



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5299 Name Charles Simms Corps CofC

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------|
| 1. What is your name? | 1. <u>Charles Simms</u> |
| 2. What is your full Address? | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>31</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Clerk</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, Charles Simms 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.

Charles Simms SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Simms 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 22 day of May 1915.

[Signature] 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 [blank] If enlisted by special authority, such will be attached to the original attestation.

Date May 22 1915

Place [Signature] } 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

5299

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

Name Charles Simon
 Apparent age 21 years months. Height 5 feet 8 1/4 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 5 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Frederick Simon
Sago | Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards present engagement reckons from <u>22-5-18</u>									
Joined at <u>St. John's</u> on <u>Nov 22-1914</u>									
<u>Discharged August 8-1919</u>									
<u>Embarked St. John's St. Columella to Halifax N.S. 22-7-18.</u>									
<u>S. file for demobilization 24-6-1919</u>									
<u>Arrives file for demobilization 1-7-1919</u>									
<u>Demobilization St. John's 8-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-8-1919</u> (date of discharge) <u>1</u> years <u>79</u> days									
Pensions " " " " " " " " " " " "									

C.R. 5299

extract from daily orders part II Royal Newfoundland Regiment
dated August 19th 1919. Depot St. John's

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

5299, Pte. C. Simms.

C.R. 5299

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.

St. John's, July ~~15~~¹⁵ 1919

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 25-7-19

5299 Pte. C. Simms.

C.R. 5299

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

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

#5299 Pte. Charles Simms.

C.R. 5299

Extract from Daily Orders Postmill Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5299 Pte. C. Simms.

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

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 23, 1918.

#5299 Pte. Charles Simms.

Attested for General Service with the Royal Nfld. Regt
from 22.5.18

C. Simms

C.R. 5299

11/10

FORM K

Nº 6188



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Charles Simms, Regl. No. 5299

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

Allotment begins August 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4852	Father	Mr Fred. Simms	Fogo	60
Total Allotment, \$				60

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

(Sig.) Quartermaster
 Officer Commanding
E Company
A. Johns
July 5th 1918

(Sig.) Charles Simms
 (Rank) Private

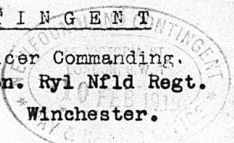
No. 2016/301.

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.
Winchester.



5th February 1919

February 7th 1919

5299. Pte Simms. C.

With reference to the following telegram from the Minister of Militia / / (4)

Receipt hereunder.

C. Simms
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Comdg. 2nd Batt'n.

"Pay to- 5299. Simms.

£3.0.0.

Cheque £3.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Three pounds

_____ in respect of telegraphic remittance from the Minister of Militia.

C. Simms

Chief Paymaster & O. i/c Records.

No. 5299 Rank Private

Witness M. Lockett

067111

B

No 2396/356

From: NEWFOUNDLAND CONTINGENT

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

11th February 1919

5299. Pte Simms. C.

With reference to the following telegram from the Minister of Militia / / (11)

"Pay to- 5299. Simms. C.

£4.0.0.

Cheque £ 4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

NEWFOUNDLAND CONTINGENT
58, VICTORIA STREET, LONDON, S.W. N.F.C. / 79.
18 FEB 1919
RECORDS OFFICE

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.

Winghester.

February 16th 1919

Receipt hereunder.

J. Seymour Lieut
for **LIEUT. COLONEL,**

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of *Four pounds*

in respect of

telegraphic remittance from the Minister of Militia.

C. Simms

No. *5299* Rank *Private*

Witness *W. ...*

No. 3829/595

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/ Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

11th. March 1919

March 17th 1919

5299 Pte. Simms, C.

With reference to the following
telegram from the Minister of
Militia / / (73)

Receipt hereunder.

"Pay to- 5299 Simms

£3. 0. 0.

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

E. Kan
LIEUT. COLONEL.
COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT.

Received the sum of *Three Pounds*
in respect of

telegraphic remittance from the
Minister of Militia:

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

C. Simms
No. 5299 Rank Private
Witness *A. Roberts*

Simms, C

5299

Ray Sept

August 8th 1919.

#5299, Pte. C. Simms.

Fogo.

Dear Sir:

Enclosed please find Discharge Certificate
3656.

Yours truly,

Capt. &
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3299 Rank Pfc Name Simms E
 Intended place of residence Fogo
 2. Occupation Clerk
 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, 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 E. Simms
 Signature of witness J. A. Howlett

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 E. Simms
 Signature of witness James Newman

STATEMENT OF SERVICE

7. Enlisted for service 22-5-18 No. of days on Military
 Discharged from service JUL 25 1919 Plus 14 days Service 444

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S JUL 25 1919
 Date
 Officer in Charge Records
 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 in Charge Records
 The Royal Newfoundland Regiment

and B 2099/3656

10
30
31
8
79

The Royal Newfoundland Regiment

Class for Demobilization:

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

10.7.19

Regimental No. *5299*

Name

Simms, Charles

Address

Logo

Present Medical Category

Aj

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

P. Paterson
Senior Medical Officer

Seeberden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5299 Rank Plt Name Simms, G.
 Date of Enlistment 22-5-18 Address 709 District 709
 Occupation Black Classification for Discharge A Medical Category H1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 10-7-19 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 £5.00
- (b) ~~Clothing Supplied~~ £1.00

Date 11-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. A 2308 to his home at Fogo and Release Certificate No. 3468 issued.

Date 11-7-19 *J.A. Knowlton*
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 8-31-19

Date 11-7-19 *J.A. Knowlton*
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	/	N.F. Med.	D.F. 1	/
E 178	W 3494	B 122		Board 1st	" 2	
B 178a	/ D 400A	/ B 1915	/	do 2nd	" 3	2
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 11-7-19 *J.A. Knowlton*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 25 1919 *H.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.

Signature of Man.

Reg. No. 8-299

C. Simms

Signature of the Vocational Officer or his Representative.

Place

21- 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

Surname Simms OF Cheslie
 Christian Name

Table I.—GENERAL TABLE.

Birthplace:—Parish		County	
Sogo.		Nfld.	
<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>	
Examined	on <u>22</u> day of <u>May</u> 191 <u>8</u> .	on	day of 191
	at <u>St John's</u>	at	
Declared Age...	<u>21</u> years	days	years days
Trade or Occupation	<u>labour.</u>		
Height	<u>5</u> feet <u>5 1/4</u> inches	feet	inches
Weight	<u>149</u> lbs.	lbs.	lbs.
Chest Measurement	Girth when fully expanded... <u>39 1/2</u> inches		inches
	Range of Expansion... <u>5 1/2</u> inches		inches
Physical Development...			
Vaccination Marks	Right	Left	Right Left
	Number		
When Vaccinated			
Vision	R.E.—V= <u>6/12</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>Samuel Palmer</u>		
(Rank)	<u>Major</u>	Medical Officer.	Medical Officer.
Enlisted	at <u>St John's</u>	at	
	on <u>22nd</u> day of <u>May</u> 191 <u>8</u> .	on	day of 191
Joined on Enlistment...	Corps. <u>Royal Nfld. Regiment.</u>	Corps	
	Regtl. No. <u>5299</u>	Regtl. No.	
Transferred to...			
Became non-effective by	on	day of 191	on
(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 Officer in Charge of the 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 *Simons, Charlie*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5299*

Intended address *St. John's*

Height on discharge *5* Feet *9*

Color of hair on discharge *Fair (very light)*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *Fred.*

Christian name of Mother *Theresa*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St. John's Dec. 11, 1896*

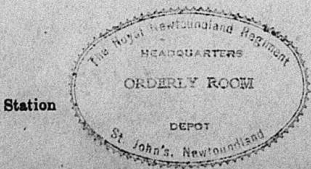
Nature and locality of civil employment required

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) *Charlie Simons* (Rank) *Rt*

Station *ST. JOHN'S* Date *7-7-19*

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



Medical Officer in Charge of Hospital, Unit, or Command Depot.

Station _____ Date _____

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

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

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

1. Unit and Corps. *Royal New South Wales* } *Wicket*
 7. Former Trade or Occupation }
 2. Regtl. No. *1299* 3. Rank. *Plt.* } *Wicket*
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 4. Name *Sumins* *Wicket*
 (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
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

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

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, 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.)

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?

Repatriation

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

W. E. Prosser. Capt. Ranc

Station *Rozelley Down*

Date *2/4/19*

Medical Officer in charge of case.

* 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. C. Simms,

880

Dear Sir:-

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

Yours truly

Captain & Paymaster.

DEPARTMENT OF MILITIA.
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *C* 2. Surname..... *Simms*
3. Rank..... *Pte* 4. Regtl. No..... *5299*
5. Address in full to which future payments of gratuity are to be forwarded..... *Foto*
6. Date of enlistment in the Regiment..... *May 2/18*
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..... *No*
9. Address in full of such dependents..... *—*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *—*
11. Were you on active service only in field, if so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in field or Overseas..... *Fourteen months*
..... 1. $\frac{3}{4}$

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 July 25/19 (b) Reason for discharge Demob

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

..... England

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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

Signature of Applicant: *C. Simms*
 Place of Residence: *Tulsa*
 Declared before me at: *St John*
 This *11* day of *July* 19*16*.S....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of Affidavits. *John McCallister*

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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Charles Simms*, Regl. No. *5299*

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

Allotment begins *August 1st 1918*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
<i>4852</i>	<i>Father</i>	<i>Mr Fred. Simms</i>	<i>Fogo</i>		<i>60</i>
Total Allotment, \$					<i>60</i>

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

(Sig.) *Walter Dunt*

Officer Commanding

E Company*A Johns**July 5th 1918*(Sig.) *Charles Simms*

(Rank)

Private

The Royal Newfoundland Regiment,

2299

To C. Simms. (Recruit).

Some's link

May 20th. 1918 To Board while waiting passage to St. John's. \$3.00.

o.r. J.W.P.

Ys

Count for \$3.00
CERTIFIED CORRECT,
C. Simms

23/5/18

*hied
a.R.*



ACCOUNT	<i>1092</i>	INITIALS	<i>MS</i>
CH. NO.		INITIALS	
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

Recd. Payment. May 30/18.
C. Simms

Prices consistent with quality are the . A satisfied customer is our first consideration.

R. W. MANUEL, Proprietor
Mrs. R. W. MANUEL, Proprietress

Lewisporte,
Newfoundland

May 20 1918

M^r C. Simms

Dr. Manuel Hotel.

May 18, 19, 20 To Board and Lodging

\$ 4
3 00

Motor Boat Hire

Carriage Payment in full
May 20th, 18
Storage
Extras R. W. Manuel

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet one

Regiment of Royal New Brunswick

Signature of O. C. Company P. B. Dickson

Regimental Number and Name	
No. <u>5299</u>	<u>Summer Class</u>
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____

Enlistment		Trade
Age on <u>21</u> years <u> </u> months		<u>clerk</u>
Place and Date of Enlistment <u>St. John's</u>	Religion	<u>C.P.</u>
Date <u>22.5.18</u>	Place of Birth	
Period of <u> </u> with Colours <u>1 1/2</u> years.	<u>John</u>	
<u> </u> with Reserve <u>3 1/2</u> years.		

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Chief of Division	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Headquarters Co. B</u>	<u>24.4.19</u>	<u>Platoon</u>		<u>Overstaying Pass from 2359 24/4.19 To 1600 25/4.19. (16 hours)</u>	<u>S/C Lawrence</u>	<u>Administered</u>	<u>24/4.19</u>	<u>Lt Col B. L. Barton D.S.O.</u>	<u>Forfeits 1 days Pay</u>
				<u>Demobilized St John's</u>	<u>8/19</u>				

To be carried over.

The Royal Newfoundland Regiment

85299

DEMobilIZATION OF

Reg. No. 5299 Rank Sgt Name Simmons B.
 Date of Enlistment 22.5.18 Address St. John's District St. John's
 Occupation Black Classification for Discharge A Medical Category H
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 10.7.19

R O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

B. Simmons

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
 (b) Clothing Supplied None

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. A 2308 to his home at Tojo and Release Certificate No. 3418 issued.

Date 11-7-19

J.A. Knowlton
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 8-31-19

Date 11-7-19

H. H. News
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	✓	N.F. Med.	D.F. 1	<u>Form B</u> <u>20</u>
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				

Date 11-7-19

J.A. Knowlton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 25 1919

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

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

Date Aug 11 19

P.L.T.

Reg. No. 5-77 Pls Na' *Pinnet* ?

Attested Address *4090*

Allotment Allottee

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S.S. *Cassandra* Cause *Discharge*

11-7-19
25-7-19

PASSED TO DEMOBILISATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.

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 A. Newfoundland* } Former Trade or Occupation } *Clerk*
2. Regtl. No. *5799* 3. Rank. *plts* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Simms* } (a) Former Regts. or Corps; }
(Surname) } with Regtl. Nos. }
Charles } (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
(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.
12. Place of origin of disability.
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
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? }

See complaints of his 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 RMC

Medical Officer in charge of case.

Station . *Hazely Down*

Date . . . *2/4/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause