



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5953 Name Nathanial Smith Corps CofC

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

- |  |                                 |
|--|---------------------------------|
| 1. What is your name? .....  | 1. <u>Nathanial Smith</u> ..... |
| 2. What is your full Address? .....  | 2. <u>Barrow Cove 4 B</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....             |
| 4. What is your age? .....   | 4. <u>30</u> Years .....        |
| 5. What is your Trade or Calling? .....  | 5. <u>Postman</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, Nathanial 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.

Nathanial Smith .....SIGNATURE OF RECRUIT.  
Corps of Barrow .....Signature of Witness.

10/8/18

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

I, Nathanial 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 Barrow on this 10 day of Aug 1918.  
 Signature of Attesting Officer W. Dicks

### 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 rank of Corporal.  
 If enlisted by special authority, such will be attached to the original attestation.  
 Date 12-8 1918  
 Place St. Johns  
 Approving Officer J. King

† 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 Harshard Smith  
 Apparent age 27 years        months. Height 5 feet 4 1/4 inches  
 Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 3 inches  
 Distinctive marks       

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Robert Smith  
Normans Cross 113 | 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 Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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. 5953 Name Nathaniel Smith Corps Cofk

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

- 1. What is your name? ..... 1. Nathaniel Smith
- 2. What is your full Address? ..... 2. Room 7 B
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 30 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. Postman
- 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, Nathaniel 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.

Nathaniel Smith SIGNATURE OF RECRUIT.

W. J. Raymond Signature of Witness.

10/8/18

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

I, Nathaniel 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.....

on this 10 day of Aug 1918

Signature of Attesting Officer ..... W. J. Raymond

### 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 12-8 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

5953

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

Name Norman Smith  
 Apparent age 22 years 0 months. Height 5 feet 4 1/4 inches  
 Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Robert Smith  
Norman Cove 712 | 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 Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>10-8-18</u>									<p>Joined at <u>1st Regt</u> on <u>August 10-1918</u></p> <p><u>Special duty Home defense 1st Regt. 19-9-18.</u></p> <p><u>Returns to Headquarters 10-10-1918</u></p> <p><u>Demobilization 1st Regt 16-1-1919</u></p>
Total Service forfeited as above.....									

Total Service towards Engagement to 16-1-1919 (date of discharge) 16 years 160 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5953

Extract from Daily Orders, Part 11, 2nd UNIT: The Royal Newfoundland Regiment, dated October 13th 1916.

SPECIAL DUTY.

THE UNDERSIGNED HAS RETURNED FROM SPECIAL DUTY AT MT PEARL 20/10/16.

5953 Pte. N. Smith.

C.R. 5953

Extract from Daily Orders Part II Unit The Royal Wfld. Regt.,  
St. John's Sept. 14-18.

The following man proceeded on Special Duty to Mount Pearl.  
19-9-18.

5953 Pte. N. Smith.

C.R. 5953

**Extract from Daily Orders Part II Royal ~~XX~~ 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  
16-1-19.

5953, Smith, N.

C.R. 5953

Extract from PRELIMINARY REPORT from the DIRECTOR of MEDICAL SERVICES to O.C. Depot, dated Dec. 7th. 1918.

At a Medical Board held on FRIDAY AFTERNOON December 6th. 1918, the following was a finding:-

5953 Pte. N. Smith.

Recommended Discharge - Unfit for General Service.



C.R. 5953

Extract from Daily Orders Part II Unit the Royal WFLS.  
Regt., St. John's, Dec. 19th, 1918.

The undernoted man discharges on Demobilization has been approved by C.C. Discharge Depot from noted date. He is removed from Depot Strength to Discharge Depot pending confirmation by Officer i/c Records.

5953 Pte. Nath. Smith.

19-12-18.

CE 5953

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated August 12, 1916.

#5953 Pte, Nathaniel Smith.

Attested for General; Service with the Royal Hfld. Regt.  
from 9-8-16

C.R. 5933

Extract from Daily Orders part 121 Depot St. John's dated Jan 17 - 1919.

The discharges of the under-noted have been confirmed by Officer  
i/o Records from 16-1-19.

#5933 Pte. Nath Smith.

U

Smith, L

5953

Joseph

January 16th., 1919

#5933 Pte. Nathaniel Smith,  
Norman's Cove,.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 520."

Yours faithfully,

Captain,  
Paymaster & O.i/c Records

Enc'l 1.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5933 Rank 16 Name Nathaniel Smith  
 Intended place of residence Norman's Cove

2. Occupation Fisherman  
 Classification of soldier B Medical Category F

3. The above named man is discharged in consequence of DEMOBILIZATION

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 14-12-18  
 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 Dec 17 1918  
 Signature of soldier Nathaniel Smith  
 Signature of witness C. B. Dicks Capt

### 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 16-12-18  
 Signature of soldier Nathaniel Smith  
 Signature of witness J. Peters Lt

### STATEMENT OF SERVICE

7. Enlisted for service 10-8-18 No of days on Military  
 Discharged from service 19-12-18 plus 28 days Service 160

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S Date DEC 19 1918  
 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 16 January 1919  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

22  
30  
31  
30  
31  
36  
160

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5933 Rank Pvt Name Smith - Nathaniel  
 Date of Enlistment 10.8.18 Address Normans Cove District St. John's  
 Occupation Fisherman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Unfit for Gen. Service Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—

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

Date 13.12.18

*N. H. Kelly Capt*  
O.C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### x. Civil Re-Establishment.

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

*Nathaniel 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 \$60.00

(b) ~~Clothing~~ Supplied

Date 16-12-18

*Joseph H. Snowling*  
O.C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 293 to his home at Long St and Release Certificate No. 378 issued.

Date 16-12-18 C. B. Dicks Capt.  
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 16-1-19

Date 17-12-18 W. H. L. Capt.  
Depot Paymaster.

Discharge approved for 19. 12. 18

Forwarded with following documents to O.C Discharge Depot.

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

Date 17. 12. 18. C. B. Dicks Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

DEC 19 1918

Date ..... R. H. Lant Capt.  
O. C. Discharge Depot.

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

Date Dec. 19/1918



  
**Department of Militia, Newfoundland**  
**Medical Department**

**Medical Report on an Invalid**

## NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

**STATEMENT OF CASE**

Station ..... **ST. JOHN'S**Date ..... **DECEMBER 5th 1918.**

- |                                   |  |
|-----------------------------------|--|
| 1. Unit <b>Royal Newfoundland</b> | 5. Age last birthday <b>22 years</b>           |
| 2. Regimental No. <b>5953</b>     | 6. Enlisted on <b>AUGUST 10th 1918.</b>        |
| 3. Rank <b>PRIVATE</b>            | at <b>ST. JOHN'S</b>                           |
| 4. Name <b>SMITH, NATHANIEL</b>   | 7. Former trade or occupation <b>FISHERMAN</b> |
|                                   | 8. Disability                                  |

**OLD INJURY TO HIP**

## 9. History

About few years ago had swollen gland in right inguinal region, which was operated upon in General Hp., St. John's. Since then he has always had more or less pain especially on marching. Some years previous fell off the top of house and injured his hip.

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

His general condition is good.  
Complains of pain in region (inguinal)  
on marching.  
No other complaints.

Medical Department

Medical Report on an Invalid

11. Was sanatorium advised and refused?  
operation

12. Do you recommend discharge as permanently unfit?

**YES.**  
**UNFIT FOR GENERAL SERVICE.**

STATEMENT OF CASE

Signature **L. PATERSON, Major.**

Rank or Qualification .....

Remarks if any by Officer i/c Hospital.

Place ..... Signature .....

Date ..... Rank .....

## Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words

13. For pension purposes, the disability x **cannot** be considered as aggravated by:—  
due to  
(a) Service during this war. (b) Climate. (c) Ordinary Military Service  
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

**YES**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?  
(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?  
(State in percentage.)

**NIL**

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to {  
General Hospital,  
Naval and Military Con-  
valescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

**UNFIT FOR GENERAL SERVICE**

Remarks if any:—

..... **N. S. FRASER** .....  
President

Signatures..... **J. S. TAIT** .....

..... **L. PATERSON, Major,** .....

Place ..... **ST. JOHN'S** .....

Date ..... **DEC. 6th 1918.** .....

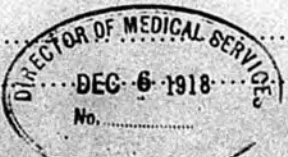
APPROVED

Station .....

Date ..... **DEC. 6 1918** .....

No. ....

(SGD)..... **CLIFFY MACPHERSON, Major,** .....  
Administrative Medical Officer





## 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, Nathaniel*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *5953*  
 Intended address *Lawrence Cove, Trinity Bay.*  
 Height on discharge *5* Feet *4 1/2*"  
 Color of hair on discharge *Light*  
 Complexion *Fair*  
 Color of eyes *Blue*  
 Descriptive Marks   
 Figure on discharge *Medium*  
 Christian name of Father *Robert*  
 Christian name of Mother *Susannah*  
 Wife's maiden name in full   
 Date and place of marriage   
 Christian names of children   
 Place and date of soldier's birth. *Lawrence Cove, June 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) *Nathaniel Smith*

(Rank) *pte*

Station *St Johns* Date *Dec 4*

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.

*Robinson*  
 Medical Officer i/c Hospital.  
 Unit, or Command Depot.

Station *St Johns Nfld.* Date *Dec. 4/18.*

Conditions

*Trinity*  
Demobilization Form 1

*Aug A*

# The Royal Newfoundland Regiment

Class for Demobilization:—  
B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 28/11/48

Regimental No. 2793

Name Smith, Keith (PO)

Address Romans Cove

Present Medical Category E

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

*Proceeding of Stms in force.*

Members of Board

*Rt Lt Col Capt.*  
O.C. Discharge Depot.

*J.P. Aeron*  
Senior Medical Officer

*Geo Burden*  
M. O. Depot





THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Nathaniel Smith, Regl. No. 5953,  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and \_\_\_\_\_ Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

Allotment begins Sept 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6659	Mother	Mrs Susanna Smith	Norman Cove T.B.	50
Total Allotment, \$				50

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.) Leasfield  
 Officer Commanding  
 Company

(Sig.) Nathaniel Smith  
 (Rank) Pte.

Royal N.F. Regt  
Aug 15th 1918

Report for Service 2698

# ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Fortyfourth on Aug 5 1918

1. Name Nathaniel Smith Age (a) Declared 29.  
(b) Apparent

2. Do you know of anything wrong with you? Trouble with leg

What severe illnesses have you had? None.

Eyes Blue  
Comp Fair  
Mark -

59 1/2

3. Height 5 ft 4 1/4 Weight 141

4. Eyesight (a) Left 5/6 (b) Right 5/6

5. Physical Defects (Examine after strenuous exercise)

Cannot find anything wrong with leg or hip.

6. Examination of Lungs n

Measurement

(a) Expiration

35

(b) Inspiration

38

7. Examination of Heart n

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

|  
2

10. Have you been successfully vaccinated, and when? No.

11. Name and address of next of kin

Father Robert Normans Cove 203

REMARKS—

This man states he was under treatment at General Hoop for hip disease. No record of him at General Hoop. Arched foot and no signs of hip trouble to be made out at present. recommend to be taken as to my own.

Medical Examiners



## 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 work as sailor*

*Nathan Smith*

Signature of Man.

*C. D. Duke*

Reg. No. *5953*

Signature of the Vocational Officer or his Representative.

Place *St. John's*

Date *16/12/18*

191



This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Natalia Cyril Smith  
aged 20 years 4 months conducted at  
Date: Nov 8 1916 Recruiting Officer:

*[Handwritten signature/initials]*

NO OF TEST FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no - no
- 10 n
- 11 n
- 12 n
- 13 2 roots to be extracted
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19  $\frac{6}{9}$  right -  $\frac{6}{9}$  left
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n

*20 report taken  
History of Hip disease  
for 9 yrs ago  
Hx for sinus back the*

*Agitation Badge No 546  
Issued Dec 9/16  
[Signature]*

32 no  
33 5 1/2"  
34 138  
35 37-39  
36 400 mg prog  
37 father Mr Robert Smith Norman & B  
38 now  
39

*[Signature]* Signature of Medical Examiner: St. Borden

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

MEDICAL HISTORY

Surname Smith

Christian Name Nathaniel

Table I.—GENERAL TABLE

Birthplace :—Parish Normans Cove County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <u>10</u> day of <u>Aug</u> 191 <u>8</u>	on	day of	191
	at <u>St. John's</u>	at		
Declared Age	<u>22</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>4 1/2</u> inches	feet		inches
Weight	<u>144</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>38</u> inches		inches
	Range of Expansion	<u>1</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
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>Lammont Peterson</u>			
(Rank)	<u>Major</u> Medical Officer			Medical Officer
Enlisted	at <u>St. John's</u>	at		
	on <u>10</u> day of <u>Aug</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>Royal Nfld</u>	<u>5953</u>		
Transferred to	<u>Regiment</u>			
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)				day of





## 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. & 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, Nathaniel.*  
 Regiment from which discharged *1st. Newfoundland.*  
 Regimental number *5953*  
 Intended address *Notman's Cove, Trinity Bay.*  
 Height on discharge Feet  
 Color of hair on discharge *Light Brown.*  
 Complexion *Light.*  
 Color of eyes *Blue.*  
 Descriptive Marks  
 Figure on discharge *Normal.*  
 Christian name of Father *Robert*  
 Christian name of Mother *Duzanna.*  
 Wife's maiden name in full  
 Date and place of marriage } *not married.*  
 Christian names of children }

Place and date of soldier's birth. *Notman's Cove, N.B. June 25<sup>th</sup> 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)  
*Nathaniel Smith.* (Rank) *Pte.*  
 Station *Prince's Peak* Date *10/12/18.*

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.

*J. R. Steele* Lt  
 Medical Officer in Hospital,  
 Unit, or Command Depot.

Station \_\_\_\_\_ Date \_\_\_\_\_



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland

Number of Sheet one  
Signature of O. C. Company C. R. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years months	Fisherman	
5953 Nathaniel Smith		Place and Date of Enlistment	10-8-18	Religion	
Joined	Date	Period of		Place of Birth	
Joined	Date	with Colours 160. years.		Normans Cove NB.	
Joined	Date	with Reserve 365. years.			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
St. John's	26-10-18	Pte		Hesitating to obey an order	L. Cpl. Murphy L. Cpl. Power	48 hrs. detention	29-10-18	Capt. S. R. Robertson	JG
				Demobilized	St. John's	16 '19			

To be carried over.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5933 Rank Private Name Smith - Nathaniel  
 Date of Enlistment 10.8.18 Address Normans Cove District Lombay  
 Occupation Fisherman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Unfit for Gen Service Disability Rating 72  
 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	2	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2	1		" 6	
B 179c	B 120	M 93	1			

Date 13.12.18

*W. H. Capb*  
O.C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Nathaniel 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 \$60.00

(b) ~~Clothing Supplied~~

Date 16-12-18

*Joseph A. Snowling*  
O.C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 293 to his home at Long St. and Release Certificate No. 378 issued.

Date 16-12-18 ..... C. S. Dicks Capt.  
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 16-1-19

Date 17-12-18 ..... W. Bowley Capt.  
Depot Paymaster.

Discharge approved for 19-12-18

Forwarded with following documents to O.C Discharge Depot.

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

Date 17-12-18 ..... C. S. Dicks Capt.  
Demobilization Officer.

APPROVED. h

Documents as above forwarded to:—  
Officer i/c Records.  
Board of Pension Commissioners.  
with following additional documents.

Date DEC 19 1918 ..... R. H. Lant Capt.  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date Dec 19/1918 ..... W. Bowley Capt.  
O.C.



Reg. No. 5953 Rank *Pt* Name *Smith Nathaniel*  
Attested *10-5-18* Address *Romanus Cove*  
Allotment *50* Allottee *Mrs Susanna Smith (Mother)*  
Date of Allotment *1-9-18* Returned from Overseas  
Embarked for Overseas Cause

*Valle 27-9-18, 1st Inoc 26-9-18 - 2nd 2-9-18.*  
*29-10-18 Awarded 48 hours detention*  
*19-9-18 Special duty with *John*, *John* 10-10-18*  
*Mount Pearl.*  
*10-12-18 Res. Discharge unfit for General Service.*

*13-12-18* PASSED TO DEMOBILIZATION OFFICER

*19-12-18* DISCHARGE APPROVED ON DEMOBILISATION.