



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4724 Name Sheppard F Corps Co R

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Freeman Sheppard
2. What is your full Address? 2. Wentworth St. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 24 Years 6 Months
5. What is your Trade or Calling? 5. Labourer
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, Freeman Sheppard 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.

A Freeman Sheppard SIGNATURE OF RECRUIT.
26.4.18 Freeman Sheppard Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Freeman Sheppard 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 26 day of April 1918

Signature of Attesting Officer [Signature]

†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. April 26 1918
Place. St John's } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Freeman Sheppard
 Apparent age 24 years 6 months. Height 5 feet 7 1/4 inches
 Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion _____ inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Sheppard
Hawthorn Hill | 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>26-4-18</u>									
Joined at <u>St. John's</u> on <u>April 26-1918</u>									
Discharged <u>July 8-1919</u>									
<u>Embarked St. John's train to Halifax 11/2</u>									
<u>Embarked for B.C. 26-10-18</u>									
<u>Disembarked Annapolis 26-10-18</u>									
<u>Transferred to Cayman 16-2-19</u>									
<u>Then posted to Nanterre 2-4-19</u>									
<u>Arrived to Newfoundland 1-6-1919</u>									
<u>Demobilization St. John's 9-7-19</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-7-1919</u> (date of discharge)									
" " Pensions " " " " " "									

C.R. 4724

Extract from Daily Orders Part II Unit The Royal
Newfoundland Regiment, Depot St. John's, dated
12-7-19.

The discharge of the undernoted on demobilisation
has been CONFIRMED by Officer i/c Records from
noted date 8-7-19.

4724, Pte. F. Sheppard.

C.R. 4724

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 25th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 26-6-19.

4724 Pts. E. Sheppard.

C.R. 4724

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

4724, Pte. J. Sheppard.

Reported at Headquarters

1/6/19.

RE "Corsica"

which sailed Liverpool. May 22/1919.

C.R. 4724

Extract from Daily Orders part II, Depot Winchester dated
8-8-19. by Lieut. Col. B. J. Barton, D.S. O., Officer
Commanding 2nd., Battalion of the Royal Newfoundland Regiment.

The undermentioned having reported back from the 1st. Battalion
is taken on the strength and posted to "H" Company.

#4724 Pte. F. Sheppard.

3-4-19.

C.R. 4724

Extract from Casualties received from Pay & Record
Office, Mar. 26th, 1919.

4724 Pte. F. Sheppard

Was discharged from 3rd London General Hospital 25-3-19
Granted furlough from 25-3-19.-3-4-19 Classified 1 Duty

C.R. 4724

Extract from telegram from Syn. to Mil. dated Feb. 27th., 1919.

With reference to your telegram Feb. 26th., verify carefully and report whether correct regimental particulars 4742[?] Sheppard.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World

C.R. 4724

**All Messages Sent are Subject to the Following Conditions:**

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)Signature of Sender _____ Address **Dep't of Militia.**

Line Number	Recd	By	Sent	by	Check

Dated **Feb. 20th, 1919**To **John Sheppard Hr. Grace, South.**

Regret to inform you that Record Office, London,
officially reports **No. 4724, Private Freeman Sheppard**
at 3rd London General Hospital Newfaworth suffering
from influenza

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Benn tt

Minister of Militia.

FOR TYPEWRITER

C.R. 4724

Extract from Daily Orders Part II Unit Royal Newfoundland
Regiment in France, dated 28/2/19.

Transferred to U.K. 16-2-19 sick.

4724, Pte. F. Sheppard.

C.R. 4724

Extract from telegram from Synoptical London Feb.19th
1919.

Wandsworth Influanza..4724 Sheppard.

C.R. 4724

Extract from Nominal Roll of War Office List No. Hxxx
from France to the 3rd., London General Hospital
admitted 18/2/19.

4724 Pte. F. Sheppard

Influenza.

C.R. 4724-

Extract from Casualties.....List No. H.A. 347191

4724 Pte. F. Sheppard.

Bronchitis.Adm. 11 Sty. H. Rouen 3 Feb. 19.

C.R. 4724

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.,
By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st Bn. 3-11-18.

The following joined the Bn 3-11-18.

4724 Pte. F. Sheppard.

D Coy.

C.R. 4724

Extract from Daily Orders part 11, from Unit The Royal
Rifles, Regt. St. John's, dated June 14, 1918.

#4724 Pte. F. Sheppard.

Embarked for Overseas with draft 11-6-18

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 29, 1918.

#4724 Pte. F. Sheppard.

