



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

C.R. 4309

No. 1309 Name Samuel Smith Corps Co. E

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Samuel Smith</u> |
| 2. What is your full Address? | 2. <u>Stokelton P.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>7</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Laborer</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. <u>Name</u> <u>THE DURATION OF THE WAR</u>
<u>Corps</u> |
| 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, Samuel 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.

Samuel Smith SIGNATURE OF RECRUIT.

R. Bennett Signature of Witness.

M 11-1-18

Samuel Smith OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I 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 Stokelton on this 11 day of January 1918.

John L. Signature of Attesting Officer

†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 1st.

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

Date 11-1-18 } Approving Officer.
Place Stokelton }

† 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 Samuel Smith
 Apparent age 21 years 7 months. Height 5 feet 11 inches
 Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Frederick Smith
Blairstown | 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>11-1-1918</u>									
Joined at <u>St John's</u> on <u>January 11-1918</u> <u>Discharged July 11-19</u>									
<u>Embarked St John's train to Halifax N.S. 28³/₁₆</u>									Embarked for <u>B.C.</u> <u>23-11-18</u> . <u>Joined Battl. France 5-1-1919</u> . <u>Arrived in U.S. from B.C. 23-4-1919</u> . <u>To Newfoundland for demobilization 22⁵/₁₉</u> <u>Demobilization St John's 7-7-1919</u>
<u>Arrives Newfoundland 1-6-1919</u>									

Total Service towards Engagement to 7-7-1919 [date of discharge] 1 years 178 days
 Pensions _____

C.R. 4309

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt. St. John's, July 10th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer I-c Records from 7-7-19.

4309 Pte. Saml. Smith.

C.R. 4309

Extract from Daily Orders Part 11 Unit the Royal Nfld.
Regt. Depot St. John's, June 12th, 1919

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 23-6-19.

4309 Pte. Saml. Smith.

C.R. 4309

Extract from Daily Orders Part 11 Depot, St. John's,

Date 11-6-19.

4309 Pte. Saml. Smith

Reported at Headquarters 1-6-19. BX "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4309

Extract from Telegram despatched to Synoptical, London,
dated June 8, 1918

Pay to as follows:

#4309 Pte. Smith,

£4.0.2.

C.R. 4309
Extract from Nominal Roll 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion
left Rouen Camps 22/4/19; embarked at
Havre 22/4/19; disembarked at Southampton
23/4/19 and reached Hazeley Down Camp
23/4/19.

#4309 Pte. S. Smith.

C.R. 4309

Extract of Telegram from Military to Syn., London.
dated April 26th 1919.

.....

Reference my telegram April 25th should be read #4309
Smith, philostize soaldhead.

.....

C.R. 4309

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

#4309 Pte. S. Smith.

C.R. 4309

Extract from Nominal Roll Embarked St. John's for Overseas.
Mar. 28, 1918.

4309 Pte. Smith S.

C.R. 4309

Extract of Daily Order s part 11, from Unit 4/1st
Royal Newfoundland Regiment, dated January 11, 1918.

#4309.Pte. S. Smith.

Attested for General Service with the 1st
Newfoundland Regiment with effect from 11/1/18.

S. Smith

C.R. 4309

~~P. H. N.~~

Medical Report on an Invalid.

Station Hazleley DownDate 30/4/19

1. Unit Royal Newfoundland. Former Trade } Mines
or Occupation }
2. Regimental No. 11509
3. Rank plc
4. Name Smith Samuel
5. Age last birthday 22
6. Enlisted { on Jan'y 1/18
at
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

Statement of Case.

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

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na.

13. What is his present condition?

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

He complains of no disability

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

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

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

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

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

na.

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

na.

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

na.

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

na.

Repatriation

20. Do you recommend—

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

W. E. Proenier. Capt Rame

Officer in medical charge of case.

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

Station

Dozeley Down

Officer in charge of Hospital.

Date

30/4/19

*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.

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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel Smith, Regl. No. 4309
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} 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 March 1st 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3754	Mother	Mrs. Eliza Smith	Blaketown Trinity Bay	60
			Total Allotment, \$	60

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.) W. W. H. H.

Officer Commanding
 H Company

St. Johns
July 27 1918

(Sig.) Samuel Smith

(Rank) Private

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.
Commencing on 1st July 1918.

Regtl. No.	Rank,	Name	Amount	Signature.
4309	Pvt	Smith S.	\$2.50	

I have the honour to be, Sir,
~~Yours faithfully,~~
Your obedient servant.

Date

June 26th 1918

S. Smith

No. 6387/941

10/ 099270

M.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. ~~1st~~ *2nd* Regt.
Winchester

29th April 1919

4309 Pte S. Smith

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With reference to the following telegram from the Minister of Militia / / (154.)

"Pay to- 4309 Pte S. Smith
£6-3-4-

Cheque £ 6-3-4 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. Minns
Chief Paymaster & O. 1/c Records.

Receipt hereunder.

Williams Lieut & Adjutant
Officer Comdg. Batt'n.

Received the sum of *Six pounds*
three shillings & four pence (6-3-4) in respect of telegraphic remittance from the Minister of Militia.

S. Smith
No. 4309 Rank *Private*

Witness
French

No. 18123/1981

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

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

7th November 1918

Nov. 9th 1918

Subject: 4309, Pte. S. Smith

With reference to the following telegram (9591) from the Hon. Minister of Militia, received

Pay to 4309 Smith £4:0:0

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

A. A. Minnall
Chief Paymaster & O. 1/c Records.

Receipt hereunder.

Martin LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

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

Received the sum of Four
pounds on account of
cable remittance from Newfoundland.

S. Smith

No. 4309 Rank Private

Witness A. L. Carter, Pte.

047566

No. 9360/873

NEWFOUNDLAND CONTINGENT

N. F. I. 1918.

From

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

To

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

~~Subject:~~ 11th June 1918

15 JUN 1918 191

Subject: 4309, Pte. S. Smith,

Receipt hereunder.

With reference to the following telegram (5182) from the Hon. Minister of Militia, received

Okam
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
1st Newfoundland Regiment

Pay to 4309 Smith £4:0:2

Received the sum of £4.0.2

Draft £ 4:0:2 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

Four pounds and two pence account of cable remittance from Newfoundland.

A. A. Munnell Pay.
Chief Paymaster & O. i/c Records.

Samuel Smith
No 4309 Rank Pte.

No. *4309* Name *Pte Smith S* Sqn., Batty., } *C* Corps *Royal Field* Date of enlistment } *11-1-18* G.C. *1* Service or Proficiency Pay *Good*
 or Company } No. and date } of last drunk } Period not reckoning towards } Sheet No. } Signature O.C. } Company, etc. } *W. H. Long* Character

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
<i>50th Field</i>	<i>6/19/18</i>	<i>Pte</i>		<i>Involvement in a U.C.</i>	<i>D. Bunge Cpl.</i>	<i>10 Days</i>	<i>6-19</i>	<i>Lt. Col</i>	
<i>River</i>	<i>29/3/19</i>	<i>Pte</i>		<i>Def of kit</i>	<i>C. M. Waters</i>	<i>pay for same</i>	<i>1-4-19</i>	<i>Major Bernard</i>	<i>White</i>

Army Form B. 122.

Smith, S

4309

Hay Sept.

July 8, 1919

#4309 P. Samuel Smith,

Blaketown, T.B.

Dear Sir:-

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

Yours truly

Paymaster & i/c Records. **Captain**

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..... *Samuel*..... 2. Surname..... *Smith*.....

3. Rank..... *Pvt*..... 4. Regtl. No. *4309*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Blaketown, N. B.*.....

6. Date of enlistment in the Regiment..... *January 1918*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

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 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..... *From January 1918*.....

As from 9/19..... *1 3/4*.....

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

..... *No*

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

..... *No*

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

16. Have you, during the present war, served in the Imperial Forces. *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*

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

19. Are you now serving in the Regt.?..... *No* If not give:- (a) date of discharge..... *June 9/19* (b) Reason for discharge.....

..... *Temporary* *Deutsches Heer*

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

France, Belgium & Germany - From Aug. 1918 to April 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *No*

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

July 7, 1919

#4309 Pte. Samuel Smith,

Blake town, T.B.

Dear Sir:-

Please find enclosed discharge
Certificate No 12724.

Yours truly

Captain
Paymaster & C.I.C Records.

The Royal Newfoundland Regiment

Class for Demobilization:—

G.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment.

Date

7.6.19

Regimental No. *4609*

Name

Smith Samuel Pte.

Address

Blackburn

Present Medical Category

A-1

Recommended for:—

- (a) Immediate discharge
- (b) ~~Standing Medical Board~~

Members of Board

R.H. Last Capt
O.C. Discharge Depot.

H. Atkinson
Senior Medical Officer

Geo. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 309 Rank Plt Name Joseph Samuel
 Date of Enlistment 11-1-18 Address Blaketown, Trinity
 Occupation Labourer Classification for Discharge 4 Medical Category A.I.
 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 7-6-19 for M. H. H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied J. A. Snow Capt

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1609.9644 to his home at Blaketown and Release Certificate No. 2473 issued.

Date 9-6-19 *J.A. Snowball*
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 7-7-19

Date 9-6-19 *J.A. Snowball*
Depot Paymaster.

Discharge approved for ~~9-6-19~~ 23-6-19

Forwarded with following documents to O.C Discharge Depot.

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		

2 Form B

Date 9-6-19 *J.A. Snowball*
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

JUN 23 1919

R.H. Salt Capt.

Date O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former occupation

S. Smith

Signature of Man.

Reg. No. 4309

J. A. Crawford

Signature of the Vocational Officer or his Representative.

Place

Rt. Johns

Date

JUN 9 1919

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

MEDICAL HISTORY

OF

Surname

Smith

Christian Name

Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish

Blackburn J. Bay.

County

Ryfl.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>11th</i> day of <i>Jan'y</i> 191 <i>8</i> at <i>St John's</i>	on _____ day of _____ 191____ at _____	on _____ day of _____ 191____ at _____	on _____ day of _____ 191____ at _____
Declared Age	<i>21</i> years	<i>2</i> ^{Months}	years	days
Trade or Occupation	<i>No above</i>			
Height	<i>5'</i> feet	<i>11</i> inches	feet	inches
Weight		<i>150</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded		<i>38</i> inches	inches
	Range of Expansion		<i>4</i> inches	inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <i>6/30</i>		R.E.—V=	
	L.E.—V= <i>6/30</i>		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 Paterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at <i>St John's</i>	at _____	on _____ day of _____ 191____	on _____ day of _____ 191____
Joined on Enlistment	on <i>11th</i> day of <i>Jan'y</i> 191 <i>8</i>	on _____ day of _____ 191____	Corps.	Regtl. No.
Transferred to	<i>1st Regt.</i>	<i>4th Regt.</i>		<i>4309.</i>
Became non-effective by	on _____ day of _____ 191____	on _____ day of _____ 191____		
[Signature]				
[Rank]				



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full *Smith, Samuel*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4309*

Intended address *Blake town T.B.*

Height on discharge *5 Feet 11*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Saer*

Christian name of Father *Fred.*

Christian name of Mother *Elegit*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Blake town T.B. 31-10-1897*

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)

Samuel Smith

(Rank)

Station

ST. JOHN'S.

Date

4-6-19

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



Station

Date

The Royal Wld. Regiment

DEMOBILIZATION

No. 4309 Rank _____

Name Smith S

Warned for demobilization on

JUN 9 191

Medical Report on an Invalid.

Station Hazleydown
Date 30/4/19

1. Unit Royal Newfoundland 7. Former Trade } Miner
or Occupation }
2. Regimental No. 4309
3. Rank plc
4. Name Smith Samuel
5. Age last birthday 22
6. Enlisted { on Jan'y 18
at St Johns
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

Statement of Case.

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

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nil
nil
nil
nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
(b) constitutional or hereditary, and not aggravated by service during the present war.
(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na

13. What is his present condition? *He complains of no disability*

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

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

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

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

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

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

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

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

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

Repatriation

20. Do you recommend—

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

Sgd W F [Signature] Capt Rame
Officer in medical charge of case.

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

Station *Hazley Down*

Officer in charge of Hospital.

Date *30/4/19*

*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.

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

Casualty Form—Active Service.

Regiment or Corps Royal Newfoundland
 Rank Pte Surname Smith Christian Name Samuel
 Religion C of E Age on Enlistment 21 years 2 months
 Enlisted (a) 11-1-18 Terms of Service (a) Duration Service reckons from (a) 11-1-18
 Date of promotion to present rank Date of appointment to lance rank
 Extended (.....) Re-engaged (.....) Qualification (b)
 Occupation Labourer or Corps Trade and Rate 77 Long Capt Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked			
		Disembarked...	<u>28 NOV</u>	<u>1918</u>	
		Joined Batt.			
	<u>Pl. Capt.</u>	<u>Awarded 10d per Y.P. no 2 for when on active service using Insolence to a W.O.</u>		<u>9.2.19</u>	<u>OTW: 285</u>
		<u>Discharged Hop.</u>		<u>15/3/19</u>	<u>B213</u>
		<u>Arrived in UK.</u>		<u>20/4/19</u>	

Samuel Smith Blaketown B.B Newfoundland

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c

(17591.) W. W 1887—P. 1124. 1,000,000. 8/18. D & S. Form B. 103. (E. 1255.)

[P.T.O.]

Next of Kin

From : Ophthalmic Surgeon, Central Military Hospital

To : Medical Officer in Charge Royal Field Regt.
Harzeley Down.

29.5.1918.

" REPORT OF VISION "

No. 4309. Pte. Smith S.

V.A. R.E. $\frac{6}{60}$
Has ... R.E. $\frac{6}{60}$

With correct-
ing lenses. R.E. $\frac{6}{12}$
R.E. $\frac{6}{12}$

Completed by Miss Estlin F.S.

Continued.....

Capt. R.A.M.C.
Ophthalmic Surgeon.

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

No 3875



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel Smith, Regl. No. 4309
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} 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 March 1st. 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3754	Mother	Mrs. Eliza Smith	Blaketown Trinity Bay	60
Total Allotment, \$				60

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.) W. J. Johns
 Officer Commanding
H Company
St. Johns
July 27 1918

(Sig.) Samuel Smith
 (Rank) Private

June 8th. 1918.

Mr. Frederick Smith,
Blaketown,
Newfoundland.

Dear Sir:

Referring to your telegram of
June 4th. I have cabled £4.0.2 to No. 4309, Pta. Saml.
Smith.

Yours truly,

For Paymaster

The Department of Militia

#2. ²⁰/₁₀₀

The sum of

Two

²⁰/₁₀₀

Dollars is due

Mr

Roband Smith.

For

drawings

Reg No

4309

Rank

Private

Name

R. Smith

From

Whitbourne

To

Blaketown

Account for ²⁰/₁₀₀

[Signature]

Captain

Demobilisation Office
NEWFOUNDLAND



ACCOUNT	<i>Trans</i>
CH. NO.	<i>8044</i>
INITIALS	<i>R.S.</i>
IND LEDGER	
INITIALS	
PAY LEDGER	
INITIALS	

No. 644

TRAVELLING WARRANT

Date 9-6-19. The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. 4309 Rank 1st Lt Name Smith S

From ST. JOHN'S - To Whitburn

Whitburn

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

cab drive 28.20
Roland Smith

J. A. Snow Capt.

SIGNATURE OF ISSUING OFFICER.

Demobilization Officer
Discharge Depot - Newfoundland

August 21, 1919

Roland Smith,
Elaketown,

M.C.R.

Dear Sir:

I enclose herewith
cheque for \$2.20, amount due you
for driving Pte. S. Smith from
Whitbourne to Elaketown, T. B.

Yours truly,

Capt.
Paymaster

LM/

ACCOUNT	<i>At Meas</i>
CH. NO.	<i>3180</i>
IND. LEGER	<i>W.P.R.</i>
PAY LEGER	<i>W.P.R.</i>
GEN. LEGER	<i>W.P.R.</i>

St. John's Nfld.
Jan'y 11th 1918

1. A. Pope r/la Regt
20 4309 St. P. Lewis

Rec'd *20 Meas on Train* *O.K.*
17-1-18

\$ 1.00

Daniel Smith W.P.R. *Adjutant*
 Depot, First Newfoundland Regiment,
 12-1-18. St. John's, Nfld.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here



OCT 20 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

Samuel Smith

in respect of his service as No. 4309 Rank Pte.

Name S. Smith Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received X

Signature Samuel Smith

Date Nov 18, 1921

Address Blaketown Trinity Bay

[P.T.O.]

Receipt for Army Book 64

No. 4309 Name S. Smith

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

Name Samuel Smith

SS

Date August 26th

Place B. B. H. T. Co.

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
20.

Number of Sheets

One.

Regiment of

1st Royal Nfld.

Signature of O. C. Company

W. H. H. H.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Smith P.	Age on	21 years 2 months	Labour	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	11-1-18	C. of C.	
Joined		Date	Period of	Place of Birth	
Joined		Date			
		with Colours	128 years.		
		with Reserve	365 years.		

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
Nagles W Camp	6/11/18	2nd Lt.		Indecency to an N.C. Officer	Cpt. Symonds	10 days CB	8/1-18	Lt Col B. J. Bowen	180 M.H.
				Demobilized Pt. John's, 7/29					

To be carried over

The Royal Newfoundland Regiment

D 4309

DEMobilIZATION OF
 Reg. No. *4309* Rank *Plt.* Name *Smith, Samuel*
 Date of Enlistment *11-1-18* Address *Blaketown* District *Trinity*
 Occupation *Labourer* Classification for Discharge *4* Medical Category *1*
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date *7-6-19* for *Smith* O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date
 REVISION FOR WEST DISTRICTS

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable *\$60.00*
- (b) Clothing Supplied *Green Cap*

Date *9-6-19*

O i/c. Re-clothing.

The Royal Newfoundland Regiment *D 4309*

DEMOBILIZATION OF

Reg. No. *4309* Rank *Plt* Name *Smith Samuel*

Date of Enlistment *11-1-18* Address *Blaketown* District *St. John's*

Occupation *Labourer* Classification for Discharge *4* Medical Category *1*

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 *7-6-19* for O. C. Discharge Depot. *H. M. Smith*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date *7-6-19*

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable *\$60.00*

(b) Clothing Supplied *John Snow Capt*

Date *9-6-19* O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. Hoq. 2644* to his home at *Blaketown* and Release Certificate No. *2473* issued.

Date *9-6-19* *J.A. Lawless*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *1-7-19*.

Date *9-6-19* *J.A. Lawless*
Depot Paymaster.

Discharge approved for ~~9-6-19~~ *23-6-19*

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

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

2 Form B

Date *9-6-19* *J.A. Lawless*
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

JUN 23 1919

Date O. C. Discharge Depot.

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

Date *June 16/19* *J.A. Lawless*
for records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4309 Rank Pte Name Smith, Samuel
 Intended place of residence Blaketown
2. Occupation Labourer
 Classification of soldier E Medical Category A'
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.

Jr 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.

JUN 9 1919

S. Smith
 Signature of soldier

Alb. Louster
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and date ST. JOHN'S.

JUN 9 1919

S. Smith
 Signature of soldier

James O. Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 11-1-18 No of days on Military
 Discharged from service 23-6-19 plus 14 days Service 593

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S.

R.H. Lant Capt
 Officer in Charge of Records
 The Royal Newfoundland Regiment.

Date JUN 23 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's Med

Date July 7/1919

M. Bowley Capt
 Officer in Charge of Records
 The Royal Newfoundland Regiment

2792079/2724