



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4661 Name Stockley Kenneth Corps MC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Kenneth Stockley
2. What is your full Address? 2. Wesleyville B. Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 26 Years 6 Months
5. What is your Trade or Calling? 5. Seaman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Kenneth Stockley 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.

A 24.4.18 Kenneth Stockley SIGNATURE OF RECRUIT.
 Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Kenneth Stockley 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 Wesleyville on this 24 day of April 1918.

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 .

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

Date April 24 1918

Place } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows: vis:—(Name) re-enlisted in the (Regiment) on the (Date)

C.R. 4661

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated August 18th 1919.

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

4661, Cpl. K. Stockley.

CR 4661

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

The discharge of the undersigned on demobilization has been
APPROVED by C.O. Discharge Dept, with effect from 25-7-19.

4661 Upl. K. Stockley.

C.R. 4661

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

The undermentioned of the 1st. Battalion left
Reuen Camps #2/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4661 A/Cpl. K. Stockley.

C.R. 4661

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.
Frame: 21-4-19.

Promotions.

4661 L/Cpl. K. Stockley

to be A/Cpl. 16-4-19.

C.R. 4661

Extract from D.O.Pt.II, Unit the 4. Mfld Regiment dated 16-5-19.
by Lt.Col. E. J.BARTON, D.S.O. Officer Commanding 2nd. Bn.
Royal Mfld. Regt.

4661 Cpl. Stockley.

The a/m having reported at this Unit for duty is taken on the
strength as from 14-6-19.

C.R. 4661

Extract from Daily Orders Part 11. from Unit The Royal Wfld.,
Regiment, St. John's, dated June 14th 1918.

4661 L/C K. Stockley.

Embarked 24r Overseas with draft 11-6-18.

C.R. 4661

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 10, 1918.

#4661 Pte. Stuckless.

To be Lance Corporal from 10.6.18

C.R. 4661

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 28, 1918

#4661 Pte. A. Stackley

Appeared in Daily Orders Part 11, #70 as attested to report
24.4.18 should read to report 6.5.18

C.R.

4661

Extract of Daily Orders part 11, from Unit The Royal Wfld.
Regiment, St. John's, dated April 25, 1918.

#4661 Pte. Stockley A.

Attested for General Service with the Royal Wfld. Regt.
from 25/4/18.

K. Stockley

C.R.

4661

~~SRD~~

FORM K



No 3963



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Kenneth Stockley, Regl. No. 4661

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and Sixty 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3064	mother	Mrs Henry (Mary) Stockley	Nesleyville B. B	
Total Allotment, \$				609

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.)

G James Hewit

Officer Commanding
a Company

(Sig.)

Kenneth Stockley

(Rank)

Pte

H. John
may 16th 1918

No. 6501/991

Adm 099367

N.F.C. 178.

FROM NEWFOUNDLAND CONTINGENT

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

To: ~~Office Commanding,~~
~~2nd Batt. R.I. Nfld. Regiment~~
~~Winchester~~

30th April 191 9

May 18th 1919

4661 L/Cpl. Stockley K.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (15th)

F. H. Waterman
Officer Commdg. 1st Batt'n.

"Pay to- 4661 Stockley K.
£5-0-0

Received the sum of Five
pounds (£5-0-0) in respect of
telegraphic remittance from the
Minister of militia.

Cheque £5-0-0 is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

R. A. Munroe Maj.
Chief Paymaster & C. i/c Records.

No 4661 Rank *cpl R Stockley*
Witness *J. H. Deeks Sgt*

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.W.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.
4661	40.	Stuckey K	\$500	K Stuckey

I have the honour to be, Sir,
~~for the Committee,~~
Your obedient servant.

Date July 1/18

K. Stuckey

No. 18536/2028

065198
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.

16th November 1918

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Subject: 4661, L/Opl. K. Stockley

With reference to the following telegram (9819) from the Hon. Minister of Militia, received

Pay to 4661 Stockley £7:0:0

Draft £ 7:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

W. P. Head

f Chief Paymaster & O. i/c Records.

Receipt hereunder.

Chambers
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commanding, 2/Bn Royal Newfoundland Regiment

Received the sum of _____

_____ on account of
cable remittance from Newfoundland.

Kenneth Stockley
No. 4661 Rank Lt *Stockley*

Stockley, K

4661

Hay Sept.

August 8th 1919.

#4661. Spl. K. Stackley,
Wesleyville.

Dear Sir:

Enclosed please find Discharge Certificate
#3592.

