



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5326 Name James Smith Corps C of C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>James Smith</u> |
| 2. What is your full Address? | 2. <u>Spread Eagle</u> |
| 3. Are you a British Subject? | 3. <u>Yes.</u> |
| 4. What is your age? | 4. <u>23</u> Years <u> </u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes.</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes.</u> |

I, James 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 by me.

James Smith SIGNATURE OF RECRUIT.
W. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James 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 22 day of May 1915.

Signature of Attesting Officer W. Power

†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 22 1915 } Approving Officer.
 Place St. John's }

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

5326

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

Name James Smith
 Apparent age 23 years months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Isaac Smith
Spread Eagle | Relationship Father
I.B. 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>22-5-18</u>									
Joined at <u>M. B. Co.</u> on <u>May 22-1918</u>									
<u>Discharged August 11-1919</u>									
<u>Embarked M. B. Co. S. S. Colombia to Halifax N.S. 22-7-18</u>									
<u>L. Hls for demobilization 24-6-1919</u>									
<u>Demobilization M. B. Co. 11-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-8-1919</u> (date of discharge)					<u>1</u> years <u>82</u> days				
Pensions " " " " " " " "									

C.R. 5326

Extract of these Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, ~~Unit~~ July 16th, 1919

The discharge of the undemoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 28-7-19

5326 Pte. Jas. Smith.

C.R. 5326

Extract from Casualties received from P.A.R.O. London,
Aug. 28 31st. 1918.

The undermentioned man (Admitted to Hosp. from Major Cartye's
draft from Newfoundland) was discharged from Central Hos-
pital, Chatham, 30/8/18. and proceeded direct to Depot.

5326 Pte. Smith J.

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

#5326 Pte. James Smith.

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

C.R. 5326

Extract from Daily Orders Part II Royal Newfoundland Regt.
Newfoundland
Depot St. John's dated Aug. 21st 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from noted date 11-8-19.

5326, Pte. Jas. Smith.

C.R. 5326

Extract from Daily Orders Battalion Unit The Royal Field,
Regt. St. John's, July 2nd, 1919.

5326 Pte. J. Smith

Reported at Headquarters 127-19 on "Cassandra" which
sailed Glasgow June 24th, 1919.

C.R. 5326

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

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

#5326 Pte. James Smith.

J. Smith

C.R. 5326

1890

FORM K

No. 6031



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Smith, Regt. No. 5326 hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and 74 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 July 15th 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4534	Father	Mr Isaac Smith	Spread Eagle Old Shop 7 Dwy	50
Total Allotment, \$			50	

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.) Swatson Lieut
Officer Commanding
C Company

(Sig.) James X Smith
(Rank) Pte

St Johns
June 26th 1918

FORM K

N^o 6031

1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *James Small*, Regl. No. *5226*
 hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and *Fifty* 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 *July 15 1918*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4534</i>	<i>Father</i>	<i>Mr Isaac Smith</i>	<i>Spout Eagle Old Shop 7 P.M.</i>	<i>50</i>
Total Allotment, \$				<i>50</i>

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

(Sig.)

Quinton Lewis

Officer Commanding

C Company

(Sig.)

James X Small

(Rank)

Pte
H. Johns
June 26 1918

No. 5706/825

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

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

10th April 1919

5326 Pte J. Smith

With reference to the following
telegram from the Minister of
Militia (128)

"Pay to- 5326 Pte J. Smith
£5. 4. 10.

Cheque £5. 4. 10. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

H.A. Minniss Maj.
Chief Paymaster & O. i/c Records.

To: Officer Commanding.

2nd Batt. Ryl. Nfld. Regt.

Winchester

Receipt hereunder.

E. Kam
LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £5.4.10.
Five pounds four shillings in respect of
telegraphic remittance from the
Minister of Militia.

J. Smith
No. 5326 Rank Ry.

Witness *Leo Perry*



Smith, J

5326

Haynes

August 14, 1919

#5326 Pte. James Smith,
Soread Eagle, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3751.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5326 Rank. Plt Name. Smith J
 Intended place of residence. Sped Cape Trinity
 2. Occupation Fisherman
 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 14 1919

H. Mowbray
 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 14 1919

James Smith
 Signature of Soldier

Arthur Bush
 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, ST. JOHN'S

Date JUL 14 1919

James Smith
 Signature of soldier

James O. Sheehan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 22-5-18 No. of days on Military
 Discharged from service. JUL 28 1919 Plus 14 days Service. 447

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

Date JUL 28 1919

H. R. Cooper Capt
 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 11/1919

H. Howley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

207513751

10
20
31
11
8-7

The Royal Newfoundland Regiment

Class for Demobilization: —

16

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 12/19

Regimental No. *5326*

Name

Smith, Jas.

Address

Spread Eagle

Present Medical Category

A-1

Recommended for: — (a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board

M. Watson
Senior Medical Officer

Geo Burden
M. O. Depot

The Royal Newfoundland Regiment.

DEMobilIZATION OFFICER

Reg. No. 5326 Rank Rtr Name Smith, James
 Date of Enlistment 22-5-18 Address Spence Lodge District Trinity
 Occupation Fishermen Classification for Discharge H Medical Category A
 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 12-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

James Smith
W. Freeman

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:-

(a) Clothing Allowance payable

(b) ~~Clothing~~ SuppliedDate 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R2415* to his home at *Spina Cafe* and Release Certificate No. *3372* issued.

Date *14-7-19* *Amle b... H*
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 *11-8-19*

Date *14-7-19* *Amle b... H*
Depot Paymaster.

Discharge approved for *28-7-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	1 N.F. Med.	D.F. 1.	<i>2 Form B</i>
F 178	W 3494	B 122	Board 1st.	" 2.	
R 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 *14-7-19* *Amle b... H*
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 20 1919* *K.P. Code Cafe*
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.

Smith J.

Signature of Man.

McClowder

Reg. No. 5326

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

14-9-19.

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 James

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County St. John's

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	<u>May</u> 191 <u>8</u>	at	191
Declared Age	<u>23</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet	<u>5</u> inches	feet	inches
Weight	<u>135</u>	lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>36</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
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>L. M. [Signature]</u>			
(Rank)	<u>Major</u>			
Enlisted	at	<u>May</u> 191 <u>8</u>	at	191
	on	day of	on	day of
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>Royal Nfld. Regiment</u>	<u>5326</u>		
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

Nfld

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
St. Peter's Chatham	8	8	18	29	8	18	<i>Mumps</i>	21	<i>Has recovered.</i>	<i>G. Manslow Capt. R.A.M.C.</i>
Hazeley Don	4	11	18	9	11	18	<i>Peritonsillar Abscess</i>	5	<i>Discharged to duty.</i>	<i>G. Manslow</i>

CAPT. R.A.M.C.

CAPT. R.A.M.C.



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

James Smith

Regiment from which discharged **Royal Newfoundland**

Regimental number *5326*

Intended address

Spread. Eagle

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

Jacca

Christian name of Mother

Helen

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Spread. Eagle 28-6-age 25-1896

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)

James Smith
Wm. R. Taylor

(Rank) *S/E*

Station

St. Johns

Date

July 8th 1919

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.

August 16, 1919

Mr. James Smith,
Spreadeagle, 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..... *James* 2. Surname..... *Smith*
3. Rank..... *Pte* 4. Regtl. No..... *5276*
5. Address in full to which future payments of gratuity are to be forwarded..... *Spence deagle S.B.*
6. Date of enlistment in the Regiment..... *Nov. 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no*
8. Relationship of such dependents..... *no*
9. Address in full of such dependents..... *no*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen months*
- 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.

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

16. Have you, during the present war, served in the Imperial Forces.

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the Res? If not give:- (a) date of discharge (b) Reason for discharge.

no
July 28/19
Remission

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

England

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

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

Signature of Applicant: *James ^{his} Smith*
 Place of Residence: *Spoonsdale, I.B.*
 Declared before me at: *St Johns*
 This *14* 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. Corry*

POST DISCHARGE PAY.

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

Certified correct.

Registrar

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 West Surrey Coy. Former Trade or Occupation } Boatsman
2. Regtl. No. 5326 3. Rank plc. 7a. If the soldier claims previous service in Army, he should state—
4. Name Smith James (a) Former Regts. or Corps; with Regtl. Nos.
 (Surname) (Christian Names)
5. Age last birthday 24
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 (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

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

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

The complainant of no disability

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.)

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

20. Do you recommend—

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

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

W.E. Procunier Capt-Ret

Medical Officer in charge of case.

Station .. *Hazlebury*

Date .. *9.1.19*

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



To M.O.
etc

2nd Batten R. Med Regt:

Hazelly down

The glasses required
for 5326 Pte Smith J.
are too weak for W.O.
supply please

A. Cowes

CAPT
R.A.M.O.

December 3
7867 1917

Dear Sir I haven recived
my number money yet
I was expecting this
long time and I hant
got it yet please to
send it or let me
know the Reason I
dont get it your terly
James Smith 5826
Spread Eagle Old
Shop trinty Bay

Mailed Nov 19/19

to Spread Eagle

6937

October 18, 1919

J.W. Hillier,
New Hr., T.B.

Dear Sir:

With reference to your letter of
13/10/'19, cheque No. 6426, value \$70.00 has not
yet been presented at the Bank for payment, and
I would advise you to write them direct yourself
as this cheque is now your property, please.

Yours truly,

Lieut.
For Paymaster.

5326

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundlands

Number of Sheet *One*

Signature of O. C. Company

Chas. H. Kent

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
<i>5326</i>	<i>Smullys Troop</i>		<i>23</i>		
Joined	Date	Place and Date of Enlistment	Religion		
Joined	Date	<i>St. Johns</i>	<i>Episcop</i>		
Joined	Date	Period of } with Colours with Reserve	years.	Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St. Johns</i>	<i>11-19</i>			

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5356 Rank Pr. Name Smith J.
 Date of Enlistment 22-5-18 Address P. P. ... District ...
 Occupation Fireman Classification for Discharge ... Medical Category A
 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 12-7-19

Miss H.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

W. Newman

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with :-

(a) Clothing Allowance payable. \$65.00

(b) Clothing Supplied

Miss Smith

Date 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *B2415* to his home at *Grand Eagle* and Release Certificate No. *3572* issued.

Date *14-7-19* Demobilization Officer *Ambleton*

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 *11-5-19*

Date *7-7-19* Depot Paymaster *Ambleton*

Discharge approved for *28-7-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	<i>2 Form B</i>
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 *14-7-19* Demobilization Officer *Ambleton*

APPROVED.

Documents as above forwarded to:-

Officer i/c Records,
Board of Pension Commissioners.

with following additional document

Eligible for War Service Gratuity

Date *L.P. Cooper, Capt.*
O. C. Discharge Depot.

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

Date *Aug 7 19*

Reg. No. *5326* Rank *P6* Name *Smith Jas*
Attested Address *Spreadsale*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S.S. *Cassandra* Cause *Discharge*

147 19
287 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

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

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

1. Unit and Corps..... *Royal Newfoundland Const* 7. Former Trade } *Fisherman*
or Occupation }
2. Regtl. No. *5326* 3. Rank..... *R/Sgt* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Smith* *James*
(Surname) (Christian Names)
5. Age last birthday... *24*.....
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.)

He complains of no disability

16. Was an operation performed ? If so, when and what was its nature ?

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

Repatriation

W. E. Premier *Apt. Rame*

Station *Lazley Down*

Medical Officer in charge of cases

Date *8/14/19*

* 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