



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5579 Name Clarence Rose Corps CofE

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Clarence Rose
2. What is your full Address? 2. Barbours Preston
Fortune Bay
3. Are you a British Subject? 3. yes
4. What is your age? 4. 19 Years Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? .. 9. yes
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. yes

I, Clarence Rose 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.

Clarence Rose SIGNATURE OF RECRUIT.
J. W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Clarence Rose 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 Johns on this 1 day of June 1915
Signature of Attesting Officer W. Dicks

†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

2579

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

Name Clarence Rose
 Apparent age 19 years 0 months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 2 1/4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Eli Rose Harbor Breton
Fortune Bay | Relationship Father

Particulars as to Marriage

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

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>11-6-18</u>									
Joined at <u>St John's</u> on <u>January 1918</u>									
<u>Discharged August 11/1919</u>									
<u>Embarked St John's N.S. to Halifax N.S. 22-7-18</u>									
<u>to Hqs for demobilization 24-6-19</u>									
<u>Arrives Newfoundland 1-7-1919</u>									
<u>Demobilization St John's 11-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-8-1919</u> (date of discharge) <u>1</u> years <u>72</u> days									
Pensions " " " " " " " " " " " "									

C.R. 5579

Extract from Daily Orders Part II Royal ~~Newfoundland~~ Newfoundland Regt.
Depot St. John's dated Aug. 21st 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date 14-8-19.

5579, Pte. Clarence Rose.

C.R. 5579

Extract from Daily orders Part II Royal Newfoundland Regiment
Dated July 19th 1919. Depot St. John's .

The discharge ~~of~~ the undernoted on demobilization has been
APPROVED BY O.C. Discharge Depot with effect from following
date

28-7-19.

5579, Pte. C. Rose.

C.R. 5579

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

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

#5579 Pte. Clarence Rose.

C.R. 5549

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 31st 1919.

5579 Pte. C. Rose

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

C.R. 5579

Extract from Daily Orders part 11, from Unit bThe Royal Nfld.
Regt. St. John's, dated June 5th, 1918.

#5579 Pte. C. Rose.

Attested for General Service with the Royal Nfld. Regt.
from 1.6.18

C. Rose

C.R. 5579

~~P. 10~~



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Blarence Rose, Regl. No. 5579

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

Allotment begins August 1st /18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4727	Mother	Mrs Eli Rose	H ^c Breton 7. 12	60
Total Allotment, \$				60 ^c

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

(Sig.) H. A. James
 Officer Commanding
F Company
St. Johns
July 8th 1918

(Sig.) Blarence Rose
 (Rank) Pte

No. 21169/2404

066287

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 Wfld. Regt.

Winchester.

24 DEC 1918

20th December 1918

Dec 23 1918

Subject: 5579, Pte. C. Rose

With reference to the following telegram (11033) from the Hon. Minister of Militia, received

Receipt hereunder.

Cham Capt. LIEUT. COLONEL
Officer Commanding NEWFOUNDLAND REGT.
COMMANDING ROYAL WILFORD REGIMENT.

Pay to 5579 Rose £7:0:0

Received the sum of Seven

Draft £ 7: 0: 0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

Sauroz on account of cable remittance from Newfoundland.

A. H. Maxwell Capt.
Chief Paymaster & O. i/c Records.

C. Rose

No. 5579 Rank Private

Witness I R Heuneberg

B

No. 3037/452.

PROV. NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records, No. 1 Officer Commanding.
Newfoundland Contingent, 2nd/Bn. Ryl Nfld Regt.
Pay & Record Office.
58, Victoria Street
London, S.W. 1.
Winchester.

21st February 1919

5579. Pte Rose. C. B

With reference to the following telegram from the Minister of Militia / / (38)

"Pay to-5579. Rose.

£7.0.0.

Cheque £7.0.0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

W. J. ...
Chief Paymaster & O. i/c Records.

1111

20/2/19

M.F.P./79.

February 21st 1919

Receipt hereunder.

Cham

Officer Commanding 2nd Bn. ROYAL NEWFOUNDLAND REGT.
LIEUT. COLONEL.

Received the sum of Seven pounds

in respect of
telegraphic remittance from the Minister of Militia.

L. Rose

No. 1579 Rank Private

Witness M. Rockett

3037/452.

2nd/Bn. Ryl Nfld Regt.

Winchester.

21st February 9

5579. Pte Rose. C.

38

5579. Rose.

£7.0.0.

7.0.0.

Rose, b

5579

Hay sept

August 14, 1919

#5579 Pte. Clarence Ross,
Harbor Breton.

Dear Sir:-

Please find enclosed Discharge Certificate #3741.

Yours truly.

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5579 Rank Pte Name Rose R.
 Intended place of residence St. John's
 2. Occupation Insular
 Classification of soldier 2 Medical Category A1

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 14 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 14 1919
 Signature of soldier
 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 14 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-6-18 No. of days on Military
 Discharged from service 28. 7. 19 Plus 14 days Service 437

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 28 1919
 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 11/1919
 Office in Records
 The Royal Newfoundland Regiment

207913941

20
31
11
92

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5579 Rank Plt Name Rose C
 Date of Enlistment 1-6-18 Address St. Bonifacio District Fortune
 Occupation Handyman Classification for Discharge E1 Medical Category H1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1.
B 178	W 3494	B 122	Board 1st.	" 2.
B 178a	D 400A	B 1915	do 2nd.	" 3.
B 179	D 400B	Form L.	do 3rd.	" 4.
B 179a	D 400C	Form K.	do 4th.	" 5.
B 179b	B 103	ME 2		" 6.
B 179c	B 120	M 93		

Date 12-7-19 O. C. Discharge Depot. Wms H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am to 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

(b) Clothing Supplied

Date 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. A2392 to his home
 at H. Britton and Release Certificate No. 2575 issued

Date 14-7-19

Arthur Louster
 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 11-5-19

Date 14-7-19

Arthur Louster
 Depot Paymaster.

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	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		

2 Fam. B

Arthur Louster
 Demobilization Officer.

Date 14-7-19

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 28 1919

A.R. Lodge 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.

L. Rose

Signature of Man.

M. Bloustein

Reg. No. 5478

Signature of the Vocational Officer or his Representative.

ST. JOHN'S

Place

Date

14-7-19.

191

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 12/19

Regimental No. *5578*

Name

Rose Clarence

Address

St. Breton

Present Medical Category

A-1

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

N.R. Cooper Capt.
O.C. Discharge Depot.

L. Paterson
Senior Medical Officer

Geo. Burden
M.O. Depot

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

MEDICAL HISTORY

Surname Rose OF Christian Name Lawrence

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Austin. County Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1 st	June	1918	191
Declared Age	19	years		days
Trade or Occupation	Fisherman.			
Height	5	feet 4 ^{1/2} .		inches
Weight		120.		lbs.
Chest Measurement	Girth when fully expanded		34	inches
	Range of Expansion		2 ^{1/2} .	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V	6/6	L.E.—V	6/6
	L.E.—V			
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. J. Peterson</u>			
(Rank)	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	1 st day of June	1918	on
Joined on Enlistment	Corps.	Royal Nfld. Regiment.	Regtl. No.	5579.
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				

Nfld

al or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Discharged to duty.

C. S. Mivian

CAPT., P. A. M. C.

[P.T.O.]



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 *Clarence Rose*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5579.*

Intended address *St Breton St B.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Ell*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St Breton; 17 Feb. 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) *Clarence Rose*

Pl.
(Rank)

Station *St John*

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.



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 Hussars* 7. Former Trade or Occupation } *Frederman*
2. Regtl. No... *5579* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Rose* *Clarence* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... *19*.....
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 n (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? }

The complaint of no disability

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.

Reposition

W. E. Proemier Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Wazley, D. A. W. S.*

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

August 16, 1919

Mr. Clarence Rose,
Harbor Bretan.

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..... *C* 2. Surname..... *Rose*
3. Rank..... *Pvt* 4. Regtl. No..... *4579*
5. Address in full to which future payments of gratuity are to be forwarded..... *Harbor Rowton*
-
6. Date of enlistment in the Regiment..... *May 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
- *his*
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 field, if so, give dates and particulars of such service..... *Overseas*
-
12. Give total length of time which you served on active service, whether in field or Overseas..... *Fourteen months*
- 1. *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 R.A.S.? ^{no} If not give:- (a) Date of discharge July 28/19 (b) Reason for discharge Remob

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: *L. Rose*

Place of Residence: *Harbor Beach*

Declared before me at: *St John's*

This *14* day of *July* 19*17*.....

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

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

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰/₁₀₀

July 21 1919

Received from the First Newfoundland Regiment

the sum of Twenty
on account of Pay. W. S. G.
balance of Pay. W. S. G. Dollars.

l. rose

Ch. No. 3558	Initials. H. C.
Pay Ledger 288	Initials. W. S. G.
Gen. Ledger.....	Initials.....

Regtl. No. Rank

No. 5579

Rank P6

Name Rose E

PM

5579 Rose

Please make one pay to S. L. G.

2/17/19

[Signature]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

C. S. Dicks/ins

Regimental Number and Name		Enlistment		Trade	
No.	<i>Rose Florence</i>	Age on	19 years	months	<i>Fireman</i>
Joined	Date	Place and Date of Enlistment	<i>St Johns 1-6-18</i>		
Joined	Date	Period of	with Colours	17 years	Place of Birth
Joined	Date		with Reserve	3 1/2 years	<i>St Breton</i>

Good Conduct Badges, Service pay or proficiency pay

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
<i>Hazel & Camp</i>	<i>2/3-19</i>	<i>PLC</i>		<i>Inattention to duty. no scrubbing his uniform</i>	<i>Cpl Lyons</i>	<i>5 days CB.</i>	<i>22/3-19</i>	<i>Capt M. L. O'Byrne</i>	<i>MHO</i>
				<i>Demobilized St Johns 11/4-19</i>					

To be carried over.

Army Form B. 121.

Receipt of the same should be acknowledged hereon.

Received December 27th

Signature Fredrick Snow

Date March 27th

Address Round Harbor N. D. Bay.

[P.T.O.]

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 H. Rifles* Former Trade or Occupation } *Fusilier*
2. Regtl. No. *5279* 3. Rank... *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name... *R. S. B.* *Clarence* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *19*
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 } ✓
 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.)

No complaint of no measability

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 ?

Retraction

20. Do you recommend—
- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?
- Note—(b) is only applicable to soldiers invaded at Foreign Stations.

W.S. Proenier - Capt. R.A.M.C.
 Medical Officer in charge of case.

Station *Hazelton*

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.

A.M. 79

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5379 Rank Plt Name George C. Rose
 Date of Enlistment 1-6-18 Address St. Boniface District Fortyfour
 Occupation Submarine Classification for Discharge F1 Medical Category III
 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 1-2-2-19

[Signature]
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am George C. Rose 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 None

Date 14-7-19

O i/c. Re-clothing.

3: Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. A2392 to his home at H. S. Britton and Release Certificate No. 3575 issued.

Date 14-7-19 Mike Houston
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 11-5-19

Date 14-7-19 H. S. Britton
Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	1
E 178	W 3494	B 122	Board 1st.	" 2	1
B 178a	D 400A	B 1915	do 2nd.	" 3	2 Form B
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 14-7-19 Mike Houston
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

Date JUL 28 1919 N. R. Coope Capt.
O. C. Discharge Depot.

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

Date Aug 7 1919 [Signature]

Reg. No. *1179* Rank Plc. Name *Roscoe C.*

Attested Address. *St. Butler*

Allotment Allottee

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

14719
2879

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION