



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 1051

Name

Robert Smith Corp

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

- |  |                          |
|--|--------------------------|
| 1. What is your name? .....  | 1. <u>Robert Smith</u>   |
| 2. What is your full Address? .....  | 2. <u>22 Bay St</u>      |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>            |
| 4. What is your age? .....   | 4. <u>23</u> Years ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Fishermen</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, Robert 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.

Robert Smith SIGNATURE OF RECRUIT.

W. W. [Signature] Signature of Witness.

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

I, Robert 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 fully entered as replied to, and the said recruit has made the declaration and taken the oath before me at St. John's on this 15 day of May 1915.

Signature of Attesting Officer Geo. Liberty

### 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.....1915

Place.....

} 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: vis:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

# DESCRIPTIVE REPORT ON ENLISTMENT

5051

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

Name Robert Smith  
 Apparent age 23 years 0 months. Height 5 feet 9 1/2 inches  
 Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Robert Smith, Bieldo  
Trinitis 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>15-5-18</u>									
Joined at <u>St. Helens</u> on <u>Monday 15-1-18</u>									
<u>Discharged August 11/1919</u>									
Embarked <u>St. Helens</u> <u>S.S. Columella</u> to <u>Hull</u> <u>11-7-18</u>									
To <u>superfundland</u> for <u>demobilization</u> <u>24-6-1919</u>									
Arrived <u>to superfundland</u> <u>1-7-1919</u>									
<u>Demobilization</u> <u>St. Helens</u> <u>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>89</u> days									
Pensions .....									

C.R. 5051

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

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

5051, Pte. Robt. Smith.

C.R. 5051

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, July 6th, 1919

The discharge of the undernoted on demobilization has been  
APPROVED by Officer i/c Records from 28-7-19

5051 Pte. R. Smith.

C.R. 5051

Extract from Daily Orders Part II Unit The Royal Rifle Regt.  
St. John's, July 3rd 1919.

5051 Pte. R. Smith.

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

C.R. 5031

Extract from Daily Orders part II, Depot Winchester  
dated 2-12-18 by Lt. Col., B.J. Barton, D.S.O.  
Officer Commanding Bnd., Battalion of the Royal  
Newfoundland Regiment.

The u/m men having been transferred to the Newfoundland  
Forestry Corps. is struck of the strength of the Batt.  
as from 22-11-18.

<sup>5</sup>  
5031 Pte. R. Smith.

C.R. ~~SECRET~~

5051

Extract from Orders by Major M.S. SULLIVAN, Officer  
Commanding Newfoundland Forestry Corps dated 4/12/18.

The undermentioned having completed their trial with  
this Unit is attached to the strength from 23/11/18 and posted  
to "Q" Co.,

5051  
~~#5051~~ Pte. R. Smith.

C.R. 5051

Extract from Orders by Lt. Col. B.J. Barten, D.S.O.,  
Commanding 2nd Battalion Royal Newfoundland Regiment, dated  
10/10/18.

The undermentioned will hold himself in readiness  
to join the Newfoundland Forestry Corps on one months  
probation as from 11/16/18. Major J.W. March, M.C.,  
will conduct this party.

"D" Company.

5051 Pte. R. Smith.



C.R. 5051

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

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

#5051 Pte. Robert Smith.

Extract from Daily Orders part II, from Unit The Royal  
Hfld. Regt. St. John's, dated May 16th, 1918.

#5051 Pte. R. Smith.

Attested for General Service with the Royal Hfld. Regt.  
from 15.5.18

R. J. Smith

C.R. 5051

1110





Smith, R.

5051

Ray sept.

August 14, 1919

#5051 Pte. Robert Smith,  
DILDO, T.B

Dear Sir:-

Please find enclosed Discharge Certificate #3732.

Yours truly,

\* Captain & Paymaster.

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

## MEDICAL HISTORY

Surname *Smith*

OF

Christian Name *Robert J.*

Table I.—GENERAL TABLE.

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

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined .....	on <i>16<sup>th</sup></i> day of <i>May</i> 191 <i>8</i>	at <i>St. John's</i>	on	day of 191
Declared Age.....	<i>25</i> years	days	years	days
Trade or Occupation .....	<i>Fishermen</i>			
Height .....	<i>5</i> feet	<i>9 1/2</i> inches	feet	inches
Weight .....		<i>160</i> lbs.		lbs
Chest (Girth when fully expanded....)		<i>38</i> inches		inches
Measurement (Range of Expansion.....)		<i>4</i> inches		inches
Physical Development.....				5
Vaccination Marks (Arm.....)	Right	Left	Right	Left
	Number.....			
When Vaccinated .....				
Vision .....	R. E.—V= <i>6/6</i> L. E.—V= <i>6/6</i>		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)	<i>Samuel Jackson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted .....	at <i>St. John's</i>	at		
	on <i>15</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment.....	<i>Medical 1051</i>			
	<i>Nfld Regt</i>			
Transferred to.....				
Became non-effective by .....	on	day of 191	on	day of 191
(Signature)				
(Rank)				





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 Horse Artillery* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5051* 3. Rank... *plb* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Smith* *Robert J.* (a) Former Regts. or Corps ;  
(Surname) (Christian Name) with Regtl. Nos.
5. Age last birthday *23*
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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

*Repatriation*

*W.E. Proctor, Capt R.A.M.C.*

Medical Officer in charge of case.

Station . . . *Hazelton, B.C.*

Date . . . *9/14/19*

\* 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

" OPHTHALMIC DEPARTMENT "

Military Hospital,  
Winchester.

4-10-18

To :-

Medical Officer i/c.

R. F. W. L. D.

5051 Smith R.

Please cause this man to attend here in six days' time (Sunday excepted) for spectacle fitting. He should bring with him Army Book 64 and Medical History Sheet for the necessary entries to be made therein.

Pres for Pay  
book please

R. Lockhart  
Crompton  
Ophthalmic Surgeon.

From : Ophthalmic Surgeon. Central Military Hospital.

To : Medical Officer in Charge R. W. Fed. Regt.

Hazelton Down.

Oct. 4<sup>th</sup> 1918.

" REPORT OF VISION "

No. 5051. Pte. Smith R. .....

Has V.A. R.E.  $\frac{6}{36}$

With correct-  
ing lenses.

R.E.  $\frac{6}{24}$

" " L.E.  $\frac{6}{12}$

L.E.  $\frac{6}{9}$

Mixed astigmatism, rt. Myopia, left.

R. Lockhart  
Cratichusa

~~R. Lockhart~~  
Ophthalmic Surgeon.

Note ... This Report should be attached to this man's  
Medical History Sheet for future reference please.



## 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 *Robert Smith*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5051*

Intended address *Abilds*

Height on discharge *5 Feet 10*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks           

Figure on discharge *Medium*

Christian name of Father *Robert*

Christian name of Mother *Mary Ann*

Wife's maiden name in full           

Date and place of marriage           

Christian names of children           

Place and date of soldier's birth *Abilds 1.11 - age 23 - 1897*

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)

*Robert Smith*  
Mark

(Rank) *Cpl*

Station

*ST. JOHN'S*

Date *July 7th 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.

Station



Date

Medical Officer of Hospital,  
Unit, or Command Depot.

August 16, 1919

Mr. Robert Smith,  
Dills, 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..... *R* ..... 2. Surname..... *Smith*
3. Rank..... *Pvt* ..... 4. Regtl. No..... *5057*
5. Address in full to which future payments of gratuity are to be forwarded..... *Dildo D.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..... */*
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 Mfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *fourteen months*
- ..... 1.



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

.....  
.....

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 Regt.? <sup>no</sup> If not give:- (a) Date of discharge. *July 28/19* (b) Reason for discharge. *Demob*

.....  
.....

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.

*Cuxhaven*  
.....  
.....

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:- <sup>his</sup> R. X. Smith

Place of Residence: *Wedge St.*

Declared before me at: *St. John's*

This 14 day of *July* 19*.19*....

Signature of Barrister of the *John McCarthy*  
Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

POST DISCHARGE PAY.

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

Certified correct.

By: \_\_\_\_\_

## 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.  
To resume former occupation.

Smith JG

Signature of Man.

W. B. Louster

Reg. No. 3051

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date 14-7-19. 191

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.Number of Sheet 61Regiment of Royal NewfoundlandSignature of O. C. Company C. D. White Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5057 Smith Bdr Coy</u>	Age on	<u>23</u> years / months	<u>Postman</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's 15.5.14</u>	Religion	
Joined	Date	Period of	with Colours / <u>89</u> years. with Reserve / <u>366</u> years.	Place of Birth	
Joined	Date			<u>Dildo ID</u>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
-------	-----------------	------	-----------------------	---------	--------------------	--------------------	---	-----------------	---------

Demobilized 11/5/19

To be carried over

Army Form B. 121.

051 Rank *1st* Name *Smith R J*

Address *Bildo*

Allotment Allottee

Date of Allotment JUL 1 1919

red on S.S. *Cassada* Discharge

47  
97

PASSED TO DEMOBILIZATION OFFICE

APPROVED ON DEMOBILIZATION

The Royal Newfoundland Regiment

95051

## DEMobilIZATION OF

Reg. No. 5057 Rank Plt Name Smith R  
 Date of Enlistment 15-15-18 Address Delah District Smith  
 Occupation Soldier Classification for Discharge F Medical Category H  
 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 12-7-19A O. C. Discharge Depot. Smith R

## PARTICULARS FOR DEMobilIZATION

## 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

## 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$6.00

(b) Clothing Supplied \_\_\_\_\_

Date 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2387 to his home at Dildo and Release Certificate No. 3578 issued.

Date 14-7-19 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11/11/19

Date 14-7-19 Depot Paymaster.

Discharge approved for 28-1-19

Forwarded with following documents to O.C Discharge Depot.

N.F. F36	B 268	B 121	N.F. Med	D.F. 1	Form B
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 14-7-19 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919 N.R. Cooper Capt  
O. C. Discharge Depot.

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

Date Aug 7/19 Wht

**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  
2. Regtl. No. 5051 3. Rank Rt. Lieut.  
4. Name Smith Robert J.  
(Surname) (Christian Names)  
5. Age last birthday 23  
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?  
9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Date of Discharge ;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 n (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 is 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?

*He complains 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?

*Repatriation*

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. Procuier. Capt. R. A. ...*  
 Medical Officer in charge of case.

Station *Kazely Down*  
 Date *5/4/19*

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

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5051 Rank. Pvt. Name. Smith R.  
 Intended place of residence. St. John's

2. Occupation Fisherman  
 Classification of soldier. E Medical Category. AT

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

*[Signature]*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 14 1919

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

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 14 1919

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

### STATEMENT OF SERVICE

7. Enlisted for service. 15-5-18 No. of days on Military  
 Discharged from service. 28-7-19 Plus 14 days Service. 454

### 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

*[Signature]*  
 Officer in Charge 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

*[Signature]*  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

17  
30  
31  
11  
9

*[Handwritten notes]*  
 2049/5432

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5001 Rank Pl Name Smith R  
 Date of Enlistment 15 5 18 Address Dildo District Smith  
 Occupation Fisherman Classification for Discharge F Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date..... 12-7-19 ..... O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*R. His  
Mark Smith  
with wife*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable..... \$6.00  
 (b) Clothing Supplied..... *Smith R*

Date..... 14-7-19 ..... O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192387 to his home at Sildo and Release Certificate No. 3578 issued [Signature]

Date 14-7-19 [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 [Signature]

Date 14-7-19 [Signature]  
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	N.F. Med.	D.F. 1
B 173	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		

1/2 Form B

Date 14-7-19 [Signature]  
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 28 1919 N.R. Cooper Capt.  
O. C. Discharge Depot.

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

Date .....

# The Royal Newfoundland Regiment

Class for Demobilization:—

*Co.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 12/19*

Regimental No. *5251*

Name

*Smith Robert*

Address

*Bildo*

Present Medical Category

*A-1*

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

*H. R. Cooper Capt.*  
O. C. Discharge Depot.

*H. Paterson*  
Senior Medical Officer

*L. W. Borden*  
M. O. Depot