



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5721 Name Edward Smith Corps CofC

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

- |  |                                 |
|--|---------------------------------|
| 1. What is your name? .....  | 1. <u>Edward Smith</u>          |
| 2. What is your full Address? .....  | 2. <u>St. John's Bay</u>        |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                   |
| 4. What is your age? .....   | 4. <u>27</u> Years ..... Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Labourer</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 .....<br>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, Edward 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.

..... SIGNATURE OF RECRUIT.  
 24/5/18 ..... Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edward 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 St. John's on this 20 day of May 1915.  
 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 compiled with. I accordingly approve, and appoint him to the .....  
 If enlisted by special authority, such will be attached to the original attestation.  
 Date May 20 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 Edward Smith  
 Apparent age \_\_\_\_\_ years \_\_\_\_\_ months. Height 5 feet 5 1/4 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Jack Smith  
Leeds & Bly | 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
Pensions " _____ [ " " ] _____ " _____ "									



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5721 Name Edward Smith Corps CofC

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

- |  |                           |
|--|---------------------------|
| 1. What is your name? .....  | 1. <u>Edward Smith</u>    |
| 2. What is your full Address? .....  | 2. <u>Fields Bay</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>Labourer</u> Months |
| 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, Edward 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.

Edward Smith SIGNATURE OF RECRUIT.

20/5/18 J. P. Raymond Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edward 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 stated and as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at .....

on this 20 day of May 1918.

E. Dicks Signature of Attesting Officer 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 completed with. I accordingly approve, and appoint him to the .....

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

Date May 20 1918 .....

Place St. John's .....

Approving Officer.

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

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

re-enlisted in the (Regiment) .....

on the (Date) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

5221

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

Name Edward Smith  
 Apparent age \_\_\_\_\_ years \_\_\_\_\_ months. Height 5 feet 5 1/4 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Jacob Smith  
Sieds S. 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>20-5-18</u>									
Joined at <u>St. Johns</u> on <u>May 20-1918</u>									
Discharged July 3/1919									
Embarked <u>St. John's N.S. 22-7-18</u>									
Embarked for <u>S.C. 23-11-18</u>									
Transferred from <u>Regt 22-7-19</u>									
Arrived <u>Regt. 23-7-19</u>									
Arrived <u>Regt. 1-6-1919</u>									
Commutation <u>St. Johns 3-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>3-7-1919</u> (date of discharge)									
Pensions " " " " " " " " " " " "									

C.R. 5221

Extract from Daily Orders Part II Royal Newfoundland  
Regiment, Depot St. John's. Dated October 20th 1919.

The discharge of the undernoted on demobilization  
has been CONFIRMED by Officer i/c Records from  
noted date 3-7-19.

5221, Ed. Smith.

C.R. 5221

Extract from Daily Orders Part 21 Depot, St. Johns,

Date June 7th, 1919

5221 Pte. E. Smith

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

ex "Corsican"

C.R. 5221

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.

#5221 Pte. E. Smith

C.R. 5221

Extract from Daily Orders Part 11 Unit The Royal  
Mfld. Regt. Depot, St. John's, June 9th, 1919.

The discharge of the Undernoted on demobilisation  
has been APPROVED by O.C. Discharge depot with effect  
from 19-6-19.

5221 Pte. E. Smith.



C.R. 5221

Extract from Nominal Roll of draft No. 56, from the 2nd., Battalion  
of the Royal Newfoundland Regiment, Winchester to the 1st., Battalion  
of the Royal Newfoundland Regiment, B.E.F., Embarked Southampton  
23/11/18.

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#5221 Pte. E. Smith.

C.R. 5221

Extract from Daily Orders part 11, from Unit The Royal  
2  
REGIMENT St. John's, dated July 22, 1916.

The following man embarked for overseas on S.S.  
"Columbelle" July 22, 1916.

#5221 Pte. Edward Smith.

C.R. 5221

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 21, 1918

#5221 Pte. E. Smith

Attested for General Service with the Royal Nfld. Regt  
from 20.5.18 to report 24.5.18

E. Smith

C.R. 5221

1890

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

## MEDICAL HISTORY

OF

Surname SmithChristian Name Edward

## Table I.—GENERAL TABLE.

Birthplace:—Parish St. John'sCounty NfldSPECIAL RESERVEREGULAR ARMY

	<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>	
	on	at	on	at
Examined	30 day of May 1918	St. John's	day of	191
Declared Age	21 years	days	years	days
Trade or Occupation	Labourer			
Height	54	inches	feet	inches
Weight	137	lbs.		lbs.
Chest Measurement	Girth when fully expanded	37	inches	inches
	Range of Expansion	4	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.F.—V= L.E.—V= 46 46		R.E.—V= 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)	James Parsons			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	30 day of May 1918	on	day of 191
	Corps		Corps	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	The Royal 5221			
	Nfld Regt			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet the

Forms  
B. 121.  
39

Regiment of Royal Newfoundland

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

Regimental Number and Name		Enlistment	Trade
No.		Age on 21 years months	Labourer
5221	Smith, Edward	Place and Date of Enlistment   <u>St. Johns</u> <u>28.5.18</u>	Religion <u>C. P. C.</u>
Joined	Date	Period of } with Colours years. with Reserve years.	Place of Birth <u>Dildo T. B.</u>
Joined	Date		
Joined	Date		

Good Conduct Badges, Service pay or proficiency pay

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

To be carried over

Army Form B. 121.

No. 5221

Name

Smith, E

Sqn., Batty.,  
or Company

D.

Corps R. Newfoundland

Date of  
enlistment

20/5/18

G.C.  
BadgesService or  
Proficiency PayDate of last entry in  
Company Conduct SheetNo. and date  
of last drinkPeriod not reckoning towards  
freedom from extra fine

Sheet No.

Signature O.C.  
Company, etc.

Character

Good

Army Form B 122.

Place	Date of offence	Rank	Cases of Drunken- ness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Guelph	8.4.19	Pte		drunk 2/0 1/4	E. M. S. New	Pay for same	8.4.19	W. J. B. Neward	

P.T.A.



## Medical Report on an Invalid.

Station Hazley Down  
 Date 1-5-19  
 1. Unit Royal Newfoundland  
 2. Regimental No. 5221  
 3. Rank Pte  
 4. Name Smith E.  
 5. Age last birthday 22  
 6. Enlisted on May 20 1918  
at St. John's  
 7. Former Trade or Occupation } Fisherman  
 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No.;  
 (c) Date of Discharge;  
 (d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. *nil*
10. Place of origin of disability. *nil*
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. *na*

13. What is his present condition?

*No complaints of no disability*

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

*na*

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

*na*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na*

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

*Repatriation*

*W. E. Proctor, Capt. R.A.M.C.,  
Sgt. Ke. M., Major*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

except †

Station *Hazely Down*

Date *1.5.19.*

\_\_\_\_\_  
Officer in charge of Hospital.

\*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.

† Delete this word if no exceptions are to be made.

## Medical Report on an Invalid.

Station Hayley D. Camp  
Date 1. 6. 19

1. Unit Royal Newfld  
2. Regimental No. 8221  
3. Rank Pte  
4. Name Smith G.  
5. Age last birthday 27  
6. Enlisted { on May 20 1918  
at St John
7. Former Trade } Fisherman  
or Occupation }  
7A. If with previous service in Army, state—  
(a) Former Unit ;  
(b) Regimental No.;  
(c) Date of Discharge ;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

nil  
nil  
nil  
nil

nd.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

*He complains of no disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

*na.*

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

*na.*

18. In case of loss or decay of teeth, Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*na.*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na.*

*Repatriation*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*W.E. Procuier. Capt. Rawl.*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *H. D. Camp*

Officer in charge of Hospital.

Date *1. 5. 19*

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

† Delete this word if no exceptions are to be made.





Smith, E

5221

Ray sept.

July 3, 1919

#5221 Pte. Edward Smith,  
Dildo Harbor, T.E.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2308.

Yours truly

Raymaster & O. i/c Records.  
Captain



The Royal Nfld. Regiment

DEMOBILIZATION

No. 5221 Rank

Name Smith W E

Warned for demobilization on

**JUN 5 1919**

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3221 Rank Plt Name Smith E  
 Intended place of residence St. John's

2. Occupation Fisherman  
 Classification of soldier E Medical Category A<sup>L</sup>

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 H. Mews Lieut.  
 Date JUN 5 1919 for 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 E. Smith  
JUN 5 1919 Signature of soldier  
J. A. Brown Capt.  
 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 E. Smith  
5-6-19 Signature of soldier  
Joseph Breving  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 20-5-18 No of days on Military  
 Discharged from service 19-6-19 14 days Service 410

### APPROVAL OF DISCHARGE

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

Place St. JOHN'S R. H. Lait Capt.  
JUN 19 1919 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment  
 Date .....

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place St. John's Med M. Bowley Capt.  
 Date July 3/1919 Office in Charge  
 The Royal Newfoundland Regiment

22 B 20791 2308

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 522 Rank Pte Name Smiths E  
 Date of Enlistment 10-5-18 Address Dundas District St. John's  
 Occupation Fisherman Classification for Discharge E Medical Category A-1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	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 4-6-19 .....

for H. Smith  
O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

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

(b) Clothing Supplied none

Date 5-6-19 .....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.1457 to his home at Dildo and Release Certificate No. 2319 issued.

Date 5-6-19

*[Signature]*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 3-7-19

Date 5-6-19

*[Signature]*  
Depot Paymaster

Discharge approved for 19-4-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	1 2 Form B
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 5-6-19

*[Signature]*  
Demobilization Officer

APPROVED.

Documents as above forwarded to:-  
Officer in Records.  
Board of Pension Commissioners.  
with following additional documents.

Eligible for War Service Gratuity

JUN 19 1919

*[Signature]*

Date .....

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.

*Albion*  
Signature of the Vocational Officer or his Representative.

Reg. No.

*E. Smith*

Place

*St Johns*

Date

*5-6-191*

191

Jul 3, 1919

#5221 Pte. Edward Smith.

Dildo, 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 the War Service  
Gratuity.

Yours truly

Wynmaster & Co. 1/c Records. Captain

590

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 *Edward Smith* .....
3. Rank *Cpl.* ..... 4. Reg't. No. *5221* .....
5. Address in full to which future payments of gratuity are to be forwarded, *Dildo St. J. 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. *—* .....
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. *From May 20/18 to June 5/19* .....

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

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

*France - Germany - From November 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.



*E. Smith*

Signature of Applicant:

*Silda M. J. B.*

Place of Residence:

*St. John's, Nfld.*

Declared before me at:

*St. John's, Nfld.*

This

*5th*

day of

*June*

19*19*

*John McCarty*

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

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent.	Gratuity.	due

.....

.....

.....

.....

Certified correct.

Paymaster



Receipt for Army Book 64

No. 5221 Name Smith

To Certify that I have received the AB 64 of the above  
named soldier.

Name Edward Smith

Date 1920  
31 July

Place Wilde T. Bay

N.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"

*ES*



*A. 221*

**The Royal Newfoundland Regiment**

DEMOBILIZATION OF

Reg. No. *272* Rank *Private* Name *Smith E*  
 Date of Enlistment *20-5-18* Address *Delmas 6* District *St. John's*  
 Occupation *Fabrication* Classification for Discharge *1* Medical Category *1*  
 Recommendation S.M.B. *1* Disability Rating *1*  
 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 *16.19* for O. C. Discharge Depot *H. Newell*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

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

Particulars of Vocational/Officer for information and action.

Date .....

2. Clothing

Confirms that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable *£50.00*
- (b) Clothing Supplied *new cap*

Date *5-6-19* O/c. Re-clothing.

A1221

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 922 Rank Private Name W. E. [unclear]  
 Date of Enlistment 20-5-18 Address Quilley St District St. John's  
 Occupation Fisherman Classification for Discharge 6 Medical Category 1E  
 Recommendation S.M.B. 1-1-1 Disability Rating 11-1-1  
 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 16.19 for O. C. Discharge Depot. H. M. [unclear]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment  
 I am to be in a position to resume civilian occupation.

Particulars of Vocational Officer for information and action.

Date

2. Clothing  
 Conditions of Clothing Regulations have been complied with:-  
 (a) Clothing Allowance payable 60.00  
 (b) Clothing supplied new [unclear]

Date 5-6-19 O/C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P. 1457* to his home at *Sildw* and Release Certificate No. *2319* issued.

Date *5-6-19* *Ambrant*  
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 *3-7-19*

Date *5-6-19* *J. H. Paster*  
Depot Passmaster

Discharge approved for *19-4-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	<i>1 Form B</i>
F 178	W 2494	B 122	Board 1st	" 2	
F 178a	D 400A	B 1915	do 2nd	" 3	
L 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. H. Paster*  
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 *JUN 19 1919* *J. H. Paster*  
O. C. Discharge Depot.

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

Date *June 10/19* *J. H. Paster*  
O. C. Discharge Depot.

Reg. No. *5221* Rank *Pte* Name *Smith, R.*

Attested ..... Address *Waldo*

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

Date of Allotment ..... Returned from Overseas *29-5-19*

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

*4-6-49*  
*19-6-49*

PASSED TO DEMOBILIZATION







## 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 *Smith E.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5321*

Intended address *Delab. H. I. B.*

Height on discharge *5* Feet *6*.

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks \_\_\_\_\_

Figure on discharge *W.C.*

Christian name of Father *Joseph*

Christian name of Mother *William*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Delab. 4 Oct. 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)

*Edward Smith* (Rank) *Plt.*

Station **ST. JOHN'S.**

Date *4-15-79.*

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

Station

Date