Attested for General Service with the Royal Nfld. Regt.
~~St. John's, dated April 26/4/18.~~ from 26/4/18.

J Sheppard

C.R. 4724

~~*S. H. O.*~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *1st Royal Newfoundland Bde* 7. Former Trade or Occupation } *Labourer*
2. Regt. No. *4774* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Sheppard Freeman* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday. *25*
6. Posted for duty on *26-4-18* at *S. John's* 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.

} na

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

na.

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?

na.

17. If not, was an operation advised and declined?

na.

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?

Recommended dental repairs.

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?

na.

Repatriation

20. Do you recommend—

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

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

Station de D. Camp.

W.E. Procinier. Capt R.A.M.C.
Medical Officer in charge of case.

Date 1st 5 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

- (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 part of the soldier
- Give details:

(a) Attributable to

(b) Aggravated by

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *St Andrew D. Camp* } President or Chairman.
 Date *15-5-19* } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station
 Date
 Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

OR
 Discharge Approved under Para. 392 () King's Regulations,
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date
 O.C. Discharge Centre.

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 Artillery* 7. Former Trade or Occupation } *Freeman*
2. Regt. No. *24* 3. Rank. *pl.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Sheppard* *Freeman* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regt. Nos.
5. Age last birthday. *28*
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 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.)

The complainant 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?

Repatriation

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

W.E. Proccurie Capt RMC

Station .. *Mazley Barr*

Medical Officer in charge of case.

Date .. *8/4/19* .. .

* 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

WESTERN UNION

ANGLO-AMERICAN  DIRECT UNITED STATES
CABLEGRAM

Prefix		Code		At		FOR STAMPS	
WORDS		CHARGE		To		By	
14				VIA WESTERN UNION			
THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.							

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

8/5/19.

To ~~JP~~ **JO SHEPPARD**
HARBOUR GRACE SOUTH (NEWFOUNDLAND)

CABLE SIX POUNDS MORE IMMEDIATELY THROUGH MINISTER MILITIA.

SHEPPARD.

Authorized.



NOT TO BE
TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature

Address

88, Victoria St., S.W.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

3721

No. ~~3721~~/84

From: NEWFOUNDLAND

CONTINGENT

N.F.P./80.

Chief Paymaster & O.I/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
3rd. L. G. Hospital.
S. W.

March 7th. 1919

8/3/ 1919

4724 Pte Sheppard. F.

With reference to the following telegram from the Minister of Militia, / / (67)

Kindly place
this remittance to
the credit of
4724 Pte Sheppard's
a/c please.

"Pay to- 4724 Sheppard
£ 6 - 0 - 0

H. J. [Signature]
for G. G.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

Deposited 4/3/19

F. H. Marshall
Chief Paymaster & O. I/c Records

3rd LONDON GENERAL HOSPITALS
WANDSWORTH S. W.

No. 355/30

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.I/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding

N.F.P./80.

10. D. 1919

7 MAR 1919

OFFICE

3rd L. G. H.

3rd March 1919

4724. Pte Sheppard. F.

With reference to the following telegram from the Minister of Militia, / / (52.)

"Pay to- 4724. Sheppard.
£6. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

Chief Paymaster & O. I/c Records

6/3 1919

*Kindly place
this remittance to
the credit of 4724
Pte Sheppard's a/c*

*Dep't
26/2/19
H. Pagan Meyer Rm 100
for G.C.*

3rd LONDON GENERAL HOSPITAL,
WANDSWORTH, S. W.

10⁴ March. 19.

Please pay from the sum of
£1.

F. Sampson

no. 4776

A. Field

One Pound

approved

[Signature]
Capt.



C.H.F. 1-0-0 10/3/19
W.R. Percival. 1919

To: The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4724	Pte	Sheppard J. Jaso	250 29	J. Jaso

I have the honour to be, Sir,
Your obedient servant.

Date

July 1/18

J. Jaso

Now at Grosvenor Chambers

Regd. No. } R.L.S.
X 5352

Any further letter should bear this number.

LONDON POSTAL SERVICE

(RETURNED LETTER SECTION),
 66, VICTORIA ST. MOUNT PLEASANT,
 LONDON, S.W. LONDON, E.C.1

MAY 1919
 PAY & RECORD OFFICE

May 2nd 1919

Sir

I HAVE to inform you that there is remaining in this Office a Postal Packet addressed Pte Truman Sheppard
4724 Royal Newfoundland
40 Pay & Record Office Westminster
London S.W. R'd 40 Queens Cott
your endorsed not known

addresses full original address or

I shall be obliged if you will supply me with any information which may enable me to deliver it to the owner.

