



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6000 Name Frank Senior Corps Math

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Frank Senior
- 2. What is your full Address? 2. Flat Gold, P.B.
- 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, Frank Senior 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.

Frank Senior SIGNATURE OF RECRUIT.
13-8-18 Frank Senior Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Frank Senior 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 13 day of August 1918.
Signature of Attesting Officer C. B. Dickson

†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 compiled with. I accordingly approve, and appoint him to the rank of Private.
If enlisted by special authority such will be attached to the original attestation.
Date August 14 1918
Place St. John's } Approving Officer. John J. ...

† 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

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

6000

Name Frank Senior

Apparent age 19 years months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded 33 inches
Range of expansion 2 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Wilson Senior
Flat Island P 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 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>13-8-18</u>									
Joined at <u>M. J. H. S.</u> on <u>August 13-1918</u>									
<u>Discharged August 8-1919</u>									
<u>Embarked M. J. H. S. train to Halifax N.S. 22-9-18</u>									
<u>Embarked for demobilization 24-6-19</u>									
<u>Arrived to embarkation 1-7-1919</u>									
<u>Demobilization M. J. H. S. 8-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-8-1919 (date of discharge) years 361 days

" " Pensions " " " " " " " " " " " "

C.R. 6000

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated August 18th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/o Records from noted date

8-8-19.

6000, Pte. F. Senior.

C.R. 6000

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

**The discharge of the undersigned on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 26-7-19.**

6000 Pte. F. Senior.

C.R. 6000

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

6000 Pte. Senior, F.

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

Extract from Daily Orders Part II Unit The Royal Field. Regt.

C.R. 6000

Extract from Daily Orders ~~XXXXXX~~ By Major H.S.
Sullivan, Commanding Newfoundland Forestry Companies
6-12-18.

The undermentioned having reported for duty
from the 2nd Bn. Royal Wfld. Regt. is attached to the
strength, for rations, from this date and posted to
"A" Company.

6000 Pte. F. Senior.

C.R. 6000

Ex post from Nominal Roll Entitled St. John's for Overseas.
Sept. 22, 1918. "H".

6000 Pte. Senior Frank.

C.R. 6000

Extract from Daily Orders Warll Unit The Royal Wfld.
Regt. St. John's, dated August 10th, 1918.

6000 Pte. Frank Senior.

Attested for general service with the Royal Wfld. Regt.
from 13-8-18.

C.R. 6000

Draft entrenched for Overseas at St. John's, Sept. 22, 1918.
Extract from Telegram from Officer Commanding draft, Port-
au-Basque, dated Sept. 24/9/18.

Addition to draft.

6000 Pte. F. Senior.

Reg. No. 6000 Rank Pfc Name Bennett Frank F.
Attested 13-8-18 Address Flat 214 9 B.
Allotment 60 Allottee Wilson Bennett (Father)
Date of Allotment 1-9-18 Returned from Overseas.....
Embarked for Overseas 22-9-18 Cause.....

1st Rec 26-8-18

9. Leave 2-9-18. to 11-9-18.

J. Senior

C.R. 6000

J. H. O.

No. _____

97/22

N.F.P./79.

97/22/P&A NEWFOUNDLAND CONTINGENT

From:

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

To: ~~Officer Commanding
2nd Bn. Royal Newfoundland Regt.
Hazelby Down Camp,
Winchester~~

[Handwritten signature]

2nd. January, 1919

Subject: 6000.Pte.F.Senior.

With reference to the following telegram (19&20) from the Hon. Minister of Militia, received

Pay to 6000 Senior - £3:2:0

Draft £3:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

[Handwritten signature]
Chief Paymaster & O. i/c Records.

Jan 9 1919

Receipt hereunder.

[Handwritten signature]
Officer Commdg. ~~Solely~~
Royal Newfoundland Regiment

Received the sum of Three
Pounds 2/- on account of
cable remittance from Newfoundland.

Frank Senior.
No. 6000 Rank Private.

Senior, J

6000

Hay Sept.

August 8th 1919.

#6000, Pte. Senior,
Flat Isld. P.B.

Dear sir:

Enclosed please find Discharge Certificate
3593.

Yours truly,

Capt. &
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6000 Rank Pte Name Senior, J.
 Intended place of residence Flat, Islands
 2. Occupation Intermar
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of
DEMOBILIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place, ST. JOHN'S
 Date JUL 11 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 11 1919
 Signature of soldier J. Senior
 Signature of witness W. L. ...

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 11 1919
 Signature of soldier Frank Senior
 Signature of witness W. L. ...

STATEMENT OF SERVICE

7. Enlisted for service 13. 8. 18 No. of days on Military
 Discharged from service JUL 25 1919 Plus 14 days Service 361

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, 28 days from date.
 Place, ST. JOHN'S
 Date JUL 25 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 8/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

20132079/593

The Royal Newfoundland Regiment

Class for Demobilization:

76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *10.7.19*

Regimental No. *6000*

Name *Senior Frank*

Address *Flat Island P. B.*

Present Medical Category..... *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

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

P. Paterson
.....
Senior Medical Officer

S. W. Burden
.....
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6000 Rank Plt Name Senior J
 Date of Enlistment 13 8 18 Address Flat 1045 District Placentia
 Occupation Fisherman Classification for Discharge 6 Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 10 7 19O. C. Discharge Depot. 11/10/19

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Frank Senior

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. 1/60

(b) ~~Clothing~~ Supplied

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2349 to his home at Flat 95ld and Release Certificate No. 3440 issued.

Date 11-7-19

J.A. Snowball
Demobilization Officer

4. Pay and Allowances.

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

Date 11-7-19

H. M. ...
Depot Paymaster.

Discharge approved for 95-7-19

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		

2 Form B

Date 11-7-19

J.A. Snowball
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 25 1919

Date

N.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.

Frank Deniro

Signature of Man.

J. J. Snowcraft

Signature of the Vocational Officer or his Representative.

Reg. No. *6000*

Place

St Johns

Date

11-7-19

191

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

MEDICAL HISTORY

OF

Surname

Senior

Christian Name

Frank

Table I.—GENERAL TABLE

Birthplace :—Parish

Flat Island PB

County

Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined on *13* day of *Aug* 19*18* on day of 191

Declared Age at *St Johns* at

Trade or Occupation *fisherman*

Height *5* feet *6* inches feet inches

Weight *175* lbs. ll s.

Chest Measurement { Girth when fully expanded *33* inches inches

{ Range of Expansion *2-1/2* inches inches

Physical Development

Vaccination Marks {	Arm	Right	Left	Right	Left
	Number				

When Vaccinated

Vision R.E.—V= L.E.—V= R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease..... (a)

(b) Slight defects but not sufficient to cause rejection (b)

Approved by (Signature)

James Palmer

(Rank)

Major

Medical Officer

Medical Officer

Enlisted

at *St Johns*

on *13* day of *Aug* 191*8*

Corps

Regtl. No.

Joined on Enlistment.....

Royal Nfld Regt 6000 Regiment

Transferred to

Became non-effective by.....

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 *Frank Senior*

Regiment from which discharged *Royal Newfoundland*

Regimental number *6000*

Intended address *Flat Island*

Height on discharge *5 Feet 6*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Wilson*

Christian name of Mother *Hester*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Flat Island 17-7 Age 19-1900*

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) *Frank Senior*

(Rank) *Pte*

Station *ST. JOHN'S.*

Date *July 7th 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 Newfoundland* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *6000* 3. Rank. *Rt Lt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Senior* } (Surname) } *Frank* } (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? }

He complains 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.

Repatriation

W. E. Procmier. Capt R.D.M.C.
 Medical Officer in charge of case.

Station *Magdeley town*

Date *10/4/19*

* 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 18, 1919

Mr. Frandis Senior,
Flat Islands, B.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 *Thomas* 2. Surname ~~.....~~

3. Rank *Pte* 4. Regtl. No. *6000*

5. Address in full to which future payments of gratuity are to be forwarded *Flat Islands, P. B.*

6. Date of enlistment in the Regiment *Aug. 13/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents.....

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 Nfld. If so give dates and particulars of such service. *Overseas.*

12. Give total length of time which you served on active service whether in Nfld. or Overseas. *From Aug. 13/18*

July 11/19.....

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? *No.*

16. Have you, during the present war, served in the Imperial Forces. *No.*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No.*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No.*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *No.*

19. Are you now serving in the Res? *No.* If not give:- (a) date of discharge *July 11/19* (b) Reason for discharge *Unemployment*

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.

No.

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

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

Frank Senior

Signature of Applicant:

Plat. Saunders, O. S.

Place of Residence:

St. John's, Nfld.

Declared before me at:

This

11th

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. Carthy

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
.....

Certified correct.

Paymaster

A. B. Moiré Esq,
Minister of Justice Dept
St Johns

Sep 6th 1919
Flax Islands
P.B.

6691

Dear Sir:-

I am enclosing to you schedule
filled out please advise me by return mail
what time I might expect this amount
and if we are to receive an additional
amount of \$200.00 which I have heard we
are to receive I haven't received my
monthly allotment cheque for some time
please advise me if I am to receive
my share

Yours Sincerely
Frank Senior

6000 Frank Senior

Disch'd 8/7/19

allot 60[¢] per day Dual cheque

Received at date
of Discharge

October 7, 1919

Wm. Henry Senior,
Flat Islands, B.B.

Dear Sir:

With reference to your letter of
Sept. 6th. the allotment on account of your son
ceased at the date of his discharge.

Yours truly,

Lieut.
For Paymaster.

Pacencia Day

Flat Planet
Dec 22 / 1919

To Mr. Morley
Malibu Department

Dear Sir
Received \$210⁰⁰ as Three
Months Pay and cannot
understand why I did
not receive \$50⁰⁰ more
which you know is
really due me.

Please forward
me this said amount
at your earliest convenience

But as I Remain

Yours Truly
Private Frank Senior
No 6000.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6000 Rank RtE Name Senior F
 Date of Enlistment 13.8.18 Address Flat 1040 District Placentia
 Occupation Fisherman Classification for Discharge 6 Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 10.7.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Frank Senior

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable Also 00

(b) Clothing Supplied Amuldenst

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192349 to his home at Flat 78 d and Release Certificate No. 3440 issued.

Date 11-7-19

J.A. Snowcraft
Demobilization Officer

4. Pay and Allowances.

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

Date 11-7-19

Depot Paymaster.

Discharge approved for. 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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		

L. Tom B

Date 11-7-19

J.A. Snowcraft
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 25 1919

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

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

Date Aug 7/19

[Signature]

CR

6000
Army Form B, 179a

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

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

- Unit and Corps. *Royal New Forest Band*
- Regtl. No. *6000*
- Rank. *plb*
- Name *Senior Frank*
(Surname) (Christian Names)
- Age last birthday. *19*
- Posted for duty on..... at.....
in category (or grade).....
- If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
- If a Court of Inquiry was held on an injury state:—
(a) When
(b) Where
(c) Opinion of Court

7. Former Trade or Occupation *Armed*

7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.

(b) Date of Discharge
(c) Cause of Discharge

(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.)

No Complaints of no disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

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

Repatriation

W. E. Prosser *Capt RAMC*

Medical Officer in charge of case.

Station *Hazley Down*

Date *10/4/19*

* 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