



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5643 Name Leslie Rolf Corps C of C

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Leslie Rolf.</u> |
| 2. What is your full Address? | 2. <u>Silt Cove</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>miner</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, Leslie Rolf 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.

Leslie Rolf SIGNATURE OF RECRUIT.

Pte. P. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Leslie Rolf 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.

Asdicks Ricout Signature of Attesting Officer

†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..... } Approving Officer.
Place..... }

† 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).....

Reg. No. 5643 Rank *Pvt* Name *Rolf, Jessie F. boy*

Attested 10-6-18 Address *Green Bay*

Allotment 50 Allottee *George Rolf (Father)*

Date of Allotment 1-8-18 Returned from Overseas

Embarked for Overseas *JUL 22 1918* Cause

156/8, 1st Inc. 2nd Inc or 11-7-18 3rd Inc or 20-7-18
23-6-18 to 3-7-18 R.L. 5-7-18
Vacc 11-6-18

C.R. 5643

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

The discharge of the undernoted on demobilization has been
APPROVED ^{by} _h O.C. Discharge Depot iwth effect from 26-7-19.

5643 Pts. L.Rolf.

C.R. 5643

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

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

5643, Pte. Leslie Rolf.

C.R. 5643

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

5643 Pte. L. Ralph.

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

C.R. 5643

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

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

#5643 Pte. Leslie Rolph.

C.R. 5643

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

5643, Pte. L. Rolf.

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

L. G. Cole

C.R. 5643

~~1190~~

No. 7666/1503

FD 09960
N.F.P. 170.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment
WINCHESTER

29th May 1919

May 21st 1919.

5643 Pte. L. Rolf

Receipt hereunder.

With reference to the follow-
ing telegram from the Minister of
Militia / /19 (102):

A. J. Barton LIEUT. COLONEL,
Officer Comdg. 2nd Batt. in
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to- 5643 L. Rolf
£3. 0. 0.

R. N. R.
Received the sum of Three pounds
_____ in respect of
telegraphic remittance from the
Minister of Militia.

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

A. A. Minnie May
Chief Paymaster & O. i/c Records.

L. Rolf
No. 5643 Rank Private
Witness: *M. Hackett*

Rolf, L

5643

Ray Leph.

August 14, 1919

#5643 Pte. Leslie Kolf,
Bell Island, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3696.

Yours truly,

Captain & Paymaster.

August 16, 1919

Mr. Leslie Ralph,
Well Island, C.B.

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being amount of first payment due you on account of War Service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *L* 2. Surname..... *Ralph*
3. Rank..... *Pte* 4. Regtl. No..... *5643*
5. Address in full to which future payments of gratuity are to be forwarded..... *Bell Island CB*
6. Date of enlistment in the Regiment..... *June 8/1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no*
8. Relationship of such dependents..... *_____*
9. Address in full of such dependents..... *_____*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *_____*
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Three months*
..... 1. ²

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

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

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.

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

15. Have you been issued with a War Service Badge?

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

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

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

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

19. Are you now serving in the Regt.? If not give: (a) Date of discharge. *July 26/19* (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: *Leslie Peoff*
 Place of Residence: *Bell Island CB*
 Declared before me at: *St Johns*
 This 17 day of *July* 191*9*.....

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

| POST DISCHARGE PAY. | | | | | |
|---------------------|---------------|-----------------|-----------------------|-------|-----------------|
| Date paid | Paid Soldier. | Paid Dependent. | War Service Gratuity. | | Net amount due |
| | | | | | |
| | | | | | |
| | | | | | |
| Certified correct. | | | | | By <i>.....</i> |



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 56 Sent by Rg Rec'd by _____ Check _____ No. 14

Place from _____

To Bell Isld 16

Minister Militia



please cable 5.643

ple Leslie Rolf hazley

Camp three pounds

Call money order

office for amount

Leslie Rolf

June 11, 1919

Mr. George Rolf,
Bell Island,
C.B.

Dear Sir:

With reference to your letter
of May 16th. I beg to advise you that I have
cabled £3, to 5643, Pte. Leslie Rolf.

Yours truly,

Lieut.
For Paymaster

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5643 Rank Pte Name Rolf L.
 Intended place of residence Belle Isle

2. Occupation Miner
 Classification of soldier E Medical Category A 1

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 19 1919

[Signature]
Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 12 1919

[Signature]
Signature of soldier

[Signature]
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 12 1919

[Signature]
Signature of soldier

[Signature]
Signature of witness

STATEMENT OF SERVICE

| | |
|--|-------------------------|
| 7. Enlisted for service. <u>10-6-18</u> | No. of days on Military |
| Discharged from service. <u>JUL 26 1919</u> Plus 14 days | Service. <u>426</u> |

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 JUL 26 1919

[Signature]
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 9/1919

[Signature]
Officer in Charge
The Royal Newfoundland Regiment

Aug 13 207 915696

21
31
9
6

The Royal Newfoundland Regiment

Class for Demobilization: 16

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 11/19

Regimental No. 5643

Name Rolf Leslie

Address Bell Island

Present Medical Category A1

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

Members of Board {

O.C. Discharge Depot.

Paterson
Senior Medical Officer

Fewberde
M.O. Depot.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5015 Rank Plt Name Loth
 Date of Enlistment 10.6.18 Address Bell Bus District St John's
 Occupation Postman Classification for Discharge Eg Medical Category 1.H.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 11-7-19 O. C. Discharge Depot. _____

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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 AMG

Date 12-7-19 O i/c. Re-clothing. _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.2374 to his home at Putt 9. Sled and Release Certificate No. 3530 issued.

Date 12-7-19 *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 9-8-19

Date 12-7-19 *J.A. Knowlton*
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | |
|-----------|--------|--------|------------|---------|
| N.F. P 36 | B 268 | B 121 | N.F. Med. | D.F. 1. |
| B 178 | W 3494 | B 122 | Board 1st. | " 2. |
| B 178a | D 400A | B 1915 | do 2nd. | " 3. |
| B 179 | D 400B | Form L | do 3rd. | " 4. |
| B 179a | D 400C | Form K | do 4th. | " 5. |
| B 179b | B 103 | ME 2 | | " 6. |
| B 179c | B 120 | M 93 | | |

2 Form B

Date 12-7-19 *J.A. Knowlton*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Eligible for War Service Gratuity

JUL 26 1919

Date *K.R. Cooper Cabot*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume ~~former~~ Occupation.

Leslie Rolf

Signature of Man.

Reg. No. 5643

J. A. Snowcroft

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

12-7-18

191

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

MEDICAL HISTORY

OF

Surname Reid

Christian Name Leslie

Table I.—GENERAL TABLE.

Birthplace:—Parish Gilt Cove

County Newfoundland

| | SPECIAL RESERVE | | REGULAR ARMY | | | |
|---|--|-----------------|--------------|------------------|--------|-----|
| | on | at | on | at | | |
| Examined | 10 day of June 1917 | St. John's | day of | 191 | | |
| Declared Age | 21 years | days | years | days | | |
| Trade or Occupation | Fisherman | | | | | |
| Height | 5 feet 8 | inches | feet | inches | | |
| Weight | 133 lbs. | | | lbs. | | |
| Chest Measurement | Girth when fully expanded | 3 inches | | inches | | |
| | Range of Expansion | 3 inches | | inches | | |
| Physical Development | | | | | | |
| Vaccination Marks | Right | Left | Right | Left | | |
| | Arm | | | | | |
| | Number | | | | | |
| When Vaccinated | | | | | | |
| Vision | R.E.—V= | Total Blind | 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) | | | |
| Approved by (Signature) | Lamm Peterson | | | | | |
| (Rank) | Major | | | Medical Officer. | | |
| Enlisted | at | St. John's | at | | | |
| | on | day of | 191 | on | day of | 191 |
| Joined on Enlistment | Corps. | | Corps | | | |
| | Regtl. No. | Royal Nfld 5643 | Regtl. No. | | | |
| Transferred to | Regiment | | | | | |
| Became non-effective by | on | day of | 191 | on | day of | 191 |
| | (Signature) | | | | | |
| (Rank) | | | | | | |



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the Office 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 *Leslie Rolf*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5643*

Intended address *Bell Island*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *George*

Christian name of Mother *Ann's*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *West Cove, 1st Sept. 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) *Leslie Rolf*

J.W.
(Rank)

Station *ST. JOHN'S.*

Date *8-7-19*

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



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

Station

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps... *Royal Newfound Land* } Former Trade or Occupation } *Fireman*
2. Regtl. No. *5643* 3. Rank... *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name... *Ralph Joshi* } (a) Former Regts. or Corps ;
 (Surname) (Christian Names) } with Regtl. Nos.
5. Age last birthday. *21*
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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service.. .. . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the } man's part. } | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 14 (a). If not due to any of these causes, to what }
specific condition do you attribute it ? }

*no complaint of no
reversibility*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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.

Profatuation

W.E. Procmier . Capt R.R. Lane
Medical Officer in charge of case.

Station *Mazeley Down*

Date *2/4/19*

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

Budy forwarded
May 31st/21

Saturday

May 14th 1921

~~W.R.~~
W.R.

Dear Sir

I am sending you
a few lines just to find
out the reason why I
didnt received any service
badges. I have been in
connection with some of our
boys at hear and they ask
me why I didnt receive any
badges and I told them I
didnt see as I thought I
could write and find out

Yours truly

5643 Leslie Ralph (Rolph)

77 Henry Street

Wetley Pier

Sydney N.S.W.

Enlisted 10-6-18
Overseas 22-7-18
Red 1-7-19
Wound 9-8-19

to
Active
Service E

1101

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 20 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to

Leslie Rolf

in respect of his service, as No. 5643 Rank Pte.

Name L. ROLF ~~Royal Nfld. Regt.~~
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received 205

Signature Leslie Rolf.

Date April 13th 1922

Address 134 Henry St. Whitney, Que. P.S.

[P.T.O.]

The Royal Newfoundland Regiment

D. 1643

DEMOBILIZATION OF

Reg. No. 1643 Rank Pls Name Will L.
 Date of Enlistment 10-6-18 Address Bell St. District St. John's
 Occupation Tradesman Classification for Discharge E Medical Category 1A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

| | | | | |
|---------------|-------------|-------------|----------------|-------------|
| N.F. P36..... | B 268..... | B 121..... | N.F. Med..... | D.F. 1..... |
| B 178..... | W 3494..... | B 122..... | Board 1st..... | " 2..... |
| B 178a..... | D 400A..... | B 1915..... | do 2nd..... | " 3..... |
| B 179..... | D 400B..... | Form L..... | do 3rd..... | " 4..... |
| B 179a..... | D 400C..... | Form K..... | do 4th..... | " 5..... |
| B 179b..... | B 103..... | ME 2..... | | " 6..... |
| B 179c..... | B 120..... | M 93..... | | |

Date 11-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer, for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$6000
- (b) ~~Clothing~~ Supplied [Signature]

Date 12-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2374 to his home at Bull 95ed and Release Certificate No. 3550 issued.

Date 12-7-19 *J. H. Howland*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 9-8-19

Date 12-7-19 *J. H. Howland*
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | |
|-----------|--------|--------|-----------|--------|
| N.F. P 36 | B 268 | B 121 | N.F. Med. | D.F. 1 |
| F 178 | W 3494 | B 122 | Board 1st | " 2 |
| B 178a | D 400A | B 1915 | do 2nd | " 3 |
| B 179 | D 400B | Form L | do 3rd | " 4 |
| B 179a | D 400C | Form K | do 4th | " 5 |
| B 179b | B 103 | ME 2 | | " 6 |
| B 179c | B 120 | M 93 | | |

Date 12-7-19 *J. H. Howland*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents. **Eligible for War Service Gratuity**

Date JUL 26 1919 *L. R. Cooper Capt.*
O. C. Discharge Depot.

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

Date Aug 7/19 *[Signature]*

Reg. No. *N 43* Rank *Plt.* Name *Rolf Leslie*
Attested Address *21st Coab.*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

12 21 19
21 7 19
PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

- 1. Unit and Corps. Royal Newfoundland } Former Trade or Occupation } Fisherman
- 2. Regtl. No. 5643 3. Rank. plto 7a. If the soldier claims previous service in Army, he should state—
- 4. Name Roy Healee (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
- 5. Age last birthday... 21.....
- 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?
- 9. If a Court of Inquiry was held on an injury state:—
 - (a) When (b) Date of Discharge;
 - (b) Where (c) Cause of Discharge.
 - (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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.)

He 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?

Repatriation

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.E. Proenier, Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hazleytown*

Date *2/11/19*

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

TILT COVE STORES

C.R. 5643

Tilt Cove, Newfoundland.

March 9th., 1922.

Hon. W. B. Jennings M.H.A.
Saint John's, Nfld.

Dear Mr Jennings:-

Your letter dated 27th., Feb., received yesterday, asking for information of some of the Boys who enlisted from this.

Pte Leslie Rolfe #5643, present address: c/o Geo Rolfe (Father) Bell Island Mine, C. Bay. Wm Wells #5680 c/o Simon Wells (Father) Springdale. Laurence Mitchell #5658 Beaver Cove, c/o Eli Mitchell Snr (Father) Tilt Cove. Charles Thomas #5681. I am not sure about but I am making enquiries and will let you know.

Any information you require of me on any point any time, I am only to pleased to do my best.

Yours Sincerely.

Im Jackson

3 Copies

Mr Leslie Roof
134 Henry Street
Witney Pier
Sydney
N.S.

March 15th 1922

C.R. 5643

Dear Sir

in looking over
the Newfoundland paper I
noticed where the Militia Dept
were trying to find
out the whereabouts of so
many men and a notice
to find my own name
also and I thought I
would write and let you
know where I am at
present

Yours Sincerely
Mr Leslie Roof
134 Henry Street
Witney Pier
Sydney
N.S.



C.R.

Department of Public Works

ST. JOHN'S

March 22nd
1922

Sir - Col. Rendell
Dear Sir

I write to you Jackman for information re. your ad. in connection with returned men belonging to the Case & D. Bay. The enclosed letter from Mr. Jackman is the result of the information of any benefit to you in tracing these men & shall be only too pleased

Yours truly
W. J. [Signature]

March 25th 22

Hon. W.B. Jennings,
Minister of Public Works.

Dear Sir:-

I beg to acknowledge with thanks receipt
of your letter of 22nd instant, forwarding letter from
Mr. J.W. Jackman which contains information re addresses
of certain ex-members of the Royal Newfoundland Regiment.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer