



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5591 Name Thomas Smith Corps Cy6

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Thomas Smith
- 2. What is your full Address? 2. Boat Str. Bay
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 32 Years Months
- 5. What is your Trade or Calling? 5. Fireman
- 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

Thomas 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.

Thomas Smith SIGNATURE OF RECRUIT.

J. Dawson Signature of Witness.

3/6/18

DATE TO BE TAKEN BY RECRUIT ON ATTESTATION.

Thomas 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 3 day of June 1918

Signature of Attesting Officer C. Dicks Lieut

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the

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

Date 191 } Approving Officer.
Place

† 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.

57591

Name Thomas Smith
 Apparent age 22 years 0 months. Height 5 feet 7 1/4 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Smith
Boat Hk B D | 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>3-6-18</u>									
Joined at <u>St. Louis</u> on <u>June 3-1918</u>									
<u>Discharged August 8-1919</u>									
<u>Embarked St. Louis S.S. Colombia to Halifax N.S. 22-7-18</u>									
<u>Left for demobilization 24-6-1919</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St. Louis 8-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-8-1919 [date of discharge] 1 years 67 days
 " " Pensions " " " " " " " " " " " "

Reg. No. 5591 Rank *Pte* Name *Smith, I.*
Attested *3-6-18* Address *Beak St. 1, 13*
Allotment *50* Allottee *Sarah R. Smith (mother)*
Date of Allotment *17/8/18* Returned from Overseas
Embarked for Overseas *JUL 22 1918* Cause

54/8 Vacc. 3rd Inoc 11-7-18
13 6/8 1st Inoc, 2nd Inoc 4/7/8.
H.L. 16 6/8 - 26 6/8. R.L. 28 6/8.

C.R. 5591

Extract from Daily Orders Payroll Unit The Royal Rifles,
Regt. St. John's, July 3rd, 1919.

C.R.

5591 Pte. P. Smith.

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

Extract from Daily Orders Payroll Unit The Royal Rifles,
Regt. St. John's, July 3rd, 1919.

C.R. 55791

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 19th 1919.

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

5521, Pte. T. Smith.

5591
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address **ST. JOHN'S**

Line Number	Rcd	By	Sent	by	Check
-------------	-----	----	------	----	-------

Dated **DECEMBER 6th., 1918.**

To **POSTMASTER,
BAINE HR.**

IN ANSWER YOUR TELEGRAM DECEMBER 6th., REGTL. NUMBER IS.

#5591, PRIVATE THOS. SMITH.

**J. R. Bennett,
Minister of Militia**

FOR TYPEWRITER



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

C.R. 5591

Line No. 57 Sent by JK Rec'd by _____ Check Hdk No. _____

Place from Bainest 6
To Pay & Record Office



please send req. number of
pte. ⁵⁵⁹¹ Thos. Smith of Boath's
pb
Pm

C.R. 5591

Extract from Daily Orders part 11, from Unit The Royal Nfld. Re
Regt. St. John's, dated June 5, 1918.

#5591 Pte. T. Smith.

Attested for General Service with the Royal Nfld. Regt.
from 3.6.18

C.R.

5591

Extract from Daily Orders para 11, from Unit The Royal
Wilt Regt. St. John's, dated July 15, 1918.

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

#5591 Pte. Thomas Smith.

T. Smith

C.R.

5591.

P. 80

No 8677/1628

100200
100200
F.C.

N.F.P. Co.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Rul. Nfld. Regiment
Winchester. Hants

16th June 1919

5591 Pte. T. Smith

18th June 1919.

With reference to the following telegram from the Minister of Militia / / 19 (236):

Receipt hereunder

A. K. Smith

LIEUT. COLONEL,
COMMANDING 2nd Bn. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2nd Batt H.

"Pay to- 5591 T. Smith
£6. 0. 0.

A. R. R.

Cheque £6. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Six Pounds in respect of telegraphic remittance from the Minister of Militia.

A. R. R. Smith
Chief Paymaster & C. i/c records.

T. Smith x
No 5591 Rank Pte

Witness: W. K. Hoddy

No. 20402/2314

N.F.P./79.

065898
JC
NEWFOUNDLAND CONTINGENT

From:

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

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



11th December 1918

Dec 16 1918

Subject: 5591, Pte. T. Smith, B

With reference to the following telegram (10698) from the Hon. Minister of Militia, received

Receipt hereunder.
E. Keen
LIEUT. COLONEL,
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
Officer Commanding 2nd Bn Royal Newfoundland Regiment.

pay to 5591 Smith £6:0:0

Draft £6:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

A. R. Newbury
Chief Paymaster & O. i/c Records.

No. 5591 Rank Private

Witness J. R. Newbury

Smith, C.

5591

Ray Sept.

August 8th 1919.

#5591, Pte. T. Smith,

Boat Hr.

Dear Sir:

Enclosed please find Discharge Certificate
#3644.

Yours truly,

Capt. J.

Officer i/c records.

MS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5591 Rank Pfc Name Smith T
 Intended place of residence Boat H^r

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of
DEMOBILIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place, ST. JOHN'S
 Date JUL 11 1919
 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 11 1919
 Signature of soldier
 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 11 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3-6-18 No. of days on Military Service
 Discharged from service 25-7-19 Plus 14 days Service 432

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, 14 days from date.
 Place, ST. JOHN'S
 Date JUL 25 1919
 Officer in Charge Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place, ST. JOHN'S
 Date August 8/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

ABB 2079/2644

28
31
8
67

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 *10.7.19*

Regimental No. *5591*

Name *Smith. Lhos.*

Address *Boat Hr.*

Present Medical Category *A-1*

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

Members of Board {

R.H. East Major
O.C. Discharge Depot.

H. Paterson
Senior Medical Officer

J.W. Borden
M. O. Depot

1252M
The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5591 Rank plts Name Smith J
 Date of Enlistment 3-6-18 Address Boat H District Flametha
 Occupation fisherman Classification for Discharge F Medical Category A1
 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 10-7-19 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation, plts + Smith
inst. J. ...

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. 46.00
- (b) Clothing Supplied Amel...

Date 11-7-19 O. i. c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2331 to his home
 at Boat Hill and Release Certificate No. 3485 issued.

Date 11-7-19

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 8-8-19

Date 11-7-19

1
 Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1.
E 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		

2 Form B

Date 11-7-19

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

Date JUL 25 1919

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

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Smith T

Signature of Man.

Reg. No. 5571

J. H. Snowdust

Signature of the Vocational Officer or His Representative.

Place

At Johns

Date

11-7-18

191

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

MEDICAL HISTORY

Surname Smith OF Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish	<u>Bout Harbour P.A.</u>	County	<u>Newfoundland</u>	
	<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>	
Examined	on <u>3rd</u> day of <u>June</u> 191 <u>8</u>	at	on	day of 191
Declared Age	<u>22</u> years		days	years days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>7</u> ¹ / ₄	inches	feet	inches
Weight	<u>144</u>	lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>37</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V= <u>6/9</u> L.E.—V= <u>6/9</u>		R.E.—V= <u> </u> L.E.—V= <u> </u>	
(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>Lambert Peterson</u>			
(Rank)	<u>Major</u>			
Enlisted	at <u>St John's</u>	at		
	on <u>2nd</u> day of <u>June</u> 191 <u>8</u>	on	day of 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	<u>Royal Mts. Regiment.</u>	<u>5591</u>		
Transferred to				
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

Thomas Thomas

Regiment from which discharged **Royal Newfoundland**

Regimental number

3391

Intended address

Boath. R. B.

Height on discharge

5 Feet *8*

Color of hair on discharge

Black

Complexion

Dark

Color of eyes

Grey

Descriptive Marks

None

Figure on discharge

Med.

Christian name of Father

John

Christian name of Mother

Marah

Wife's maiden name in full

None

Date and place of marriage

None

Christian names of children

None

Place and date of soldier's birth

St. John's N.F. 26 Aug. 1893

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)

Thomas Thomas

Rank

Private (Rank)

[Signature]

ST. JOHN'S!

Station

Date

7.7.19

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.



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

Station

Date

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 Army Medical Corps* } Former Trade or Occupation } *Submarine*
2. Regtl. No. *2591* 3. Rank *Pl.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Smith* *Thomas* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *25*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

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

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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.)

No complaint of no disability

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

20. Do you recommend—
- (a) Discharge as permanently unfit ?
 - (b) Change to United Kingdom ?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Refused

W.E. Prosser, Capt-Ramc
Medical Officer in charge of case.

Station *Hazley Down*
Date *2/4/19*

* 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

Smith.

Joined him by the city office.
after 3 weeks.
Very real pupils.

AUGUST 18, 1919

Mr. T. Smith,
Beet Harbor, P.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..... *A. J.* 2. Surname..... *Smith*
3. Rank..... *Pte* 4. Regtl. No..... *5591*
5. Address in full to which future payments of gratuity are to be forwarded..... *Barr Harbor P.B.*
6. Date of enlistment in the Regiment..... *May 28/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
no
8. Relationship of such dependents..... *no*
9. Address in full of such dependents..... *no*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in field, if so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in field or Overseas..... *1 year 10 months*
..... 1. *2*

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

no

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

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

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

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

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

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

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

no
July 20/19

Removal

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

England

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

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

Signature of Applicant: *Lewis & Smith*
 Place of Residence: *Boat St* P. B.
 Declared before me at: *St Johns*
 This *11* day of *July* 19*.15*....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *John C. Chitties*

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....
.....
.....
Certified correct.				Paymaster

Signature of the Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits.
 Place of Residence:
 Declared before me at:
 This day of 19....

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

 Certified correct. Paymaster

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 ~~Victoria Medal and/or~~ British War Medal
is/are forwarded herewith to

Thomas Smith

in respect of his service as No. 5591 Rank Pte.

Name T. Smith Royal Nfld. Regt.

~~Nfld. Force~~

Receipt of the same should be acknowledged hereon.

Received The British War Medal

Signature Thomas Smith

Date Nov. 29th 1921

Address Boat Harbour, Placentia Bay
N. Y. L. B.

[P.T.O.]

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 E. B. Dickson

Regimental Number and Name				Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No. <u>2591 Smith Thomas</u>				Age on <u>22</u> years <u>0</u> months		<u>Fisherman</u>				
Joined _____ Date _____				Place and Date of Enlistment <u>St. John's N.S.</u>		Religion <u>C.P.R.</u>				
Joined _____ Date _____				Period of <u>16 1/2</u> years with Colours		Place of Birth <u>St. John's N.S.</u>				
Joined _____ Date _____				<u>3 1/2</u> years with Reserve						
Place	Date of Offence	Rank	Cases of Discontinuities	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS	
<u>Hayley Barr Camp</u>	<u>3/10/18</u>	<u>Pvt</u>		<u>Duty on Parade</u>	<u>Sgt. T. J. ...</u>	<u>2 days C.B.</u>	<u>4/10/18</u>	<u>Capt. Piffy</u>	<u>...</u>	
				<u>Demobilized</u>	<u>St. John's</u>	<u>8 1/2</u>				

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5591 Rank Plt Name James H. Smith
 Date of Enlistment 3-6-18 Address Booth District Placentia
 Occupation Postman 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 10-7-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am Plt in a position to resume civilian occupation Postman + Smith
with mail

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable Alonso
- (b) Clothing Supplied [Signature]

Date 11-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 47331 to his home at Boat Hill and Release Certificate No. 3485 issued.

Date 11-7-19 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 8-8-19

Date 11-7-19 J.A. Snowball
Depot Paymaster.

Discharge approved for..... 25-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19 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

JUL 25 1919

Date K.R. Cooper Capt.
O. C. Discharge Depot.

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

Date Aug 7/19 J.A. Snowball

Reg. No. *5591* Rank *Y6* Name *Smith J.*

Attested Address *Boat Ho*

Allotment Allottee

Date of Allotment Returned from Overseas *JUL*

Returned on S.S. *Cassandra* Cause *Discharge* *1919*

117 19
257 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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 F., 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 Cav* 7. Former Trade } *Stokerman*
 or Occupation }
 2. Regtl. No. *5591* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 4. Name *Smith Thomas*
 (Surname) (Christian Names)
 5. Age last birthday... *25*...
 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 (b) Date of Discharge;
 (c) on duty (d) off duty? (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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? }

The Complaint 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 ?

Repatriation

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

W.S. Procmier, Capt. R.A.M.C.
Medical Officer in charge of case.

Station *Mazeley town*

Date *2/14/19*

* 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

Boat Harbour
Placentia Bay
Nov. 29th 1921

The Return
To the Officer in charge of Records
Royal N.Y.L.D. Regiment
Dept of Militia
St Johns N.Y.L.D.

Dear Sir:

I have received the British war medal. but I did not receive the victory medal. I am writing to ask you if I am entitled to the victory medal please let me know if I am going to get the victory medal.

and I urge
yours truly
Thomas Smith

my Address. 5596 ex pte Thomas Smith
Boat Harbour
Placentia Bay
N.Y.L.D.

Dec. 6th/21.

6591 Ex Pte. Thomas Smith,
Beat Hr. P.B.

Dear Sir:-

Receipt for British War Medal
received with thanks.

With regard to your enquiry for the Victory Medal,
we wish to state, that, as you had no service in a theatre of
war you are not entitled to this medal.

Hoping the above information will prove satisfactory
to you,

Faithfully Yours,

Lieut.

O/c. Records.