A cover is enclosed for your reply.

I am, Sir
 Your obedient Servant,
 R. BRUCE,

*The O/b
 Records*

L.P.S. (R.L.S.)—No. 24. Controller.

Sheppard, A.

4724

Sept.

July 11, 1919

#4724 Pte. Freeman Sheppard,
Harbor Grace South.

Dear Sir:-

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

Yours truly

Captain
Paymaster & U.I/c Records.

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..... *A. Reman* *Sheppard*

3. Rank..... *Pte* 4. Regt. No..... *4724*

5. Address in full to which future payments of gratuity are to be forwarded..... *Harbor Mae South*

6. Date of enlistment in the Regiment..... *April 15/18*

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..... *no*

9. Address in full of such dependents..... *no*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*

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..... *fourteen months*

..... *and three weeks* 13.

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.
No

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 Regt.? *No*. If not give:- (a) Date of discharge. *July 5/19* (b) Reason for discharge.
Demobilization

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.
France & Germany

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: - *G. Shuttell*
 Place of Residence: *Harbor Grace South*
 Declared before me at: *St Johns used*
 This *22* day of *June* 19*19*....

John W. G. Gifford
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

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

July 8, 1919

#4724 Pte. Freeman Sheppard

Harbor Grace.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2825.

Yours truly

Captain
Paymaster & C. i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4724 Rank Plt Name Sheppard T
 Intended place of residence H^r Grace

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

3. The above named man is discharged in consequence of DEMOBILIZATION.

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place JUN 23 1919
 Date ST. JOHN'S 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 and date ST. JOHN'S
JUN 23 1919 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date
ST. JOHN'S
JUN 23 1919 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 26-4-18 No of days on Military
 Discharged from service 24-6-19 PLUS 14 DAYS Service 439

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
JUN 24 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, Nfld.
 Date July 1/1919
 The Royal Newfoundland Regiment

O 213 2019/2425

The Royal Newfoundland Regiment

Class for Demobilization: 16

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 23.6.19

Regimental No. 4724

Name S. Juppard J. Juppard Rank _____

Address St. John's

Present Medical Category A-1

Recommended for: — { (a) Immediate discharge _____
(b) Standard Medical Board _____

Members of Board {

R. J. Juppard
O.C. Discharge Depot.

W. Juppard
Senior Medical Officer

J. Juppard
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4727 Rank Pte Name Sheppard J
 Date of Enlistment 26-11-18 Address St. John's District St. John's
 Occupation Labourer Classification for Discharge F Medical Category A
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1736	B 268	B 121	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	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	R 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 25-6-19 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing:

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied None

Date 23-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P.1891 to his home at Mr. Ignace and Release Certificate No. 2965 issued.

Date 23-6-19

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 8-17-19

Date 23-6-19

J.A. Snowball
A Depot Paymaster.

Discharged approved for 24-6-19

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 Ist.	" 2	✓
B 178a	✓ D 400A	B 1915	✓	do 2nd	" 3	✓
B 170	D 400B	Form L		do 3rd	" 4	
B 170a	✓ D 400C	Form K		do 4th	" 5	
B 170b	B 103	ME 2			" 6	
B170c	B 120	M 93				

2 Form B

Date 23-6-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 24 1919

R.H. Sait 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.

J. J. Shawl
Signature of Man.

J. J. Shawl
Signature of the Vocational Officer or his Representative.
ST. JOHN'S.

Reg. No. 4724

Place

Date 23-6-14. 191

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

MEDICAL HISTORY

Surname Sheppard OF Christian Name Freeman

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Grace South County Wilt

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>26</u> day of <u>April</u> 191 <u>8</u> at <u>St John's, Wilt</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>24</u> ⁶ / ₁₂ years — days		_____ years _____ days	
Trade or Occupation	<u>Labourer</u>		_____	
Height	<u>5</u> feet <u>7</u> ⁴ / ₄ inches		_____ feet _____ inches	
Weight	<u>148</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>39</u> inches		_____ inches	
	Range of Expansion... <u>5</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	<u>One</u>	_____	_____
When Vaccinated	<u>6 years ago</u>		_____	
Vision	R.E.—V=	<u>4/6</u>	R.E.—V=	_____
	L.E.—V=	<u>6/6</u>	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>T. Arnold Paterson</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's, Wilt</u> on <u>26</u> day of <u>April</u> 191 <u>8</u>		at _____ on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	<u>The Royal Wilt Regt.</u>	Corps.	_____
	Regtl. No.	<u>4724</u>	Regtl. No.	_____
Transferred to	_____		_____	
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
[Signature]	_____		_____	
[Rank]	_____		_____	

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
3 RD LONDON GENERAL HOSPITAL WANDSWORTH.	2	19	19	25	3	19	Diphtheria	36	

st in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

Respond.

J. Thomas Capt.

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 Grenadier Guards* Former Trade or Occupation } *Fisherman*
2. Regtl. No. *724* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Sheppard* *Freeman* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *25*
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 | d | |
| (ii.) Previous active service.. .. . | - | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | ? | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

The Complaints at 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. Proctor, Capt. R.A.M.C.
 Medical Officer in charge of case.

Station *Hayley Green*

Date *8/1/19*

* 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

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 F., or F. (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..... *1st Royal Newfoundland* } *Labourer.*
 2. Regtl. No. *47th* 3. Rank..... *Pte* }
 4. Name *Sheppard Freeman* }
 (Surname) (Christian Names)
 5. Age last birthday..... *25*
 6. Posted for duty on *26-11-18* at *St. John's*
 in category (or grade).....
 7. Former Trade or Occupation }
 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.
 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) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179A (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.*
nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | } <i>na</i> | |
| (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? } *na*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., 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 complain of no disability

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
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? *Recommend to have dental repair*
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? *na*

Repatriation

20. Do you recommend—

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

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

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

Station *D. D. Camp*

Date *1st - 5-19*

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

- (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 part of the soldier

(a) Attributable to

(b) Aggravated by

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station Lough D. Camp { President or
Chairman.

Date 14-5-19 } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station
Date
Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospital.

OR
Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
Date
O.C. Discharge Centre.

ST. JOHN'S, JUN 23 1919

Royal Newfoundland Regiment.

Billeting Account,

To Mr. F. Sheppard

Billeting Soldiers as undermentioned

from June 1st /19 to June 21st /19

4724 - Mr. F. Sheppard £1 60

B. V. M. G.
ACCOUNT NO. 24769 *L. W.*
BILL STAMPED
PAY TO THE ORDER OF
GIVEN BY £1 60 H. P. LD.

Certified

correct for £1 60

J. A. Snowcliff
Billeting Officer.
F. Sheppard

Fold Here

ON HIS MAJESTY'S SERVICE.

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
29.Number of Sheet 2Regiment of Royal NewfoundlandSignature of O. C. Company Wm. Churchill *lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4774 Sheppard J</u>	Age on	<u>25</u> years <u>0</u> months	<u>Sailor</u>	
Joined	Date	Place and Date of Enlistment	<u>St Johns</u>	Religion	
Joined	Date	Period of } with Colours <u>1 1/2</u> years. with Reserve <u>3 1/2</u> years.	<u>C.P.</u>	Place of Birth	
Joined	Date		<u>Newlygrace</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
HAZELEY DOWN CAMP.	3 ⁴ / ₁₉	PC		Overstaying leave from tattoo 3 ⁴ / ₁₉ until 1600 4 ⁴ / ₁₉ (18 hrs)	Cpl Morris	3 days CPB	5 ⁴ / ₁₉	Lieut Sheppard	Profits 1 day's Pay
				Demobilized	St John's	9 ⁷ / ₁₉			

To be carried over

Army Form B. 121.



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 *Freeman Sheppard*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4724*

Intended address *As Grace.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Light + Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *—*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *As Grace, Oct 6th, 1893*

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) *Freeman Sheppard*

Pte

(Rank)

Station *St Johns*

Date *21-6-19*

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



Station

Date

The Royal Newfoundland Regiment

474

DEMOBILIZATION OF

Reg. No. 474 Rank Plt. Name Sheppard, J.
 Date of Enlistment 26-4-18 Address A. St. John's District St. John's
 Occupation Labourer Classification for Discharge F Medical Category A.1.
 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 Ist.	" 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 25-6-19 O. C. Discharge Depot. H. M. S. V.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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 1 new cap

Date 23-6-19 O i/c. Re-clothing _____

Reg. No. 4724 Rank PL2 Name Sheppard, F.

Attested Address H. Grace South

Allotment Allottee

Date of Allotment Returned from Overseas 29-5-19

Returned on S.S. Corsican Cause Discharge

23.6.19

PASSED TO DEMOBILIZATION OFFICER

24.6.19

DISCHARGE APPROVED ON 14.6.19