Yours truly,

Capt. &
Officer in Charge Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4661 Rank Cpl Name Stockley R.
 Intended place of residence Wesleyville

2. Occupation Seaman
 Classification of soldier S Medical Category A1

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

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 11 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24-4-18 No. of days on Military
 Discharged from service JUL 25 1919 Plus 14 days Service 472

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 25 1919

[Signature]
 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 5/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten] 2079/3592

7
31
30
31
8
107

The Royal Newfoundland Regiment

Class for Demobilization

76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *10.7.19*

Regimental No. *4.6.6.1*....

Name *S. Cooksey* *Reverend*

Address *at sea long of all*

Present Medical Category..... *A-1*

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board

J. Paterson
Senior Medical Officer

D. W. Burdett
— M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4661 Rank Cpl Name Stockley K
 Date of Enlistment 2-1-18 Address Whaleyville District Donaville
 Occupation Seaman Classification for Discharge E 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. Miss H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

K Stockley

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

 (a) Clothing Allowance payable. #65.00

(b) Clothing Supplied

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2325 to his home at Woollyville and Release Certificate No. 3467 issued.

Date 11-7-19

J.A. Snowcraft
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. Snowcraft
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
F 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		

J.A. Snowcraft
Demobilization Officer.

Date 11-7-19

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 25 1919

K.R. Coope 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,

W. Stockley

Signature of Man.

Reg. No. 21261

J. A. Knowlton

Signature of the Vocational Officer or his Representative.

Place

St. John

Date

11-7-25.

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

MEDICAL HISTORY

Surname Stearley OF Christian Name Kenneth

Table I.—GENERAL TABLE.

Birthplace:—Parish Wesleyville County Weld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>24th</u> day of <u>April</u> 191 <u>8</u>	on	day of	191 <u>1</u>
Declared Age	at <u>St Johns</u>	at		
Trade or Occupation	<u>26</u> years — days		years	days
Height	<u>Seaman</u>			
Weight	<u>5</u> feet <u>10</u> inches		feet	inches
Chest Measurement { Girth when fully expanded....	<u>155</u> lbs.			lbs.
{ Range of Expansion... ..	<u>38</u> inches			inches
Physical Development.... ..	<u>3</u> inches			inches
Vaccination Marks { Arm		<u>1 scar</u>		
{ Number				
When Vaccinated	<u>9 years</u>			
Vision	R.E.—V= <u>4/60</u>		R.E.—V=	
	L.E.—V= <u>6/12</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects which are sufficient cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lammie Paterson</u>			
(Rank)	<u>Major</u>		Medical Officer.	
Enlisted	at <u>St Johns</u>	at		
	on <u>24th</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191 <u>1</u>
Joined on Enlistment.... ..	Corps <u>The Royal Welch</u>	Regtl. No. <u>4661</u>	Corps.	Regtl. No.
Transferred to				
Became non-effective by	on	day of	191	on
			day of	191
[Signature]				
[Rank]				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Royal Newfoundland* 7. Former Trade or Occupation } *Seaman*
2. Regtl. No. *4661* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Stackley* (Surname) *R.* (Christian Names)
5. Age last birthday *27*
6. Posted for duty on *24. 4. 18* at *St. John's* 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 is (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? } na

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.)

He compensates for disability

16. Was an operation performed? If so, when and what was its nature? na
17. If not, was an operation advised and declined? na
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? na
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? na

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation
W. R. ...
Capit. ...

Station *Hazley Camp*

Date *29. 11. 19*

Medical Officer in charge of case.

* 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



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. 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 *Stockley Kenneth*
Regiment from which discharged *Royal Newfoundland*

Regimental number *4661*
Intended address *Wesleyville*
Height on discharge *5* feet *10 1/2*
Color of hair on discharge *Dark Brown.*
Complexion *Fair*
Color of eyes *Blue.*

Descriptive Marks *—*
Figure on discharge *Tall*
Christian name of Father *Henry*
Christian name of Mother *Maria*
Wife's maiden name in full *—*
Date and place of marriage *—*
Christian names of children *—*

Place and date of soldier's birth *Wesleyville, Oct. 24, 1891*
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) *Kenneth Stockley* (Rank) *Private*

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 _____

Casualty Form - Active Service.

Regiment or Corps. Royal Newfoundland
 Rank. App Surname. Stackley Christian Name. Keith
 Religion. meth Age on Enlistment. 26 years 6 months
 Enlisted (a) 24/4/18 Terms of Service (a) Duration Service reckons from (a) 24/4/18
 Date of promotion to present rank. Date of appointment to lance rank. 19/6/18
 Extended (.....) Re-engaged (.....) Qualification (b)
5 or Corps Trade and rate.
 Occupation Saman J. M. Curran App Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, etc., 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 such 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 1918</u>		
		<u>1 Balf</u>	<u>5</u>	<u>JAN 19</u>	
	<u>Bclaim</u>	<u>To be appd</u>		<u>16/4/19</u>	<u>B213</u>
		<u>Approved in UK</u>		<u>23/4/19</u>	

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

(b) Signaller, Shipping Smith, etc.

W. 537-M2095 1000m 7/17 (25996) C. P. & S., Ltd. Forms B. 103 E. 11333

[P.T.O.]

next of kin Father) Mr. Stackley W. Leguille 1918 Appd

Regional No.....

MEDICAL HISTORY of—

A.F. B.178

Regimental No. *H. 111*

Region.....

Surname *Sheehy*

Christian Names *H*

TABLE I.—General Table.

Birthplace { Parish _____
County _____

Examined { on day of _____ 191 ,
at _____

Declared Age _____ years _____ days.

Trade or Occupation _____

Height _____ feet _____ inches. Weight _____ lbs.

Colour of Hair _____ Complexion _____

“ Eyes _____

Chest { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Physical Development _____

Vaccination Marks { Arm, _____ RIGHT | _____ LEFT
{ Number _____

When Vaccinated _____

Vision { R.E.—V = _____ With Glasses { R. _____
{ L.E.—V = _____ { L. _____

Identification Marks, such as Tattoo, Moles, Scars, etc :—

Defects or Ailments :—

Examined and found—

Fit for Grade { I.
{ II.
{ III.
{ IV.

(Strike out those which do not apply.)

Signature _____
Chairman of Medical Board.

Re-examined for posting at
On _____ day of _____ 191 .
Enlisted { at _____
{ on _____ day of _____ 191 .

	Corps	Regtl. No.
Joined on enlistment		<i>4661</i>
Transferred to	<i>11 R. of M.C.</i>	

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Date	Brief details and Signature

Special Remarks : state if a discharged Soldier

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Became non-effective by _____
on _____ day of _____ 191 .
(Signature) _____
(Rank) _____

August 18, 1919

Mr. Kenneth Stockley,
Weoleyville, B. 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..... *Kenneth* 2. Surname..... *Shawcross*

3. Rank..... *Pte* 4. Regt. No. *4661*

5. Address in full to which future payments of gratuity are to be forwarded..... *Woolleyville*

6. Date of enlistment in the Regiment..... *Apr 24 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 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..... *7 years 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.

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.?
of discharge *Jul 9, 1919* (b) Reason for discharge

General

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, France & Germany

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: *K Stockley*

Place of Residence: *Wesleyville*

Declared before me at: *Or Jones*

This *11* day of *July* 19*..18*....

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

POST DISCHARGE PAY.

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

Receipt for Army Book 64

No. 4661 Name K Stockley

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

Name Kenneth Stockley

Date Aug. 7, 1920

Place Wesleyville

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

WS

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 for 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. *1st Royal Newfoundland* } Former Trade or Occupation } *Seaman.*
 2. Regt. No. *4661* 3. Rank. *Cpl.* }
 4. Name *Stockley, C.H.* }
 (Surname) (Christian Names)
 5. Age last birthday *27*
 6. Posted for duty on *22/7/10* at *St. John's*
 in category (or grade).....
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regt. Nos.
 (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. 179a (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? } na.

In all cases such as facial injuries, eye, ear, nose and throat, tuberculosis, 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 complaints 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?

na
na
na
na

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Preparation

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

W. E. Proctor Capt R.A.M.C.
 Medical Officer in charge of case.

Station Harley D Camp
 Date 29-4-19

* 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

5466

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5466 Rank Capt. Name Stockley, J.
 Date of Enlistment 7-11-18 Address Whispering Co. District Donovanville
 Occupation Seaman Classification for Discharge F7 Medical Category H1
 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 98		

Date 10-7-19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. Stockley

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 _____

[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. R2325 to his home at Hosleyville and Release Certificate No. 3467 issued.

Date 11-7-19

J.A. Snowcraft
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 11-7-14

J.A. Snowcraft
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 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. Snowcraft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge 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 Aug 7 1919

Reg. No. *4661* Rank *Corpl* Name *Stockley R*

Attested Address *Wesleyville*

Allotment Allottee

Date of Allotment Returned from Overseas *JUL 1 1919*

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

11 7 19
25 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION