miens 12 Jan. 19.
607947 Pte. Porter F.	12/Lab. Coy. att. 254 POW.	Neurasthenia. Adm. 41 Sty.H. Dury-les-miens 12 Jan. 19.
618518 Pte. Lowen F.	22/L.R.K. att. 236 POW.	Old wd. case.. Dis. to Unit ex 41 Sty.H. Dury-les-miens 12 Jan. 19.
532511 L/C. Neil T.	778 Area Emp. Coy.	O.C. 41 Sty.H. Dury-les-miens reports 12 Jan. 19. foll. Re-diagnosed: Pul. T.B. Adm. T.B. Lunga.

NEWFOUNDLAND CONTINGENT

LIST NO. H.A. 34095.

4905 Pte. Roberts J. 1/R. Newfoundland. Inf. Larynx.... Dis. to Duty ex 11 Sty.H. Rouen 12 Jan. 19.

C.R. 4905

WOUNDED AND SICK N.C.Os AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.



INFANTRY RECORD OFFICE - LONDON.

LIST NO. H.A. 33555;

C/102708 Pte. Jones G.	45/Bd.R. Fus.	HYD.....	Adm.11	Sty.H.	Rouen 26	Dec.18.
C/107775 Pte. Marks H.	47/Garr. Bd.R.F.	ICT.Thumb L....	Adm.11	Sty.H.	Rouen 26	Dec.18.
G105727 Pte. Hughes T.	42/Garr. Coy.	43/R. Fus. 241	Garr.	Influenza.....	Dis. to Reinf'ts. Camp Rouen ex 11	Sty.H. 27 Dec.18.
110481 Pte. Cawthorne G.	44/R. Fus. att. 12/	Anti Aircraft		Influenza.....	Dis. to Reinf'ts. Camp Rouen ex 11	Sty.H. 27 Dec.18.
496112 Pte. Burke W.J.	15/Lond.R.	Incont. Urine..	Adm.12	Sty.H.	St Pol 24	Dec.18.
36100 Pte. Parker C.J.	17/ do.	Mild.		Influenza Mild	Adm.12	Sty.H. St Pol 24 Dec.18.
608695 Pte. Bridger J.	18/ do.	DAH. Mild.....	Adm.12	Sty.H.	St Pol 24	Dec.18.
596032 Pte. Edwards A.	18/ do.	Influenza.....	Adm.12	Sty.H.	St Pol 24	Dec.18.
614231 Pte. Mills G.	19/ do.	Mild.		Influenza.....	Adm.12	Sty.H. St Pol 24 Dec.18.
632145 Pte. Paine C.	20/ do.	Mild.		Cellulitis R..	Adm.12	Sty.H. St Pol 25 Dec.18.
39997 Pte. West H.	21/ do.	Foot Mild.		Diarrhoea Mild	Adm.12	Sty.H. St Pol 24 Dec.18.
68706 Dvr. Hawton J.	24/ do.	Influenza Mild	Adm.12	Sty.H.	St Pol 24	Dec.18.
58425 Pte. Mager F.	25/KERRC.	Syn. Knee L....	Adm.12	Sty.H.	St Pol 24	Dec.18.
22300 Pte. Moss J.	1/18 Lond.	Influenza. Mild.	Dis. to Duty ex 12	Sty.H.	St Pol 124	Dec.18.
632014 Sgt. Hurlin B.	20/Lond.R.	Influenza Mild.	Adm.12	Sty.H.	St Pol 25	Dec.18.
111711 Pte. Harvey D.	7/AAMR. Coy. att.	V.D.S.C.	Adm.39	Sty.H.	in the Field 23	Dec.18.
53553 Pte. Besmont J.W.	44 R. Fus.	Mild.		Influenza.....	Adm.12	Sty.H. St Pol 25 Dec.18.
	15/Lond.R.	Mild.				

20

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST N^o. H.A. 33555.

X 4905 Pte. Roberts J.	1/R. Newfoundland	(Inf)	Larynx Acute	Adm.11	Sty.H.	Rouen 27	Dec.18.
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C.R. 4905'

Extract from List of Sick and Wounded N.C.Os. and Men of the
Expeditionary Force - France, dated 4 Dec. 1918.

List No: H.A. 32377.

4905 Pte. J. Roberts

1 R. Newfoundland..... ICT. Feet Slt.....Dis. to Dtls. Camp
Terlanothun ex 12 Con. Dep. 25 Nov. '18.

C.R. 4905

Extract from List of Wounded and Sick N.C.Os, and Men of the
Expeditionary Force - France, dated 4 Dec. 1918.

List No: H.A. 32374.

4905 Pte. J. ROBERTS

1 R. Newfoundland..... I.C.T. FEETAdmitted 12 Con.
Dep. Aubengue 23 Nov. '18.

C.R. 4905

Extract from Daily Orders Part 11 Unit The Royal 22nd.
Regt. By Lt. Col. T.O. Mathias, D.S.O. Commanding 1st
Bn. 3-11-18.

The Following joined the Bn. 4-11-18.

4905 Pte. J. Roberts.

D Coy.

C.R. 4905-

Extract from Nominal Roll Re-Inforcement Draft No. 55: Embarked Folkestone,
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Haslepy Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.E.F.

4905, Pte. Roberts, J.

MP.

C.R. 4905

Extract from Daily Orders part 11, from Unit The Royal
Bnfla. Regt. St. John's, dated June 14th, 1918.

#4905 Pte. J. Roberts.

Embarked for overseas with draft 11-6-18

C.R. 4905

Extract from Daily Orders part 11, from Unit The Royal Hfld.
Regt. St. John's., dated May 7, 1918.

#4905 Pte. J. Roberts.

Attested for General Service with the Royal Hfld. Regt.,
from 6.5.18

J. Roberts

C.R.

4905

~~SRD~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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 New York*..... 7. Former Trade or Occupation } *Fisherman*
2. Regt. No. *4905* 3. Rank. *1st Lt.*..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Roberts*..... (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday *22*.....
6. Posted for duty on *May 6/18* at *St. Johns*.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | ..... | ..... |
| (ii.) Previous active service | ..... | ..... |
| (iii.) Climate in pre-war service | ..... | ..... |
| (iv.) Ordinary military service before the war | ..... | ..... |
| (v.) Serious negligence or misconduct on the man's part. | ..... | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? *na.*

In all cases such as facial injuries, eye, ear, nose and throat disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

no complaints 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?

na.

20. Do you recommend—

- (a) Discharge as permanently unfit?
(b) Change to United Kingdom?

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

Rehabilitation
W. J. Proctor, Capt R.A.M.C.
Medical Officer in charge of case.

Station *H. D. Camp*
Date *18-5-19*

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
(b) The present condition thereof.

22. 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 part of the soldier | ..... | ..... |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station Hazlewood Camp { President or Chairman.
Date } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable in cases of Patients in Hospital.
Date } Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
Date O.C. Discharge Centre.

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

Sir:-
Please charge the amount set opposite my name to my account and
pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments
for the period of the year.
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
1905	LtE	Roberts J	\$250	J. Roberts

I have the honour to be, Sir,
Your obedient servant,

Date

July 1/18

J. Roberts

N.F.P./88.

NEWFOUNDLAND CONTINGENT

TELEGRAM full text/extract from MINISTER OF MILITIA,
No. 62/61 Dated 14 / 5 / 19 (187), received 15 / 5 / 19
Decoded by J. S. Checked by R.A.P.
Branch Records Acted upon (Initial) _____
Acknowledged per No. _____ Dated / /

Please inform-Condition of-4905-Roberts-

5519

ADMITTED TO KING GEORGE HOSPITAL.....

*Only for use with Men returned from an Expeditionary Force Army Form W. 3016.
or from Garrison Aboard. (In Book of 200.)*

No. _____ Date 10/5/19 1919

- * (1) To the Officer i/c Records } 58 Victoria
 - * (2) The Officer Commanding } Avi Station.
 - * (3) The Paymaster } _____
- * Strike out that which is inapplicable.

Regimental No. 4905

Rank and Name Plt Roberts J

Regiment or Corps 1/1st New Zealand

has been granted a furlough from 11/5/19 to 21/5/19

His address while on leave will be _____

I consider he is fit for DUPLICATE

- * ~~IN CHARGE DEPOT.~~
- * ~~EMPLOYMENT.~~

Officer in charge _____ Hospital. _____ Station.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.

N.F.P./88.

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~full text~~/extract from MINISTER OF MILITIA,

No. 62/61 Dated 14/5/19 (187), received 15/5/19

Decoded by J. S. Checked by R.A.P.

Branch Records Acted upon (Initial) _____

Acknowledged per No. _____

Dated / /

Please inform-condition of-4905-Roberts-

Furlough 10⁵/₁₉ - 15⁵/₁₉

N.F.P./104.

NEWFOUNDLAND CONTINGENT

TRANSLATION ~~Abstract~~/extract of TELEGRAM to MINISTER of MILITIA,

No. 222 15/5 19 . . M. of M. Reply No. _____ d/d / /

Coded by _____ Branch Records Checked by _____

Reference your telegram 14th May-4905 Roberts-on furlough-

Roberts, J

4905

May Sept.

July 18, 1919

#4905 Pte. Justin Roberts,

Fortune Harbor, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3038.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4905 Rank Pte Name Roberts J
 Intended place of residence Fortune Harbor

2. Occupation Disherman
 Classification of soldier B Medical Category 2

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 JUN 17 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. SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT

Place, ST. JOHN'S

Date JUN 17 1919

J. Roberts
 Signature of soldier

J. A. Newcomb
 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 JUN 17 1919

J. Roberts
 Signature of soldier

James O. Newman
 Signature of witness *SH*

STATEMENT OF SERVICE

7. Enlisted for service 6-5-18 No. of days on Military
 Discharged from service 1-7-19 Plus 14 days Service 436

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S 1919

Date JUL 1

R. H. Sant Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 15 1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

QFB 2079/3038

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.

J. Roberts
Signature of Man.

Reg. No. 49057

J. H. Snowball
Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S

Date 17-6-49 191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4905 Rank PTE Name Robert J
 Date of Enlistment 6.5.18 Address Foster's Hill District Twelve
 Occupation Fisherman Classification for Discharge B Medical Category F
 Recommendation S.M.B. Remarkably unfit Disability Rating 1096 mps
 Passed to Demobilization Officer with following documents:—

N.F. 1136	B 268	B 121	N.F. Med	D.F. 1	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	R 103	ME 2		" 6	
B 179c	R 120	M 93			

Date 16.6.19 P.O. C. Discharge Depot. Mrs. H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

J Robert

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 Amelton

Date 17-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P.1842 to his home at Fortune Hs and Release Certificate No. 2885 issued.

Date 17-6-19

J.A. Snowball
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 7-19

Date 17-6-19

J.A. Snowball
Depot Paymaster

Discharged approved for 1-7-19
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
B179c	B 120	M 93		

Date 17-6-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 1 1919

R.H. Sait Capt.
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. H 905

Name Roberts J Rank Pte

Address Fortune Str. N.D-13

Present Medical Category E

Recommended for: { (a) ~~Immediate discharge~~
(b) Standard Medical Board

Members of Board

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

J.P. Martin
Senior Medical Officer

J.W. Burdett
M. O. Depot



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station.....*St. John's*.....

Date.....*June 12/19*.....

- | | | | |
|-------------------|---------------------------|-------------------------------|--------------------|
| 1. Unit | <i>Royal Newfoundland</i> | 5. Age last birthday | <i>22.</i> |
| 2. Regimental No. | <i>4905.</i> | 6. Enlisted on | <i>May 1918.</i> |
| 3. Rank | <i>Pte.</i> | at | <i>St. John's.</i> |
| 4. Name | <i>Roberts J.</i> | 7. Former trade or occupation | <i>Fisherman.</i> |
| 8. Disability | | <i>Contusion foot R.</i> | |

9. History

In Nov. 1918 Man jumped on R. Foot. Swelled & very painful. Was sent to Hp. for 15 days. Returned to base. No history of fracture.

10. What is his present condition?

Fairly well ~~nothing abnormal in chest. R. Foot nothing abnormal to~~
be seen or felt. Patient complains
little pain on walking.

Department of Medicine

Medical Department

Medical Report on the

11. Was sanatorium advised and refused? **No.**
operation

12. Do you recommend discharge as permanently unfit? **Yes.**

STATEMENT OF THE

Signature S.G. KEAN, CAPT.

Rank or Qualification

Remarks if any by Officer in Charge Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **May** be considered as aggravated by due to
- (a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

R. Foot swollen over last Metatarsal. Complains of tenderness & pain.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **10%.**
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.)

Remarks if any:—

10% 6 Months.

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

N. S. FRASER
President

Signatures **J. S. TAIT**

L. PATTERSON, MAJOR

Place **ST. JOHN'S**

Date **JUNE 12/1919**

APPROVED

Station

Date



(SGD) CLUNY MACPHERSON, MAJOR
Administrative Medical Officer.

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 *Justin Roberts*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *4905*
 Intended address *Fortune, Hr. N.D.B.*
 Height on discharge *5* Feet *10*
 Color of hair on discharge *Dark*
 Complexion *Fair*
 Color of eyes *Brown*
 Descriptive Marks _____
 Figure on discharge *Tall*
 Christian name of Father *Thomas*
 Christian name of Mother *Bridget*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____
 Place and date of soldier's birth *Fortune, Hr. 12th June 1897*
 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)

Justin Roberts

Rte.
(Rank)

Station **ST. JOHN'S.**

Date

11/6/19

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

Station

Date



Casualty Form - Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pte. Surname Roberts Christian Name John

Religion R.C. Age on Enlistment 21 years 10 months

Enlisted (a) 25/1/18 Terms of Service (a) DURATION Service reckons from (a) 25/1/18

Date of promotion to present rank 25/1/18 Date of appointment to lance rank 25/1/18

Extended () Re-engaged () Qualification (b) 10.11.1918
or Corps Trade and Rate Private

Occupation Fireman Signature of Officer [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked	26 OCT 1918		
		Disembarked	3 NOV 1918		
		Joined Battalion	3 NOV 1918		
	<u>Admission</u>	<u>Ad. 1st Bn.</u>	<u>Winnipeg</u>	<u>14/11/18</u>	<u>B.213</u>
	<u>14th Gen. Hosp.</u>	<u>Ad. 1st Bn.</u>	<u>Houma</u>	<u>24/11/18</u>	<u>Ad. 22071</u>
	<u>3rd Bn.</u>	<u>Arrived</u>	<u>Houma</u>	<u>27-11-18</u>	<u>Roll</u>
<u>3.11.18</u>	<u>do.</u>	<u>2nd 11. St. Hosp.</u>	<u>do.</u>	<u>28.12.18</u>	<u>Roll</u>
<u>13.1.19</u>	<u>do.</u>	<u>Adm. 11. S. 26. Infli.</u>	<u>do.</u>	<u>27.12.18</u>	<u>Ad. 22256</u>
<u>15.1.19</u>	<u>Ad. 20. 2nd Bn.</u>	<u>Rejoined</u>	<u>do.</u>	<u>12.1.19</u>	<u>Roll</u>
		<u>Orskany's Hosp.</u>		<u>2.13.19</u>	<u>1/2/19</u>
	<u>Shannon</u>				

Jm1

6 G. H. 11/1/19

5-5-19 wks 11/1/19

next of kin father, Thomas Roberts, Port Hope, Ont. Ad. 1st Bn.

(a) In the case of a man who has re-engaged, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered. (b) Signaller, Shoeing-Smith &c (1918). W. W. 1887. P. 112. 200,000. G. I. & S. For. S. 1918. (1918).

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 Cavalry* 7. Former Trade or Occupation } *Fisherman*
2. Regt. No. *2900* 3. Rank, *1st Lt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Roberts* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regt. Nos.
5. Age last birthday, *22*
6. Posted for duty on *May 6/18* at *St. Johns*
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. 178 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
- (ii.) Previous active service
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

no complaint 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 ?

no

no

no

no

Repatration

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.

W. Procunier Capt R.A.M.C.

Station *Hampley D. Camp*

Date *28.5.19*

Medical Officer in charge of case.

* 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.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages :-100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

(b) In what other grade do the Board place him?

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require :-

- (a) An attendant for his journey home?
 (b) Transport from railway station to his home?
 (c) The constant attendance of another person in his own home?

Signatures :-

Station

Date

Harley D. Camp
18-5-19

{ President or
Chairman.

{ Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station

Date

Officer in charge, Central Hospital.

{ Only applicable
in cases of
Patients in
Hospitals.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

Date

O.C. Discharge Centre.

July 21, 1919

#4905 Pte. Justin Roberts,

Fortune Harbor, N.D.B.

Dear Sir:-

Referring to your application I enclose cheque for
seventy dollars (\$70.00), being amount of first payment due
you on account of the war service gratuity.

Yours truly,

Captain & Paymaster.

Whether in Field or Overseas..... *thirteen months*

... *and given by fine deep* *1 1/2*

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... *Justin* 2. Surname... *Roberts*
3. Rank... *Pte* 4. Regtl. No... *4905*
5. Address in full to which future payments of gratuity are to be forwarded... *Fortune Harbor N.S.B.*
6. Date of enlistment in the Regiment... *May 6/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *Not applicable*
8. Relationship of such dependents... *Do*
9. Address in full of such dependents... *Do*
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 and twenty five days* 13

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *not applicable*

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.....

..... *\$ 34.47 Clothing Etc*

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 1/19* (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..... *France and Belgium*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *no*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *J Robert*
 Place of Residence: *Lordene Harbor N.S.B.*
 Declared before me at: *St John's*
 This *17th* day of *June* 19*49*.....

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

POST DISCHARGE PAY.					
Date paid	Waid	Waid	War Service		Net amount
	Soldier	Dependence	Gratuity.		due
.....
.....
.....
Certified correct.					Paymaster

POST DISCHARGE PAY.
 Date paid
 Waid
 Waid
 War Service
 Gratuity.
 Net amount due

POST DISCHARGE PAY.
 Date paid
 Waid
 Waid
 War Service
 Gratuity.
 Net amount due

POST DISCHARGE PAY.
 Date paid
 Waid
 Waid
 War Service
 Gratuity.
 Net amount due

Fortune Harbor
N. S. Bay.
April 19th 1921

J. W. Howley
St. John's.

Dear Sir:—

I want you
to let me know, if you sent me a
"War Service Badge". I never received
one. My No. is 4905.

O.K. Please
send Badge.

Yours etc.
— Justin Roberts.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
59.

Number of Sheets 6

Regiment of Royal New Jersey Lancers

Signature of O. C. Company J. James

Regimental Number and Name		Enlistment		Trade
No.	<u>4905 Roberts J.</u>	Age on	21 years	<u>Johnston</u>
Joined	Date	Place and Date of Enlistment		Religion
Joined	Date	<u>6.5.18</u>		<u>R.C</u>
Joined	Date	Period of	with Colours	Place of Birth
Joined	Date		with Reserve		7 1/2 years.
			<u>3 1/2</u> years.	<u>Johnston</u>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Halifax N.S.</u>	<u>21-6-18</u>	<u>Pte.</u>		<u>Absent from 9 A.M. Parade to 5 P.M. Parade, 2 days. S.B.</u>			<u>22-6-18</u>	<u>Capt. James</u>	<u>J.P.</u>
				<u>Demobilized John's 15 7/19</u>					

To be carried over

24905
Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1495 Rank 1st Lt Name Robert J. ...
 Date of Enlistment 6.5.18 Address Fisher's Hall District Twilight
 Occupation Fisherman Classification for Discharge B Medical Category SE
 Recommendation S.M.B. Permanently unfit Disability Rating 10906 700
 Passed to Demobilization Officer with following documents:—

N.F. F36	B 208	B 121	N.F. Med	D.F. 1
B 178	W 3404	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	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 16.6.19 P.O. C. Discharge Depot. Wms. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date 16.6.19 Wms. H.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable Also
- (b) Clothing Supplied Ameltonston

Date 17-6-19 O/jc. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 11.1842 to his home at Fortune Ave and Release Certificate No. 2885 issued.

Date 17-6-19

J.A. Smith
Demobilization Officer

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 17-6-19

Depot Paymaster

Discharge approved for

Forwarded with following documents to O. C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.P. 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
B179c	B 120	M 85		

2 Form B

Date 17-6-19

J.A. Smith
O. C. Discharge Depot.

O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents:-

Eligible for War Service Gratuity

Date JUL 1 1919

R.H. Sait
O. C. Discharge Depot.

O. C. Discharge Depot.

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

Date July 11/1919

J. McKeath
George Records

