



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5679 Name Fredrick Snow Corps Off B

Questions to be put to the Recruit before Enlistment.

1. What is your name? Fredrick Snow
2. What is your full Address? Ranking Pt N.S.B.
3. Are you a British Subject? Yes
4. What is your age? 24 Years Months
5. What is your Trade or Calling? Seaman
6. Are you Married? No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 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? } Yes

Fredrick Snow 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.
Fredrick Snow SIGNATURE OF RECRUIT.
[Signature] Signature of Witness.

Fredrick Snow 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 on this 11 day of June 1915.
[Signature] 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 compiled with. I accordingly approve, and appoint him to the:
 If enlisted by special authority, such will be attached to the original attestation.
 Date.....191.....
 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, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

5679.

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

Name Fredrick Snow

Apparent age 24 years _____ months. Height _____ feet _____ inches

Chest Measurement { Girth when fully expanded 33 1/2 inches
Range of expansion 3 1/2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Albert Snow
Round Br 7510 | 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>11-6-18</u>									
Joined at <u>St. John's</u> on <u>June 11-1918</u>									
Discharged <u>August 8-1919</u>									
Embarked <u>St. John's S.S. Columella to Halifax N.S. 22-7-18</u>									
To be repatriated for demobilization <u>24-6-19</u>									
Arrived to repatriation <u>1-8-1919</u>									
Demobilization <u>St. John's 8-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-8-1919</u> (date of discharge)					1 years 59 days				
Pensions " " " " " " " " " " " "									

C.R. 5679

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

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

#5679 Pte. Fred. Snow.

C.R. 5679

Extract from Daily Orders Part II Unit The Royal WFLA.
Regt. St. John's, July 15, 1919.

The discharge of the Undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 25-7-19.

5679 Pte. F. Snow.

C.R. 5679

Extract of von Casualties received from P.S.R. Office London,
Aug. 24, 1918.

"The Undermentioned man Has been segregated in our Infectious
Contact Centre from Date mentioned below... Please forward in-
structions as to ~~his~~ his disposal when free from contact."

Admitted from H.M. Transport "S.S. IXION."

Admitted.
15/8/18.

5679 Pte. Snow, F. CSF & Mumps.

(Sgd) W. Thomas, Capt. R.A.M.C.F.:

Mil. Hospl. Slaforth.

C.R. 5679

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 24th 1919.

5679 Pte. F. Snow.

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

C.R. 5679

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

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/o records from noted date 8-3-19.

5679, Pte. F. SNOW.

C.R. 5679

Extract from Bally Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated June 13, 1918.

#5679 Pte. F. Snow.

Attested for General Service with the Royal Hfld.
Regt. from 11.6.18

J Snow

C.R. 5679

J Snow



THE ROYAL NEWFOUNDLAND REGIMENT
ALLOTMENTS

I, Frederick Snow, Regl. No. 5674
hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:
Allotment begins August 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4860	Mother	Sophia Snow	Round Hill N.B.	60c
Total Allotment, \$				60c

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.) H. G. James 2nd Lieut
Officer Commanding
F Company
July 15th 19118

(Sig.) Frederick Snow
(Rank) Pte

1573/233/P&A.

066971

NEWFOUNDLAND CONTINGENT

From:

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

To: *[Signature]*
Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Winchester.

27th January, 1919

Subject: 5679, Pte. F. Snow,

With reference to the following telegram (846) from the Hon. Minister of Militia, received

"Pay to 5679, Snow, £5.0.0.

Draft £ 5:0:0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

[Signature]
Chief Paymaster & O. i/c Records.

27th 1919

Receipt hereunder.

[Signature]
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Five Pounds

on account of
cable remittance from Newfoundland.

F. Snow

No. 5679 Rank Private

Witness M. Rocketts

Snow, J.

5679

Pay Sept.

August 8th 1919.

#5679, Pte. P. Snow.

Round Harbor.

Dear Sir:

Enclosed please find Discharge Certificate
3651.

Yours truly,

Capt. &

Officer i/c records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3679 Rank Pte Name Snow F
 Intended place of residence Round Hill

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

[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 11 1919

Fred. Snow
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 11 1919

F. Snow
Signature of soldier
James O'Sullivan
Signature of witness *[Signature]*

STATEMENT OF SERVICE

7. Enlisted for service	<u>11-6-18</u>	No. of days on Military	
Discharged from service	<u>JUL 25 1919</u>	Plus 14 days	Service <u>424</u>

20
31
8
19

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 25 1919

L.R. Cooper Capt
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 8/1919

[Signature]
Officer i/c Records
The Royal Newfoundland Regiment

W.D.B. 907915651

The Royal Newfoundland Regiment

Class for Demobilization: *6.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *10.7.19*

Regimental No. *5679*

Name *Snow Fred.*

Address *Round St*

Present Medical Category *A1*

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

Members of Board {

R. J. [Signature]
O.C. Discharge Depot.

[Signature]
Senior Medical Officer

[Signature]
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5679 Rank Pvt Name J Snow
 Date of Enlistment 11-6-18 Address St Johns District St Johns
 Occupation Masterman Classification for Discharge 4 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	3
B 178a	D 400A	B 1915	1	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

J Snow
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

J Snow

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 *Amelonski*

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.23.12..... to his home at Round Hill..... and Release Certificate No. 3472..... issued.

Date 11-7-19..... J.A. Newcast
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. Newcast
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.....
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 11-7-19..... J.A. Newcast
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer in Charge Records.
Board of Pension Commissioners.
with following additional documents.

JUL 25 1919 Eligible for War Service Gratuity

Date 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.

Fred Snow

Signature of Man.

J. J. Snowcraft

Reg. No. 5679

Signature of the Vocational Officer or his Representative.

Place

21 Johns.

Date

11-5-19

191

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

MEDICAL HISTORY

OF

Surname

Quar.

Christian Name

J. Neserick

Table I.—GENERAL TABLE.

Birthplace:—Parish

Roma St. N.S.I. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	11 th	June 1918		191
Declared Age	24 th	years		years
Trade or Occupation	<i>Fisherman</i>			
Height	5	feet		feet
Weight	124 ^{lb.}	lbs.		lbs.
Chest Measurement	Girth when fully expanded		Girth when fully expanded	
	33 ^{in.}	inches		inches
Physical Development	Range of Expansion		Range of Expansion	
	3 ^{in.}	inches		inches
Vaccination Marks	Right	Left	Right	Left
	<i>/</i>	<i>/</i>		
When Vaccinated				
Vision	R.E.—V=	<i>6/9</i>	R.E.—V=	
	L.E.—V=	<i>6/9</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>L. M. P. Adams</i>			
(Rank)	<i>Major</i>			
Enlisted	at	<i>St. John's</i>	at	
Joined on Enlistment	on	11 th day of <i>June</i> 1918	on	day of 191
Transferred to	Corps.	<i>Royal Rifles</i>	Corps.	
	Regtl. No.	<i>5679</i>	Regtl. No.	
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 Newfoundlands* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5679* 3. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Snow* } *Fred* }
(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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

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?

Refused

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. B. Proemier Capt R. M. C.
 Medical Officer in charge of case.

Station *Hayden Barr*

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

August 18, 1919

Mr. Frederick Snow,
Round Harbor, N.D.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..... *Fred* 2. Surname..... *Snow*

3. Rank..... *Pte* 4. Regtl. No..... *5678*

5. Address in full to which future payments of gratuity are to be forwarded..... *Round Harbor, No. 13*

6. Date of enlistment in the Regiment..... *June 11 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 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..... *thirteen months*

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?

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

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

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

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

no
July 27/15

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.

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: *Fred Snow*
 Place of Residence: *Round Harbor, N.B.*
 Declared before me at: *to John*
 This *11* day of *July* 19*.45*...

Signature of Barrister of the *John McLooney*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of Affidavits. *JL*

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

W. J. [unclear]
7809
[unclear]

Cheque mailed JUL 4 - 1918

To be sent to Princess Rink.

June 13th. 1918.

The Royal Newfoundland Regiment,
To 5679 Pte. Fred Snow,

Correct For
Sixty Cents.
A.B. Dicks
lieut
N.A.R.

13/6/18

May 28th./18 To Board while waiting passage to St. John's. \$0.60.

(As per voucher).

JUN 17 1918
COMMANDING

OK
[unclear]

Monmouth Public Library

Snake Leonard Bay
Tillman

1918

May 28

Board of Volunteers
Frank Snow for Tillman
Snow's Gift \$ 60

1.00

Received Payment
Leonard Bay

A. W. S. S. S.
are given

50
to be sent to James' Bank

James' Bank



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 *Snow, Fred*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5679*

Intended address *Round St. L.S.B.*

Height on discharge *5 Feet 4 1/2*

Color of hair on discharge *Dark Brown*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *Albert*

Christian name of Mother *Sophia*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Silt Cove 21-11-1894*

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) *Fred. Snow*

AC
(Rank)

Station **ST. JOHN'S.** 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 Newfound Land* } Former Trade or Occupation } *Fireman*
2. Regtl. No. *5679* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Snow*..... *Frederick* } (a) Former Regts. or Corps; with Regtl. Nos. }
(Surname) *25* (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

The Complaints of his 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 invalidated at Foreign Stations.

Repatriation

W. B. Procmier *Capt RMC*
 Medical Officer in charge of case.

Station *Mozley Down*

Date *7/4/19*

* 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

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 Complaints of his 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.

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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 invalidated at Foreign Stations.

W. B. Procmier *Capt RMC*
 Medical Officer in charge of case.

Station *Mozley Down*

Date *7/4/19*

* 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

DEMOBILIZATION OF

Reg. No. 5679 Rank Private Name James Snow

Date of Enlistment 11-6-18 Address London St. District White

Occupation Stableman Classification for Discharge F Medical Category H

Recommendation S.M.B. 11-5-11 Disability Rating 1-1-11

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 21	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 James Snow

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 \$60.00

(b) Clothing Supplied None

Date 11-7-19

O i/c. Re-clothing James Snow

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2312 to his home at Round Hill and Release Certificate No. 3472 issued.

Date 11-7-19 J. A. Smeeth
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. Smeeth
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
E 178	W 3494	B 122	Board 1st	" 2
R 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 9 ^o		

Date 11-7-19 J. A. Smeeth
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 H. R. Coode Capt
O. C. Discharge Depot

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

Date Aug 7/19