



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4831 Name Joe Skeffington Corps C/8

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Joe Skeffington
2. What is your full Address? 2. Upper Portland Ave. No. 183
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 24 Years Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Joe Skeffington 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.

Joe Skeffington SIGNATURE OF RECRUIT.
J. Daymond SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joe Skeffington 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
on this day of 1915

Signature of Attesting Officer J. James

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 May 1915
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 James Skiffington
 Apparent age 24 years 0 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 34 1/2 inches
 Range of expansion 2 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Alexander Ford
Upper Annerst Court Relationship Uncle

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>1-5-18</u>									
Joined at <u>H. P. H. S.</u> on <u>May 1-1918</u>									
Discharged <u>July 4-1919</u>									
Embarked <u>H. P. H. S. train to Halifax N.S.</u> <u>11-6-1918</u>									
Embarked for <u>B. S. I.</u> <u>26-10-18</u>									
Disembarked <u>Inverness</u> <u>26-10-18</u>									
To Hospital from <u>10 Infantry Base depot</u> <u>Raven</u> <u>29-10-18</u>									
Admitted to <u>10th Hosp. Coy. Inverness</u> <u>29-10-18</u>									
To <u>Replacements</u> <u>4-11-18</u>									
Gained unit <u>9-11-18</u> transferred from <u>Raven</u> <u>22-4-19</u>									
To <u>Replacements</u> for <u>amalgamation</u> <u>22-5-1919</u>									
Discharged <u>H. P. H. S.</u> <u>4-7-1919</u>									
Total Service forfeited as above _____									

Total Service towards Engagement to 4-7-19 (date of discharge) 1 years 65 days
 Pensions _____

C.R. 4831

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated 8-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c records from noted date 4-7-19.

4831, rte. Jas. Skeffington.

C.R. 4831

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. Depot St. John, June 10th, 1919

The discharge on demobilisation of the undernoted
has been APPROVED by O.C. Discharge Depot with effect
from June 4-19. 20-6-19

4831 Pte. J. Skeffington.

C.R. 4831

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

Date 9-6-19.

4831 Pte. J. Skeffington

Reported at Headquarters 1-6-19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4831

Extract from Nominal Roll 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19
disembarked at Southampton 23/4/19; and reached
Hazeley Down Camp 23/4/19.

#4831 pte. J. Skeffington.

C.R. 4831

Extract from Nominal Roll Re-inforcement Draft No. 55 Embarked Folkestone
24/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hazelton Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.E.F.

4831 Pte. Skiffington, J.

MP.

C.R. 4831

Extract from Daily Orders part 11, from Unit The Royal Wfld.
Regt. St. John's, dated May 2nd, 1918.

#4831 Pte. James Skeffington.

Attested for General Service with the Royal Wfld. Regt. S
from 1/5/181

C.R. 4831

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

#4831 Pte. J. Skeffington.

Embarked for Overseas with draft 11-6-18

C.R. 4831

Extract from War Office List No. H. A. 31087.

Adm. 11. Sty. H. Rouen 29th., Oct. 1918.

#4831 Pte, J. Skiffington

INFLUENZA MILD.

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE

C.R. 4831

No. 1. RECORD OFFICE P R E S T O N .

No. H.A. 31323

ADM. 11 STY H ROUEN 4th NOVR. 18.

46591 Pte Hills H. 10/Lances ICT Hand L. Mild.
 152605 " Goode A. 3/MGC. Lt. 4 Lances. Fus. Inf. of Larynx Sev..

ADM. 25 STY H ROUEN 4th NOVR. 18.

33601 Pte McGhee J. 15/Lances Eya. Susp. Dysentery Mild.

A R M Y O R D N A N C E C O R P S .

No. H.A. 31323

DIS TO REINF. ROUEN EX 11 STY H 4th NOVR. 18.

05290 Sgt Butt A. AOC. 131 Coy. Influenza
 036392 Pte Linthwaite H. AOC. 81. Coy. do.

DIS TO DUTY EX 25 STY H ROUEN 4th NOVR. 18.

5923 Pte Foley W. AOC. Hyv. Rep. Shps. Diarrhoea

DIS EX 8 CAN GEN H SAINT CLOUD 2nd NOVR. 18.

043115 Pte Solomon W. AOC. 117th Coy. Influenza

BRITISH WEST INDIES' SECTION LONDON RECORD OFFICE.

No. H.A. 31323

ADM. 25 STY H ROUEN 4th NOVR. 18.

10693 (8235) Pte Taylor C. 7/BWI. Rgt. (Jamaica) Mumps Mild.
 87502 (8791) " Jarrett E. 7/ " " " " " "

N E W F O U N D L A N D E X P E D I T I O N A R Y F O R C E

No. H.A. 31323

DIS TO REINF ROUEN EX 11 STY H 4 NOVR. 18.

4831 Pte. Skeffington J. 1/Newfoundlands. Influenza

2345



July 23rd, 1919

From Adjutant,
Discharge Depot

To 4832 Pte. Jas. Sheffington,
Upper Ankerst Cove, B.B.

Reference your letter of the 18th inst. to Capt. Howley, you received when you were paid off all pay and allowances, including subsistence, up to 14 days after the date your discharge was approved. The details of your final payment were as follows:

Discharge approved June 20th, 1919 -

Regimental pay June 1-20	22.00
Clothing Allowance	60.00
Pay, less allotment, June 21- July 4th	7.
Board for same period	<u>14.40</u>
	103.40
Less bal. from overseas pay roll	
- 10.21	
Allotment June	
1st - 20th - 12.00	<u>22.21</u>
Amount paid you	<u>\$81.19</u>

You will therefore see that there is nothing more coming to you except your War Service Gratuity, which is paid you monthly.

Amherst Cove

July 18th / 49

Capt Hawley

5831

Dear Sir what
about my Ration money
& Regimental pay from
the 5th of June I got
demobilized up until the
7th July when I got my
final discharge I would
like to know what about it
please I am waiting to
hear about it

I am yours
affectionally

Pte James Skeffington

No 4531

Depot Amherst Cove
B. B.

Depot

C.

~~from 1.6.19 to 2.1.19 to depot 1.1.19~~

Des charge approved 20.6.19.

Credits

1.6.19 to 20.6.19 - 20 days @ 1.70 =	22.00
clothing allowance	60.00
Des pay	7.
Subsistence	14.40
	<hr/>
	103.40

acct. CoC
Drs.

Balance from previous pay roll.	10.21
Allot. 1.6.19 to 20.6.19, 20 days	
at CoC =	12.
Cheque raised 6.7.19	81.19
	<hr/>
	103.40

J. Skeffington

C.R. 4831

P. + P. Q.

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 Hampshire Former Trade or Occupation } Wagoner
2. Regt. No. 14. E. 31 3. Rank plc 7a. If the soldier claims previous service in Army, he should state—
4. Name Whittington James (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday 25
6. Posted for duty on May 1, 18 at H. John 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 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, 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.)

Accomplish for 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?

na
na
na
na

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

Repatriation
W. W. Brown

Capl. M. C.

Station *Hazley Down*
 Date *1/19*

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

No 6682/1035

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.1/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 191 9

4831 Pte. J. Skeffington

With reference to the following telegram from the Minister of Militia / / (162)

"Pay to- ~~J~~ Skeffington
£5-0-0

Cheque £5-0-0 is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Chief Paymaster & O. 1/c Records.

May 5th 1919

Receipt hereunder.

Officer Commdg. ___ Batt'n.

Received the sum of Five
pounds in respect of
telegraphic remittance from the
Minister of Militia.

Skeffington ^{His}
4831 Rank S. D.

Witness J. H. Franklin

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

Sir:-

Please charge the amount not opposite my name to my account and pay it to the H.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
4831	Plt	Sheffington J	\$250	J. Sheffington

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

Date

July 4/18

J. Sheffington

Sheffington, J

4831

Ray Sept.

July 4, 1919

#4831 Pte. James Skiffington,

Upper Amherst Cove, B.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2595.

Yours truly

Paymaster & Officer i/c Records
Captain,

The Royal Mtd. Regiment

DEMOBILIZATION

No 4831 Rank _____

Name Steffenson

Warned for demobilization on

JUN 6 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4831 Rank Plc Name Sheffington J
 Intended place of residence Upper Anson Coe Bonaville

2. Occupation Fisherman
 Classification of soldier F Medical Category A2

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 JUN 6 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S
JUN 6 1919

[Signature] Signature of soldier
[Signature] Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S
JUN 6 1919

[Signature] Signature of soldier
[Signature] Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No of days on Military
 Discharged from service 20-6-19 plus 14 days Service 4 F.D.

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 6 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's
 Date July 4/1919

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

a 9th 20/19/2095

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4931 Rank MC Name Steffington
 Date of Enlistment 15-18 Address Upper Myrtle Bazaar St District
 Occupation Fisherman Classification for Discharge 16 Medical Category I
 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	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	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 5-6-19

J. M. Smith
 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~~

Date 6-6-19

W. C. Smith
 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 14959.588 to his home
 at Upper Ambros. Cove and Release Certificate No. 2377 issued.

Date 6-6-19
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 4-7-19

Date 6-6-19
 Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 6-6-19
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN. 20. 1919
 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

Shippington Jr.

Signature of Man.

J. P. Snow Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. 4831

Place

St. Johns

Date

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

MEDICAL HISTORY

OF

Surname Skiffington

Christian Name James

Table I.—GENERAL TABLE

Birthplace:—Parish Upper Amber Cove County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on <u>1st</u>	day of <u>May</u>	on	day of
	at <u>St John's Nfld.</u>		at	
Declared Age	<u>24</u>	years		days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u>	feet		inches
Weight		<u>130</u> lbs.		lbs
Chest Measure-ment	Girth when fully expanded			inches
	Range of Expansion			inches
		<u>34 1/2</u>		
		<u>2 1/2</u>		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated	<u>1914</u>			
Vision	R.E.—V	<u>6/6</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>Lammie Robinson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St John's Nfld.</u>		at	
	on <u>1st</u>	day of <u>May</u>	on	day of
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>The Royal Nfld Regt.</u>			
		<u>4831</u>		
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

The Royal Newfoundland Regiment

Class for Demobilization:—
1
4

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

 Date *11.5.19*

 Regimental No. *4931*

 Name *S. R. Applegate* *Jamaica*

Address

 Present Medical Category..... *A1*

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

Members of Board {

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

L. Peterson
.....
Senior Medical Officer

Geo. Burden
.....
M. O. Depot.



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

Gas. Shiffington

Regiment from which discharged

Royal Newfoundland

Regimental number

H 531

Intended address

Upper Amherst Cove

Height on discharge

5 Feet *6*

Color of hair on discharge

Brown

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Figure on discharge

medium

Christian name of Father

George

Christian name of Mother

—

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Upper Amherst Cove, 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)

Gas - x Shiffington
St. Johns

(Rank)

Station

Date

4-6-9

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

Casualty Form - Active Service.

ROYAL NEWFOUNDLAND REG.

Regiment or Corps.....

Rank Ovt Surname Siffington Christian Name James

Religion C. Age on Enlistment 24 years 0 months

Enlisted (a) 15/18 Terms of Service (a) DURATION Service reckons from (a) 15/18

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended () Re-engaged () Qualification (b).....
or Corps Trade and Rate.....

Occupation Fisherman Signature of Officer J. M. Curran

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...	26 OCT 1918		
		Disembarked...			
	"Platy" Mc O/C	"H" Influence Royal Res	Race and	29/10/18 24/11/18	A.A. 31087 B. 13
		Arrived in UK		23/1/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c.

Next of kin Uncle, Alexander Ford, Upper Amherst Cove, Nfld

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4831* 3. Rank. *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Skiffington* *James* (a) Former Regts. or Corps; with Regtl. Nos.
(Surname) (Christian Names)
5. Age last birthday. *25*
6. Posted for duty on *May 1/18* at *St. Johns.* 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 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.
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
inf

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.)

no complaint 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? *na.*

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.*

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

Station *Boazely D. Camp*

Date *29-4-19*

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

Oct-20th 1819

Y
Upper Ankers Cove
7066

Department of Militia

N
Dear Gentlemen
just a word to enform
you that I have not
recievd my last pay
for Oct. would you
be kind enough to
let me hear particulars
that \$70.00
every man belonging
to this said place have
recievd their due with
the exception of
me Pl. James Steffington
4531 Upper A Cove

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, 1918.

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..... *James* 2. Surname..... *Sheppington*
3. Rank..... *Pte* 4. Regt. No. *11831*
5. Address in full to which future payments of gratuity are to be forwarded..... *Upper Amherst Con. B.B.*
6. Date of enlistment in the Regiment..... *May 1: 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not applicable
8. Relationship of such dependents..... *bro*
9. Address in full of such dependents..... *do*
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.....
Thirteen 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.

Clothing allowance & back pay, \$1.19

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?

19. Are you now serving in the Regt.? If not give - (a) Date of discharge, (b) Reason for discharge.

June 6/19
Temporary 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 Belgium and Germany
from Oct 1918 to April 1919

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

No.

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

Signature of Applicant:

his
James Skiffington
Wash

Place of Residence:

Upper Anheist Cove, 1

Declared before me at:

N. Johnis, Wfld

This

6th

day of

June 1919

John M. Carthy
JM

Signature of Barrister of the
Supreme Court, Stipendiary Legis-
tate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.

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

No. 4352



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Sheffington, Regl. No. 4831
 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

6-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4118	Uncle	Alexander Ford,	Amherst Cove, B. Bay	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.)

[Signature]
 Officer Commanding
 'A' Company

St. John's.

6-6-1918

(Sig.)

(Rank)

this
[Signature]
 James Sheffington
 Pte.
[Signature]

June 13/19

Grans
24750
The DEPARTMENT OF MILITIA,

The sum of three \$3.00 Dollars and 00 cents is due.....
Pte J. Skiffington Amherst Ave. for driving no

From Benavista to Amherst Ave

[Signature]
Correct for \$3.00
[Signature]

DISTRICT OFFICE
NEWFOUNDLAND
Voucher attached
JUN 14 1919

Discharge Depot - Newfoundland

Upper Amherst Cove
June 9^{inst} /19

Were driven home by
Mr. Lawrence
Bonavista,

Charge - paid
the sum of.

\$ 3.00

Signed. Cte, J. Skiff.

No 48

No. *588*

TRAVELLING WARRANT

Date *6-6-19* The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. *4831* Rank *Pl* - Name *Shapperton J*

From - *Bonanza* - **ST. JOHN'S** - To *Amherst* - *Con*

The Royal Newfoundland Regiment
DEPOT ST JOHN'S, N.F.

J. J. Brown Capt.

SIGNATURE OF ISSUING OFFICER.

Demobilization Officer
Discharge Depot - Newfoundland

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

COMMANDING

Capt. Lewis

Empire Brewery
St. Johns.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

July 4, 1919

Pte. J. Skeffington,
Upper Amherest Cove,
Nfld.

Dear Sir:

I enclose herewith cheque
for \$3.00, amount of refund due you on account
of travelling expenses to your home.

Yours truly,

Capt.
Paymaster

LM/

Enc. 1-

FOR ISSUE OF

1.0.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

NO. 4831. NAME. *James Skiffington*

DATE. *Jan 3rd 1920*

PLACE. *Amherst Cove*

C.F.

No. 4831 Name *Shiffington J.* Sqn., Batty., }
or Company }

Corps ROYAL NEWFOUNDLAND REG.

Date of enlistment } *1/5/18* G.C. }
Badges }

Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No. *One*

Signature O.C. }
Company, etc. }

W. M. Cameron Capt
Character }

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
<i>Field</i>	<i>8.4.19</i>	<i>Pte</i>		<i>Ref</i>	<i>2/3³/₄</i>	<i>2 witnesses</i>	<i>Pay for same</i>	<i>8.4.19</i>	<i>Major Bernard</i>

ARMY FORM B. 122

1919

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.Number of Sheet 621

Regiment of

Royal Newfoundston

Signature of O. C. Company

Wm. Churchill Hunt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>8 Keffington Jan</u>	Age on	<u>24</u> years <u>0</u> months	<u>Muskegon</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>1-5-18</u>	<u>CPA</u>	
Joined		Date	Period of } with Colours <u>1 1/2</u> years. with Reserve <u>3 1/2</u> years.	Place of Birth	
Joined		Date		<u>Upper Merioneth Co</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
									<u>Demobilized St John's 4/19</u>

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

9431

DEMOBILIZATION OF

Reg. No. 4431 Rank MC Name Steffington J. Bonarstein
 Date of Enlistment 15-19 Address Upper Bonarstein
 Occupation Fisherman Classification for Discharge 16 Medical Category AI
 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	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 5-6-19

for Mr. St.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Mr. J. Steffington
fisherman

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

Am. Bonarstein

Date 6-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

R. 14959.588

The above named has been provided with Travelling Warrant No. 2377 to his home at Upper Columbus St. and Release Certificate No. issued.

Date 6-6-19 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-7-19

Date 1-1-19 Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1.
F-178	W 3494	B 122	Board 1st	" 2.
B 178a	D 100A	B 1915	do 2nd	" 3.
B 179	D 400B	Form L	do 3rd	" 4.
B 179a	D 100C	Form K	do 4th	" 5.
B 179b	B 103	ME 2		" 6.
B 179c	B 120	M 93		

Date 6-6-19 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 JUN 20 1919 R.H. Sait Capt. O. C. Discharge Depot.

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

Date June 11/19 Janckland for O.C. Records

Reg. No. *4831* Rank *Pfc* Name *Sheffington J*

Attested Address *Upper Chest Cove*

Allotment..... Allottee

Date of Allotment..... Returned from Overseas *29-5-49*

Returned on S.S. *Corsican* Cause *Discharge*

5-6-49

PASSED TO DEMOBILIZATION OFFICER

20-6-49

DISCHARGE APPROVED ON DEMOBILISATION