



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5492 Name Edgar M. Stokes, Gunner Meth.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Edgar M. Stokes</u> |
| 2. What is your full Address? | 2. <u>Cape of Nash, N.S.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Shorman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Edgar M. Stokes 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.

Signature of Recruit: Edgar Stokes
Signature of Witness: W. H. ...

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edgar M. Stokes 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 St. John's on this 27th day of May 1915.

Signature of Attesting Officer: P. 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: 1915
Place: } Approving Officer.

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

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

C.R. 5492

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.

5492, Pte. E. Stokes.

C.R. 5492

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, July 15-~~16~~-19.

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

5492 Pte. E. Stokes

C.R. 5492

Extract from Daily Orders Payroll Unit The Royal Wfld.
Regt. St. John's, July 5th, 1919.

5492 Pte. E. Stokes.

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

C.R. 5492

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

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

#5492 Pte. Edgar Stokes.

C.R. 5492

Extract from Daily Orders part 11, from Unit The Royal
N Mfld. Regt. St. John's, dated May 29, 1918

#5492 Pte. E. Stokes.

Attested for General Service with the Royal Mfld. Regt.
from May 27, 1918

E. W. Stokes

C.R.

5492

1

~~1180~~

No. 3410/523.

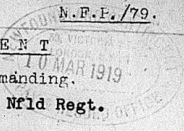
B.

N.F.F./79.

From: NEWFOUNDLAND CONTINGENT

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

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



3rd March 1919

Mesch Jk 1919

5492. Pte Stokes. E.W.

With reference to the following telegram from the Minister of Militia / / (57)

Receipt hereunder.
A. Seymour Lieut.
to: LIEUT. COLONEL,
COMMANDING 2ND BN. RYAL NEWFOUNDLAND REGT.

"Pay to- 5492. Stokes.

£4. 0.0.

Received the sum of Four
Pounds in respect of

Cheque £4. 0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

telegraphic remittance from the Minister of Militia.

A. D. Minns

E. Stokes
No. 5492 Rank Pte.
Witness M. Rockett

Chief Paymaster & O. i/c Records.

Stokes, E

5492

Pay Sept.

August 8th 1919.

#5492, Pte. E. Stokes,
Cape 4reels.

Dear Sir:

Enclosed please find Discharge Certificate
3637.

Yours truly, .

Capt. ~~W~~
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5492 Rank PC Name Stokes E
 Intended place of residence Cape Freels

2. Occupation Fisherman
 Classification of soldier E 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 27-5-18 No. of days on Military
 Discharged from service JUL 25 1919 Plus 14 days Service 439

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 8 1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

25 29 1919 / 3037

5
20
31
8
74

The Royal Newfoundland Regiment

Class for Demobilization:—

90

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *10.7.19*

Regimental No. *5492*

Name *Stokes, Edgar*

Address *Cape Freeb.*

Present Medical Category *A-1*

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

Members of Board

Rt. Lieut. Major
O.C. Discharge Depot.

J. Paterson
Senior Medical Officer

See Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

 Reg. No. 5492 Rank Pvt Name Stokes, E.

 Date of Enlistment 27-5-18 Address Cape Race District Bona Vista

 Occupation Soldier Classification for Discharge E₁ 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 | 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 | " 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 _____ in a position to resume civilian occupation.

E Stokes

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

 (a) Clothing Allowance payable. None

 (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. R2322 to his home
 at Hope Falls and Release Certificate No. 3479 issued.

Date 11-7-19

J.A. Newcomb
 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

T. H. Mars
 Depot Paymaster.

Discharge approved for 20-7-19

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

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

Date 11-7-19

J.A. Newcomb
 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

JUL 23 1919

Date

A.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.

E. Stokes

Signature of Man.

J. A. Snowcraft
Signature of the Vocational Officer or his Representative.

Reg. No. 3492

Place

At Johns

Date

11-7-19

191

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

MEDICAL HISTORY

Surname Stokes OF Christian Name Egan J.

Table I.—GENERAL TABLE.

Birthplace:—Parish Cape & Neels, B.B. County Wflea

| | SPECIAL RESERVE | | REGULAR ARMY | |
|--|---------------------------|---------------------|--------------|-------------|
| | on | day of | on | day of |
| Examined | on | 27 May 1918 | on | day of 191 |
| | at | St. Johns | at | |
| Declared Age | | 23 years | | years |
| Trade or Occupation | | fisherman | | |
| Height | | 5 feet 6 3/4 inches | | feet inches |
| Weight | | 120 lbs. | | lbs. |
| Chest Measurement | Girth when fully expanded | 35 inches | | inches |
| | Range of Expansion | 4 inches | | inches |
| Physical Development | | | | |
| Vaccination Marks | Right | / | Right | |
| | Left | / | Left | |
| When Vaccinated | | | | |
| Vision | R.E.—V= | 6/6 | R.E.—V= | |
| | L.E.—V= | 6/6 | L.E.—V= | |
| (a) Marks indicating congenital peculiarities, or previous disease | | | | |
| (b) Slight defects but not sufficient to cause rejection | | | | |
| Approved by (Signature) | | | | |
| (Rank) | | | | |
| Enlisted | at | St. Johns | at | |
| | on | 27 May 1918 | on | day of 191 |
| | | Corps. | | Corps |
| | | Regtl. No. | | Regtl. No. |
| Joined on Enlistment | | The Royal Wflea | | |
| | | 5492 | | |
| Transferred to | | | | |
| Became non-effective by | | | | |
| (Signature) | on | day of 191 | on | day of 191 |
| (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

Edgar Stokes

Regiment from which discharged **Royal Newfoundland**

Regimental number

34 82.

Intended address

Lake Freels B. B.

Height on discharge

5 Feet *6*

Color of hair on discharge

Foxy

Complexion

Ruddy.

Color of eyes

Blue.

Descriptive Marks

—

Figure on discharge

Medium

Christian name of Father

John.

Christian name of Mother

—

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Lake Freels 24th Sept. 1895

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)

Edgar Stokes

P. b.
(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 Newfoundland* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5499* 3. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Stoths* *Edgar* } (a) Former Regts. or Corps ; with Regtl. Nos.
(Surname) (Christian Names)
5. Age last birthday. *23*
6. Posted for duty on at
in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (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
- | | | |
|---|---------------------|-------------------|
| (i) Service during the present war | (a) attributable to | (b) aggravated by |
| (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? } ✓

No 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?

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

Definitive

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

Station *Hoyday, Bonn*

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

August 18, 1919

Mr. Edgar Stokes,
Cape Freels, 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 & Payne & Co.

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..... *Cogar* 2. Surname..... *Stokes*
3. Rank..... *Pte* 4. Regt. No..... *5492*
5. Address in full to which future payments of gratuity are to be forwarded..... *Cape Cove B.B.*
6. Date of enlistment in the Regiment..... *Mar 27/18*
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..... *✓*
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..... *fourteen months*
- 12

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 *Res.*? If not give - (a) Date of discharge *July 27/19* (b) Reason for discharge *Remob*

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: *Edgar Stokes*
 Place of Residence: *Cape Frels. B.B.*
 Declared before me at: *St Johns*
 This 11 day of *July* 191*P.*.....

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

POST DISCHARGE PAY.

| Date paid | Paid Soldier. | Paid Dependant. | War Service Gratuity. | Net amount due |
|--------------------|---------------|-----------------|-----------------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| Certified correct. | | | Register | |



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Edgar W Stokes, Regl. No. 5492

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and fifty 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 July 1st

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) | |
|--------------------------|---|----------------|---------------|----------------------|----|
| 4388 | Father | Mr John Stokes | Cape Cove B.B | | 50 |
| | | | | | |
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| | | | | | |
| | | | | | |
| Total Allotment, \$ | | | | 50 | |

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.) Swatzen Lieke
 Officer Commanding
 Company
John Stokes
June 1st 1918

(Sig.) Stokes, Edgar
 (Rank) Pte. Edgar

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of *The Royal Newfoundland*

Number of Sheet *one*
Signature of O. C. Company *C. D. W. Lieut.*

| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay | | | | |
|----------------------------|---------------------|--|--------------------------|------------------------|---|--------------------|---|-----------------|---------|
| No. <i>2192</i> | <i>Stokes Squad</i> | Age on <i>23</i> years <i>11</i> months | | <i>Fisherman</i> | | | | | |
| Joined _____ | Date _____ | Place and Date of Enlistment <i>St. John's</i> | | Religion <i>Meth</i> | | | | | |
| Joined _____ | Date _____ | Period of } with Colours <i>1 7/8</i> years. <i>1 3/4</i> years. | | <i>St. John's N.B.</i> | | | | | |
| Joined _____ | Date _____ | | with Reserve _____ years | | | | | | |
| Place | Date of Offence | Rank | Cases of Drunkenness | OFFENCE | Name of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
| | | | | <i>Demobilized</i> | <i>John's</i> | | <i>8/19</i> | | |

To be carried over.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 57292 Rank Pte. Name Stokes, E.
 Date of Enlistment 27-5-18 Address Cape Greed District Bonaville
 Occupation Fisherman Classification for Discharge F Medical Category H
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

| | | | | | |
|-----------|--------|--------|-----------|--------|---|
| N.F. P/36 | B 268 | B 121 | N.F. Med. | D.F. 1 | |
| B 178 | W 3494 | B 122 | Board 1st | " 2 | |
| B 178a | D 400A | B 1915 | do 2nd | " 3 | 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 10-2-19 O. C. Discharge Depot Mrs. H.

PARTICULARS FOR DEMobilIZATION

r. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date

s. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$6.00
 (b) Clothing Supplied Am Johnston

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2322 to his home at Cape Freeels and Release Certificate No. 3479 issued.

Date 11-7-19

J.A. Snowcroft
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. Snowcroft
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 | / |
| F 178 | W 3494 | B 122 | | Board 1st | " 2 | |
| B 178a | / D 400A | / B 1915 | / | do 2nd | " 3 | 2 Form B |
| 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 | " 6 | |
| B 179c | B 120 | M 93 | | | | |

Date 11-7-19

J.A. Snowcroft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge
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 7/19

Reg. No. *52492* Rank *16* Name *Stokes EW.*

Attested Address *Cape Town*

Allotment..... Allottee

Date of Allotment..... Returned from Overseas *JUL 1 1919*

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

117 19
257 19

PASSED TO DEMOBILISATION 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 (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 } Fisherman
2. Regt. No. 52492 3. Rank. plc 7a. If the soldier claims previous service in Army, he should state—
4. Name Shanks Edgar (a) Former Regts. or Corps; with Regt. Nos.
(Surname) (Christian Names)
5. Age last birthday. 23
6. Posted for duty on at
in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

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

Repatriation

W.E. Proctor

Capt. Rawc

Station *H. J. L. B. C. M. C.*

Medical Officer in charge of case.

Date *27.4.19*

* 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