



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5207 Name Philip Russell Corps C of B

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

1. What is your name? ..... 1. Philip Russell
2. What is your full Address? ..... 2. East St. George's, Hants, Bay
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years ..... Months
5. What is your Trade or Calling? ..... 5. Carpenter
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, Philip Russell 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.

Philip Russell SIGNATURE OF RECRUIT.

20/2/15 J. Barber Signature of Witness.

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

I, Philip Russell 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 repeated as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Bay on this 20 day of February 1915.

Edwards Lieut 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 Bay

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

Date 20 1915 } Approving Officer.  
Place Bay

† 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

5207

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

Name Phillip Rowse  
 Apparent age 21 years 0 months Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 33 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Jonathan Rowse  
Push Street A B 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 L'epot	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>20-5-18</u>									
Joined at <u>M. S. H. S.</u> on <u>20-5-18</u>									
<u>Discharged July 29 1919</u>									
<u>Embarked S.S. Columbia to Halifax N.S. 22-7-18.</u>									
<u>Remains at Aldershot N.S. on isolation for mumps, and sailed for Spain, N.S. 29 7/18</u>									
<u>for det. arriving at Tilbury dock London 9 9/18.</u>									
<u>Notes for Winchester 10-9-18.</u>									
<u>To be repatriated for demobilization 24-6-1919. Arrives Southampton 1-7-1919</u>									
<u>Demobilization 29-7-1919</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 29-7-1919 (date of discharge) 1 years 71 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5207

Extract from Daily Orders Part II Royal Newfoundland Regiment.  
Depot St. John's dated Aug. 6th 1919.

The discharge of the undernoted on demobilisation has  
been approved by U.C. Discharge Depot from noted date  
15-7-19.

5207, Pte. P. Rowsell.

C.R. 5707

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.

#5207 Pye, Philip Rowsell.

C.R. 5207

Extract from Daily Orders Part II Royal Newfoundland Regiment  
Depot St. John's dated Aug. 22nd 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date 29-7-19.

5207, Pte. Phillip Rowsell.

C.R. 5207

Extract from Daily Orders Part II Unit The Royal Field Artillery  
St. John's, July 24th 1919.

5207 Pte. P. Rowsell.

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

C.R. 5207

**Extract from Nominal Roll of Casualties by O.C. Embarkation  
Casualty Section, No.6 District Depot, Aldershot, Canada.**

5207 Pte. Rousell, P. Reported from Aldershot 15-8-18 Overseas

27-8-18.

MM.

C.R. 5207

Extract from Daily Orders part II, from Unit The Royal Nfld.  
Regt. St. John's, dated May 21, 1918

#5207 Pte. P. Rowsell

Attested for General Service with the Royal Nfld. Regt.  
from 20.5.18 to report 24.5.18



C.R. 5207

Extract from Orders, Part II, by Lt. Col., R.J. Barton. D.S.O., commanding  
2nd Bn. Royal Newfoundland Regiment, dated 10/9/18.

The undermentioned who arrived from Newfoundland on the 9/8/18  
is taken on the Strength from that date:

(?) P. Rousell.

A. Russell

CR

5207

AKO

No 4067 A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Philip Rouseell , Regl. No. 5207

hereby agree, until further notification by me, and in similar official form to make an Allotment of 5207 Dollars and 60 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>or Persons concerned, viz :

Allotment begins July 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
H251	Father	<u>Mr. Jonathan Rouseell</u>	<u>Pine through Hermitage Bay</u>	<u>. 60</u>
				<u>60</u>
			Total Allotment, \$	

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

Sig.) J G James

Officer Commanding  
Company

John W. D.  
June 12  
8  
191

(Sig.) Philip Rouseell  
(Rank) Private

Russell, A

5207

Ray sept

ACCOU	<i>Trans for m/ses</i>	INITIALS	<i>RS</i>
CH NO	<i>107</i>	INITIALS	<i>RS</i>
IND. LEDGER	<i>R</i>	INITIALS	<i>RS</i>
PAY LEDGER	<i>M/S</i>	INITIALS	<i>RS</i>
GEN. LEDGER	<i>M/S</i>	INITIALS	<i>RS</i>

May 22nd.. 1918.

The Royal Newfoundland Regiment,

*5207* To P. Rowsell, (Recruit). *Pommes King*

May 15th. 1918 To Passage from Pussthrough to St. John's. \$7.50.

*ok*  
*J.W.P.*  
*9/1*



(As per voucher).

*J.P.B.*

CERTIFIED CORRECT.  
*Correct for \$7.50*

Recd. Payment. *May 23/18*  
*P. Rowsell*

*C.S. Duke*  
Lieut

# REID-NEWFOUNDLAND COMPANY.

PASSENGER DEPARTMENT.

Form 463

## AGENTS' CONDUCTORS' & PURSERS' RECEIPT.

Received from

*P Russell*

the sum of

*Seven*

Dollars

*Fifty*

Cents, being the amount of

*1st*

Class Fare

From

*Push through to St Johns*

And have issued him Ticket No.

Form No.

Date

*May 18*

191*8*

Agent, Conductor or Purser

*J. H. Bellway*

This form to be used when requested to give receipt for amount paid for tickets.



august 18, 1919

#5207 Pte. Philip Kowell,  
Pushthrough, H.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3768.

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5207 Rank Plt Name Russell P.  
 Intended place of residence Puttthrough  
 2. Occupation Carpenter  
 Classification of soldier E 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 21 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 21-7-19

*[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 21-7-19

*[Signature]*  
Signature of soldier  
*[Signature]*  
Signature of witness Sgt.

### STATEMENT OF SERVICE

7. Enlisted for service...	<u>20-5-18</u>	No. of days on Military
Discharged from service...	<u>15-7-19</u> Plus 14 days	Service <u>436</u>

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date 15-7-19

*[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 July 29/1919

*[Signature]*  
Officer i/c Records  
The Royal Newfoundland Regiment

62 B 2079/2758

12  
20  
29  
71



# The Royal Newfoundland Regiment

Class for Demobilization:—

*R.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 21/19*

Regimental No. *5207*

Name

*Howsell Philip*

Address

*Push through*

Present Medical Category

*A.*

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

*Peterman*  
Senior Medical Officer

*W. Borden*  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5307 Rank Pls Name Russell P  
 Date of Enlistment 20-2-18 Address Puttborough District Easton  
 Occupation Carpenter Classification for Discharge 1 Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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 21-7-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

P Russell

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £60.00  
 (b) Clothing Supplied .....

Date 21-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 2515* to his home at *Pushthorpe* and Release Certificate No. *3707* issued.

Date *21-7-19* Demobilization Officer *Adams*

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 *29-7-19*

Date *21-7-19* Depot Paymaster *Wright*

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
E 178	W 3494	B 122	Board 1st	" 2
F 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 *21-7-19* Demobilization Officer *Adams*

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *15.7.19* L. R. COOPER, CAPT. O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

Rowell J.

Signature of Man.

*G. M. Conster*

Signature of the Vocational Officer or his Representative.

Reg. No. 3207

Place

St Johns

Date

15 7 79

191



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

# MEDICAL HISTORY

Surname Rawson OF Christian Name Philip

Table I.—GENERAL TABLE.

Birthplace:—Parish Puckthrough P.B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	29	May 1918		191
Declared Age	21	years		days
Trade or Occupation	Carpenter			
Height	✓	feet	✓	inches
Weight		117 lbs.		lbs.
Chest Measurement	Girth when fully expanded		33	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamin Peterson</u>			
(Rank)	Major		Medical Officer.	
Enlisted	at	S. Johns	at	
	on	20 day of May 1918	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	Colonel 5207			
Transferred to	Nfld Regt			
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 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 *Philip Rowell*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5207*

Intended address *Cushthrough. H. B.*

Height on discharge *5 Feet 5"*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father *Jonathan*

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 *Cushthrough 18-5 = age. 22-1897*

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) *Philip Rowell*

(Rank) *Q/K*

Station **ST. JOHN'S.**

Date *July 18<sup>th</sup> 1919*

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



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

Date

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

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

1. Unit and Corps. *Royal H. Co. of Engineers* } Former Trade or Occupation } *Carpenter*
2. Regtl. No. *5207* 3. Rank. *plts.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Russell* *Phillip* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday.....
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

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

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



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

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?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

*Repatriation*

*W. S. Proctor, Capt R.A.M.C.*

Medical Officer in charge of case.

Station *Hazeley, B.S.W.*

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 19, 1919

Mr. Philip Rowseell,  
Pushthrough, H.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..... *Phaup* ..... 2. Surname..... *Romcell* .....

3. Rank..... *Pte* ..... 4. Regtl. No..... *5207* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Push through. Hermitage Bay* .....

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..... *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..... *Fourteen mo* .....

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

*No*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

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. *Aug 19* (b) Reason for discharge.

*Demob*

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: *Philip Russell*  
 Place of Residence: *Pasadena, Hermitage Bldg*  
 Declared before me at: *St John's*  
 This *21* day of *July* 19*19*....

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

POST DISCHARGE PAY.					
Date paid	Sold	Sold	War Service		Net amount
	Soldier.	Dependent.	Benefit.		due
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified correct.					Paymaster



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$70<sup>00</sup>—

Aug 8<sup>th</sup> 1919.

Received from the First Newfoundland Regiment  
the sum of Seventy — Dollars.  
on account of Pay. W. S. G.  
~~balance~~

P Rowse

Ch. No. 4580	Initials. Jw
Pay Ledger 305	Initials. Wn
Gen. Ledger.....	Initials?.....

Regtl. No. 6207

Rank Pto

No. 5207

Rank *Pte*

Name *J. Rowse*



ST. JOHN'S, July 21<sup>st</sup> /19

Royal Newfoundland Regiment.

Billeting Account,

To Mr. P. Rowell

Billeting Soldiers as undermentioned

from July 5<sup>th</sup> /19 to July 15<sup>th</sup> /19

~~5207 - Mr. P. Rowell~~

5207 - Mr. P. Rowell 10 50

ACCOUNT	5207
CH NO	2553
IND	
PAY LEDGER	
GEN LEDGER	

Certified correct for \$

10. 50

R. J

McClendon  
Billeting Officer.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet 1st

Forms  
B 121.  
39.

Regiment of Royal Newfoundland

Signature of O. C. Company A. B. Dickson  
*Lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	21 years months	<u>Carpenter</u>	
5207	<u>Russell, Philip</u>	Place and Date of Enlistment	<u>St John's 26.5.18</u>	Religion	
Joined	Date	Period of } with Colours $1\frac{1}{2}$ years. with Reserve $\frac{3}{4}$ years.		<u>C. P. C.</u>	
Joined	Date			Place of Birth	
Joined	Date			<u>Pook through, Her Bay</u>	

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>Demobilized St John's 29 7/19</u>					

To be carried over

## The Royal Newfoundland Regiment

### DEMOBILIZATION OF

Reg. No. 5507 Rank Plt Name Russell P  
 Date of Enlistment 20-5-18 Address Puttthrough District Fortuna  
 Occupation Carpenter Classification for Discharge E Medical Category A1  
 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 21-7-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

P Russell

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 [Signature]

Date 21-7-19 O i/c. Re-clothing.....

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 2513* to his home at *Puchett* and Release Certificate No. *3707* issued. *Amelonski*  
 Date *2-7-19* 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 *29-7-19*  
 Date *2-7-19* Depot Paymaster.

Discharge approved for *15-7-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *2-7-19* 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 *15.7.19* **C. R. COOPER, CAPT.**  
 O. C. Discharge Depot.

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

Date *Aug 15/19*

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 Newfoundland Coy* } Former Trade or Occupation } *Boys' Brigade*
- 2. Regtl. No. *5207* 3. Rank... *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Rowell* } (Surname) } *Philip* } (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) Where
  - (c) Opinion of Court
  - (d) Date of Discharge ;
  - (e) Cause of Discharge.
  - (f) Particulars of Pension or Gratuity (if any)

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? } ✓

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?

20. Do you recommend—

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

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

*Repatriation*

*W.S. Proemier*

*Capt. Rowe*

Station *Mazley Barr*

Medical Officer in charge of case.

Date *2/4/14*

\* 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.