



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5941 Name John Shea Corps R.C.L.

Questions to be put to the Recruit before Enlistment

- | | |
|--|---------------------------------|
| 1. What is your name? | 1. <u>John Shea</u> |
| 2. What is your full Address? | 2. <u>Bar-Haven, P.B.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>32</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, John Shea 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.

John Shea SIGNATURE OF RECRUIT.

H. D. Dowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Shea 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 St. John on this 8 day of August 1915.

Signature of Attesting Officer C. Dicks Lieut.

†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 1915
Place } Approving Officer. W. H. H.

† 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)

C.R. 5941

Extract from Daily Orders ~~sent~~ By Major M.S. Sullivan, Commanding 2nd Bn. Royal Nfld. Regt. 26-11-18.

The undernoted having arrived from 2nd Bn. Royal Nfld. Regt. is attached to the strength from this date and posted to "B" Company for rations.

5941 Pte. J. Shea,

C.R. 5941

Extract from Daily Orders Part 11 Unit The Royal Bfal.

Regt. St. John's on July 16th, 1919.

**The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot 28-7-29**

5941 Pte. J. Shea.

5941

MAY 18th 1919.

Mr. Patrick Shea, Jr.,
Bar Haven,
Flaccientia Bay.

Dear Sir:

I am directed to acknowledge receipt of your letter of the 8 th inst., in which you ask that your son, #5941 Pte. John T. Shea, be sent home in time for the fishery. I may say that on the 20th of this month there is a draft of 1,240 Men leaving the other side and, as we have requested that all men who will likely engage in the fishery be given preference in this draft, it is quite probable that Pte. Shea will be one of the number. They should arrive here about May 30th or 31st.

If he is on this draft we shall again communicate with you immediately upon receipt of such information.

Yours faithfully,

C.C.B.

Captain,
Military Secretary.

Bar Haren

Placentia Bay

May ^{the} 8 1919

Mr. J. R. Bennett

Minister of Militia
St. Johns

Dear Sir:—

Please

excuse the liberty I take in
writing you

As the war is now over and
my son John is still in England
I shall be very grateful if you
could succeed in getting him
home in time to start the
fishery.

I am very sick myself and
unable to work. I have one
son who is too young to go alone
and have no one to go with him
Dear Sir if you could succeed

in getting him home soon
I shall be ever grateful.

I must close wishing you the
very best of health and hoping
to have a favourable reply
from you soon

I remain
respectfully yours

Patrick Shea jr.

John J. Shea No 5941

C.R. 5941

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

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c records from noted date 11-8-19.

5941, Pte. John Shea.

C.R. 5941

Extract from Daily Orders Royal Artillery Unit The Royal Field.
Regt. St. John's, July 5th, 1919.

5941 Pte. J. Shea.

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

C.R. 5941

Extract from Nominal Roll Entitled St. John's War Veterans,
Sept. 25, 1918. "1".

5941 Pte. Shea John.

C.R. 5941

Extract from Daily Orders Part 11 Unit The Royal Hfss.
Regt. St. John's, dated August 17th, 1918.

5941 Pte. J. Shea.

Granted leave from 17-8-18 to 26-8-18.

C.R. 5941

Extract from Daily Orders Part 11 from Unit The Royal
Nfld. Regt. St. John's, dated August 9, 1918.

#5941, Pte. John Shea.

Attested for General Service with The Royal Nfld. Regt.
from 8/8/1918.

J. Shea

C.R.

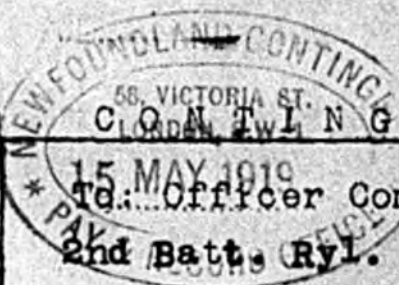
5941

~~100~~

No. 6679/1032

N.F.P./79.

From NEW FOUNDLAND



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

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

3rd May 1919

May 13th 1919

5941 Pte. J. Shea

Receipt hereunder.

With reference to the follow-
ing telegram from the Minister of
Militia / / (162.)

J. Seymour LEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to- 5941 J. Shea
£4-2-0

Received the sum of £4.2.0

Cheque £4-2-0 is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Four pounds two respect of
telegraphic remittance from the
Minister of Militia.

A. D. Munnell
Chief Paymaster & O. i/c Records.

No. 5941 Rank Pte. J. Shea
Witness Geo. Purdy

Shea J

5941

Ray Sept

August 14, 1919

#5941 Pte. John Shea,
Bar Haven, P.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3738.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5941 Rank Pte Name Shea J
 Intended place of residence Barbavon
 2. Occupation Drumman
 Classification of soldier A 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 14 1919

L. Newsitt
 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

J Shea
 Signature of soldier
W. J. Beaton, Qms
 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

John Shea
 Signature of soldier
W. J. Beaton, Qms
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 8. 8. 18 No. of days of Military
 Discharged from service 28. 7. 19 Plus 14 days Service 369

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty ¹⁴eight days from date.

Place, ST. JOHN'S

Date JUL 28 1919

L. R. Cooper Capt
 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

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

207613738

The Royal Newfoundland Regiment

Class for Demobilization:—

G

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 12/19

Regimental No.

5941

Name

Shea, J.

Address

Par Haven

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

Watson
Senior Medical Officer

W. Borden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5941 Rank Pl Name Shea J
 Date of Enlistment 8-8-19 Address Barbours District Flacomb
 Occupation Fisherman Classification for Discharge 4 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	D 400A.....	B 1915.....		do 2nd.....	" 3.....	M
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. Miss H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

John Shea

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 Shea

Date 14-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 3277 to his home at Barhaven and Release Certificate No. 192390 issued.

Date 14-7-19

[Signature]
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 11-8-19

Date 14-7-19

[Signature]
Depot Paymaster.

Discharge approved for 28-7-19

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 14-7-19

[Signature]
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

[Signature]
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.

J. Shea

Signature of Man.

M. O. ...

Reg. No. 5941

Signature of the Vocational Officer or his Representative.

ST. JOHNS.

Place

Date

14-7-19.

191

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

MEDICAL HISTORY

OF

Surname

Slea

Christian Name

John

Table I.—GENERAL TABLE

Birthplace :—Parish *Bar Haven No* County *Newfoundland.*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	<i>8 Aug 1918</i>	at	<i>191</i>
Declared Age	<i>27</i>	years		days
Trade or Occupation	<i>Yeoman</i>			
Height	<i>5</i>	feet	<i>5 1/2</i>	inches
Weight		<i>127</i>	lbs.	ll s.
Chest Measurement {	Girth when fully expanded	<i>37</i>	inches	inches
	Range of Expansion	<i>4</i>	inches	inches
Physical Development				
Vaccination Marks {	Arm	Right	Left	Right
	Number	<i>/</i>		
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	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)	<i>L. A. Peterson</i>			
(Rank)	<i>Surgeon</i> Medical Officer			
Enlisted	at	<i>St. John's</i>	at	
	on	<i>8 Aug 1918</i>	on	<i>191</i>
Joined on Enlistment	Corps	<i>Royal New</i>	Regtl. No.	<i>5941</i>
		<i>Regiment</i>		
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				

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 Regt.* Former Trade or Occupation } *Shepherd*
2. Regtl. No. *5941* 3. Rank *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Shea* *John* (a) Former Regts. or Corps ; with Regtl. Nos.
 — (Surname) (Christian Names)
5. Age last birthday *23*
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 actual 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.)

The 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 invalidated at Foreign Stations.

Repatiation

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

Station *Hazely Down*

Medical Officer in charge of case.

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.



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 *John Shea*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5941*

Intended address *Bar. Haven*

Height on discharge *5 Feet 6*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Patrick*

Christian name of Mother *Mary Ann*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Bar. Haven 24-9-age. 24-1896*

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) *John Shea*

(Rank) *Plt*

Station *St. John's*

Date *July 5th 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.

Station

Date

August 16, 1919

Mr. John Shea,
Bar Haven, P.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..... *John* 2. Surname..... *Shea*
3. Rank..... *Pte* 4. Regtl. No..... *5941*
5. Address in full to which future payments of gratuity are to be forwarded..... *Box 14000 P.B.*
-
6. Date of enlistment in the Regiment..... *Aug 8/18*
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..... *Eleven mo.*
- 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.

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. (b) Reason for discharge.

July 28/19

no

Removal

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.

-3- John Shea

Signature of Applicant:

Place of Residence: *Box Haren, P. B.*

Declared before me at: *St. Julien*

This *14* day of *July* 191*9*....

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

POST DISCHARGE PAY.				
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.				By: _____



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,



Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

1011

220166

1011

OCT 20 1921 1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

John Shea

In respect of his service as No. 5941 Rank Pte.

Name J. Shea Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature John Shea

Date Oct 30th 1921

Address Bar Haven

[P.T.O.]

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5944 Rank Plt Name Shea J
 Date of Enlistment 8-8-19 Address Barlaren District St. John's
 Occupation Postman Classification for Discharge 1 Medical Category H
 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 12-7-19O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

John Shea

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied [Signature]

Date 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192390 to his home at Barhaven and Release Certificate No. 3577 issued.

Date 14-7-19 *[Signature]*
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 11-8-19

Date 14-7-19 *[Signature]*
Depot Paymaster.

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

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

[Handwritten: 2 Form B]

Date 14-7-19 *[Signature]*
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 *[Signature]*
O. C. Discharge Depot.

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

Date Aug 7/19 *[Signature]*

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 Regt.* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5941* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Shea* *John* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *23*
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? }

Relouplains for 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?

Reparation

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

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

Medical Officer in charge of case.

Station *Hayley 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.