



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5251

Name Clarence Smith Corps RFB

### Questions to be put to the Recruit before Enlistment.

- 1. What is your name? ..... 1. Clarence Smith
- 2. What is your full Address? ..... 2. New St. J. Bay
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 19 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. 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, Clarence Smith 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.

Clarence Smith SIGNATURE OF RECRUIT.

Raymond Signature of Witness.

Clarence Smith OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Clarence Smith 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 New St. J. Bay on this 21 day of May 1915

Signature of Attesting Officer C. P. Dick's Lieut

**†CERTIFICATE OF APPROVING OFFICER.**

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

Date. May 21 1915 .....  
Place. New St. J. Bay ..... } 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

5251

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

Name Clarence Smith  
 Apparent age 19 years      months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 33 inches  
 Range of expansion 4 inches  
 Distinctive marks     

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Albert Smith  
New York Bay | 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 limited engagement reckons from <u>21-5-18</u>									
Joined at <u>St. John's</u> on <u>May 21-1918</u>									
<u>Transferred August 9-1919</u>									
<u>Embarked St. John's S.S. Co. St. John's N.S. 22-7-18</u>									
<u>To Newfoundland for demobilization 24-6-1919</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St. John's 9-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 9-8-1919 [date of discharge] 1 years 81 days  
 " " Pensions " " " " " " " " " " " "

-C.R. 5251

Extract from Daily Orders Part II Unit The Royal WFLA.  
Regt. St. John's, July 16th, 1919.

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

5251 Pts. C. Smith.

C.R. 5251

extract from daily orders Part II Royal Newfoundland  
Regiment dated Aug. 30th 1919. Depot St. John's.

The discharge of the undernoted on demobilisation has  
been confirmed by officer i/o records from noted date  
9-3-19.

5251, Pte. Clarence Smith.

C.R. 5251

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

5251 Pte. P. Smith.

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

C.R. 5257

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

The following man embarked for overseas on H.M.S.

"Columbella " July 22, 1918

#5251 Pte. Clarence Smith.

C.R. 5251

Extract from Daily Orders part 11, from Unit The Royal  
Bfld. Regt. St. John's, dated May 22, 1918.

#5251 Pte. Clarence Smith.

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

L. Smith

C.R.

525A

~~SMC~~





707/119/P.&.A

*obbgout*  
NEWFOUNDLAND CONTINGENT

From:

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

To:

*W. Rockett*  
Officer Commanding,  
2nd. Bn. R. Newfoundland Regt.  
Hazeley Down Camp,  
Near Winchester.

14th. January. 1919

Subject: 5251. Pte. C. Smith.

With reference to the following telegram ( 340 ) from the Hon. Minister of Militia, received

Pay to 5251 Smith - £5:0:8.

Draft £5:0:8 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*J. H. Mansell*  
Chief Paymaster & O. i/c Records.

Jan 17th 1919

Receipt hereunder:

*Kearney* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. 2nd Batt'n,  
Royal Newfoundland Regiment.

Received the sum of Five Pounds

and eight pence on account of cable remittance from Newfoundland.

C. Smith.

No. 5251 Rank Pte

Witness W. Rockett

16861/1842

Officer Commanding,  
2/Bn Royal Wld. Regt.  
Winchester.

21st October 8

5251, Pte. C. Smith,

8980

Pay to 5251 Smith £4:0:0

4:0:0

No. 16861/1842

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

To:

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

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

21st October 1918

October 23<sup>rd</sup> 1918

Subject: 5251, Pte. C. Smith,

Receipt hereunder.

With reference to the following telegram ( 8980 ) from the Hon. Minister of Militia, received

*B. J. Burt*

LIEUT. COLONEL.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Pay to 5251 Smith £4:0:0

Officer Commdg. Batt'n  
Royal Newfoundland Regiment

Draft £ 4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Four

Sounds. on account of

cable remittance from Newfoundland.

Chief Paymaster & O. i/c Records.

C. Smith

No. 5251 Rank Pte

No. 8422/1582

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 Batt. Ryl. Nfld. Regiment  
Winchester. Hants.

6th June 1919

5251 Pte. C. Smith

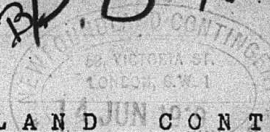
With reference to the following  
telegram from the Minister of  
Militia / / 19 ( 222):

"Pay to- 5251 C. Smith  
£3. 0. 0

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

*A. C. Minnaugh Maj.*  
Chief Paymaster & O. i/c Records.

BP. D 100158



N.F.P. 170.

June 9<sup>th</sup> 1919.

Receipt hereunder.

*A. Seymour*  
LIEUT. COLONEL,  
COMMANDING OFFICER 2ND BATT. RYLAND REGT.  
NEWFOUNDLAND CONTINGENT  
R. N. R.

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

C. Smith.  
No. 5251 Rank Private  
Witness: W. Barnes

Smith, C

5251

Ray Sept.

August 14, 1919

#5251 Pte. Clarence Smith,  
New Harbor, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3681.

Yours truly

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5251 Rank Pte Name Smith B  
 Intended place of residence New Hk

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, ST. JOHN'S  
 Date JUL 12 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 12 1919  
 Signature of soldier B. Smith  
 Signature of witness W. M. Tonster

### 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 12 1919  
 Signature of soldier B. Smith  
 Signature of witness Jane Sheehan

11  
20  
31  
9  
11

### STATEMENT OF SERVICE

Enlisted for service 21-5-18 No. of days on Military  
 Discharged from service JUL 26 1919 Plus 14 days Service 446

### 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~~ <sup>fourteen</sup> days from date.

Place, ST. JOHN'S JUL 26 1919  
 Date .....  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S  
 Date August 9/1919  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

CAF 5079/3681



# 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

*July 11<sup>th</sup> 19*

*D.H.*

Regimental No. *5251*...

Name *Smith*

*Clarke*

Address

*New N.*

Present Medical Category

*Aj*

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

Members of Board

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

*P. Robinson*  
Senior Medical Officer

*J.W. Burden*  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OFFICER

Reg. No. 5251 Rank PLC Name Smith L  
 Date of Enlistment 2.15.18 Address New St District St. John's  
 Occupation Laborer Classification for Discharge E Medical Category 12  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date July 1949.....

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 12-7-19.....

O i/c. Re-clothing.

3. **Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. 192439 to his home at New Hb and Release Certificate No. 3529 issued.

Date 12-7-19 *J.A. Lowcock*  
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 9-5-19

Date 12-7-19 *H. H. [unclear]*  
Depot Paymaster.

Discharge approved for 26-7-19

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
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

*2 Form B*

Date 12-7-19 *J.A. Lowcock*  
Demobilization Officer.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity**

Date JUL 26 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.

*C. Smith*

Signature of Man.

*J. A. Newcomb*

Signature of the Vocational Officer or his Representative.

Reg. No. 6481

**ST. JOHN'S.**

Place

Date

12-7-19

191

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

# MEDICAL HISTORY

Surname Smith OF Christian Name Clarence

Table I.—GENERAL TABLE.

Birthplace:—Parish New Harbor N.B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	21 day of May 1918	St. Johns		
Declared Age	19 years			
Trade or Occupation	Labourer			
Height	5 feet 6 inches			
Weight	115 lbs.			
Chest Measurement	Girth when fully expanded	33 inches		
	Range of Expansion	4 inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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)	Lammie Peterson			
(Rank)	Major			
Enlisted	at St. Johns			
	on 21 day of May 1918			
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	The Royal Nfld Regt			
Transferred to				
Became non-effective by				
(Signature)	on	day of 191	on	day of 191
(Rank)				





## Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Clarence Smith*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5251*

Intended address *New St 303*

Height on discharge *5* Feet *8*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Albert*

Christian name of Mother *Sarah*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *New St. 16 Aug. 1899*

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) *Clarence Smith* (Rank) *1st Lt*

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 i/c Hospital, Unit, or Command Depot.

Date

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

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

1. Unit and Corps. *Royal New South Wales* Former Trade or Occupation } *Labourer*
2. Regtl. No. *5257* 3. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Smith* *Clarence* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *19*
6. Posted for duty on ..... at .....  
 in category (or grade) .....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (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 complaint 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?

*Defatigated*

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.E. Pocumier*      *Capt R.M.C.*  
 Medical Officer in charge of case.

Station *Mazdaleston*

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

August 19, 1919

Mr. Clarence Smith,  
New Harbor, T.B.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name..... *Clarena* ..... 2. Surname..... *Smith* .....
3. Rank..... *Pte* ..... 4. Regtl. No..... *5251* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *New As* .....  
..... *T. B.* .....
6. Date of enlistment in the Regiment..... *May 20/18* .....
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..... *England only* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *1 yr. 1 mo.* .....
- ..... *1 1/2* .....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *No* .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

..... *No* .....

15. Have you been issued with a War Service Badge?.....

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?.....

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

19. Are you now serving in the Res?..... *No* If not give:- (a) date of discharge *July 17/19* (b) Reason for discharge *Disemb*

..... *recup* .....

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

..... *No England only* .....

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: *C. Smith*  
 Place of Residence: *New Hr T B.*  
 Declared before me at: *St Johns*  
 This *15<sup>th</sup>* day of *July*, 19*19*.....

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

*John M. Carthy*

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

*[Handwritten scribble]*



RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL-1914-1918.

C.R! 5251

I certify that I have received an issue of 2 inches  
of Riband of British War Medal-1914-1918.

NAME..... *Clarence Smith*

DATE..... *Nov 25. 1919.*

PLACE..... *Grand Falls.*





# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5751 Rank PLt Name Smith C  
 Date of Enlistment 21.5.18 Address New St District Trinity  
 Occupation Labourer Classification for Discharge 6 Medical Category 12  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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

Date July 1/19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am C. Smith 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 [Signature]

Date 12-7-19 O i/c. Re-clothing.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5251 Rank Plt Name Smith L  
 Date of Enlistment 21.5.18 Address New St District Trinity  
 Occupation Labourer Classification for Discharge ..... Medical Category A1  
 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 July 11/19 O. C. Discharge Depot Miss Dr

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am L. Smith 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 Am. Colours

Date 12-7-19 O. C. Re-clothing:

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2439 to his home at New York and Release Certificate No. 3529 issued.

Date 12-7-19 J. J. Linnell  
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 1-1-19

Date 12-7-19 J. J. Linnell  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 12-7-19 J. J. Linnell  
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 10-21-19 H. R. Cooper Capt.  
O. C. Discharge Depot.

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

Date Dec 9 1919 [Signature]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2439 to his home at New York and Release Certificate No. 3529 issued.

Date 12-7-19 J. J. Shureoff  
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 1-2-19

Date 12-7-19 J. J. Shureoff  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	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
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

Date 12-7-19 J. J. Shureoff  
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 12-7-19 A. P. Cooper Capt  
O. C. Discharge Depot.

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

Date Dec 9 1919 MP

Reg. No. *5251* Rank *76* Name *Smith Co.*

Attested ..... Address *New H. I.*

Allotment ..... Allottee .....

Date of Allotment ..... Returned f. in Overseas *JUL 1 1919*

Returned on S.S. *Cassandra* Cause *Sickness*

*12 7 19*  
*26 7 19*

DEMOBILIZATION OFFICE

APPROVED ON DEMOBILIZATION

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

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

1. Unit and Corps... *Royal Newfoundland* } Former Trade } *Labourer*  
or Occupation
2. Regtl. No. *5251* 3. Rank... *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Smith* *Clarence* (a) Former Regts. or Corps; with Regtl. Nos.  
(Surname) (Christian Names)
5. Age last birthday... *19*.....
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury it was 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 ? }

*The complaints of no disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible and in cases of amputation the exact position should be stated.

15. What is his present condition ?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

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

20. Do you recommend—

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

*Repatriation*

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

*W.E. Procunier, Capt. R.D.M.C.*

Medical Officer in charge of case.

Station *Delazeyghem*

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