



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5601 Name Thomas Stone Corps CofC.

### Questions to be put to the Recruit before Enlistment.

- |  |                                     |
|--|-------------------------------------|
| 1. What is your name? .....  | 1. <u>Thomas Stone</u>              |
| 2. What is your full Address? .....  | 2. <u>Monroe St.</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>Fisherman</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 .....<br>Corps <u>Yes.</u> |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes.</u>                     |

I, Thomas Stone do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Thomas Stone SIGNATURE OF RECRUIT.  
R. E. Flower Signature of Witness.

Thomas Stone 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 4 day of June 1918

Signature of Attesting Officer A. B. Dicko 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 ..... 1918 } Approving Officer.  
Place .....

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

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

**DESCRIPTIVE REPORT ON ENLISTMENT**

5001

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

Name Thomas Stone  
 Apparent age 23 years      months. Height 5 feet 5 3/4 inches  
 Chest Measurement { Girth when fully expanded 39 inches  
 Range of expansion 3 inches  
 Distinctive marks     

**INFORMATION SUPPLIED BY RECRUIT**

Name and Address of next of kin John Stone  
Monroe, I.B. | 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>4-6-1918</u>									
Joined at <u>St. Louis</u> on <u>June 4 - 1918</u>									
<u>Transferred August 1 9 11 1919</u>									
<u>Embarked at St. Louis S.S. Colombia to Halifax N.S. 22 7 18</u>									
<u>Left for demobilization 24 6 1919</u>									
<u>Arrived to England 1 7 1919</u>									
<u>Demobilization at St. Louis 9 8 1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-8-1919</u> (date of discharge) <u>1</u> years <u>67</u> days									
Pensions " " " " " " " " " " " "									

C.R. 5601

Extract from Daily Orders part II, from Unit The Royal  
Mfld. Regt. St. John's, dated June 6th, 1918.

#5601 Pte. T. Stone.

Attested for General Service with the Royal Mfld.  
Regt. from 4.6.18

C.R. 5601

Extract from Orders by Lieut. Col., B. J. BARTON  
COMMANDING 2nd., Battalion of the Royal Newfoundland  
Regiment.

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5601 Pte. T. Stone.

A draft of 31 Other Ranks will be held in readiness  
to join the 1st. Battalion. Those who have not already  
been granted leave will proceed on Draft Leave from  
2 p. m. 23rd. to mid-night 27th inst.,

Stone, T.

C.R. 5601

P.Y.R.O.



No. 19693/2214

N.F.P. /79.

NEWFOUNDLAND CONTINGENT

From:

To:

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

Officer Commanding,  
2/Bn Royal Newfoundland Regt.  
Winchester, Hants.

2nd December 1918

Dec. 5th 1918

Subject: 5601, Pte. T. Stone

Receipt hereunder.

With reference to the following  
telegram (10340) from the Hon.  
Minister of Militia, received  
/ /

*[Signature]*  
**LIEUT. COLONEL,**  
**COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.**  
Royal Newfoundland Regiment

Pay to 5601 Stone £6:0:0

Received the sum of Six  
pounds on account of

Draft £ 6:0:0 is enclosed  
for payment to this Soldier.

Kindly obtain his receipt  
hereon.

cable remittance from Newfoundland.

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

T Stone  
No. 5601 Rank Pte.

Witness: *A. L. Carter, Pte.*

No. 7814/1524

B.

P.D. 099989

N.F.P. 775

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 Batt. B.Y.I. Nfld. Regiment  
Winchester.

MAY 1919

21st May 1919

May 22<sup>nd</sup> 1919.

5601 Pte. T. Stone

Receipt hereunder  
*E. K...* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Comdg. 2<sup>nd</sup> Batt'n.  
*H. H. H.*

With reference to the following  
telegram from the Minister of  
Militia / / 19 ( 1919):

"Pay to- 5601 T. Stone  
£4. 0. 0.

Received the sum of Four pounds

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

\_\_\_\_\_ in respect of  
telegraphic remittance from the  
Minister of Militia.

*A. A. Minnis Maj.*  
Chief Paymaster & O. i/c records.

J. Stone  
No. 5601 Rank Private  
Witness: M. Beckett



No. 3030/445.

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 Royal Newfoundland Regt.  
Winnchester,

21st February 1919

*Feb 24* 1919

5601. Pte Stone. T.

With reference to the following  
telegram from the Minister of  
Militia / / (38)

Receipt hereunder.

"Pay to 5601. Stone.

*Kamm* **LIEUT. COLONEL,**  
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.

£3.0.0.

Received the sum of £ Three pounds

Cheque £3.0.0. is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

\_\_\_\_\_ in respect of  
telegraphic remittance from the  
Minister of militia.

*A. A. Minshall Maj.*  
Chief Paymaster & O. i/c Records.

Y Stone  
No. 5601 Rank Private  
Witness M. Rockett

Reg. No. 5601 Rank Pte Name Stone, Thomas  
Attested 4-6-18 Address Moore Smith Pound, I.B.  
Allotment 60 Allottee Mr John Stone (mother)  
Date of Allotment 1/11/18 Returned from Overseas  
Embarked for Overseas JUL 22 1918 Cause

13/6/18 1<sup>st</sup> Inoc. 2<sup>nd</sup> Inoc 4-7-18 3<sup>rd</sup> Inoc 11-7-18  
DL 16-6-18 to 24-6-18, L.L. 28 6/8

C.R. 5601

Extract from Daily Orders Postmill Under the Royal Wfld.  
Regt. St. John's, July 3rd, 1919.

5601 Pte. P. Stone.

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

C.R.

5601

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

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

#5601 Ptr. Thomas Stone.

C.R. 5601

Extract from Daily Orders Part 21 Unit the Royal WFLA.  
Regt. St. John's, July 15-1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 26-7-19.

5601 Pte. Thos. Stone.

C.R. 5601

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date 9-8-19.

5601, Pte. Thos. Stone.

Stone, G.

5601

Hay Dept.

August 14, 1919

#5601 Pte. Thomas Stone,  
Smith's Sound, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3663.

Yours truly,

Captain & Paymaster.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5601 Rank Pte Name Stone D  
 Intended place of residence Smith Sound  
 2. Occupation Interman  
 Classification of soldier E Medical Category A7

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 12 1919 .....  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place, ST. JOHN'S .....  
 Date JUL 12 1919 .....  
 Signature of soldier  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S .....  
 Date JUL 12 1919 .....  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 4.6.18 ..... No. of days on Military  
 Discharged from service JUL 26 1919 ..... Plus 14 days Service 432

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place, ST. JOHN'S .....  
 Date JUL 26 1919 .....  
 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 9/1919 .....  
 Officer i/c Records  
 The Royal Newfoundland Regiment

27  
31  
9  
69

2nd B Coy 9/13663



# The Royal Newfoundland Regiment

## REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date *July 11<sup>th</sup>* 19*19*

*D.F. 1.*  
Regimental No. *5601*

Name *S. Lane Thomas*

Address *S. Smith's Lane*

Disease or Disability

Finding of last Standing Medical Board,

held on \_\_\_\_\_ 19 \_\_\_\_\_

Present Condition

Recommendation *AS*

Category *A1*

Members  
of  
Board

*R.H. Jant Major*

O. C. Depot

*H. C. Stinson*

D. D. M. S.

*F. W. Burden*

M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5607 Rank Pvt Name Stone J  
 Date of Enlistment 11.6.18 Address Smiths Bay District Trinity  
 Occupation Truckman Classification for Discharge E Medical Category A.I  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents—

N.F. F 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 July 19

O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am  in a position to resume civilian occupation.

*thos Stone*

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 AmB

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B23637899 to his home at Smith Sound and Release Certificate No. 3573 issued.

Date 12-7-19

*J. J. Brown Capt*  
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 9-8-19

Date 12-7-19

*J. J. Brown Capt*  
Depot Paymaster.

Discharge approved for 26-7-19

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		

*J. J. Brown Capt*  
Demobilization Officer

Date 12-7-19

*J. J. Brown Capt*  
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 26 1919

*D. 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.

Signature of Man.

Reg. No. 3601 Thos Stone

*J. A. Newcomb*

Signature of the Vocational Officer or his Representative.

ST. JOHN'S

Place

Date

12-7-18

191

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

# MEDICAL HISTORY

Surname Stone OF St. John's Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish Morroe Smith Sound County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	1918	at	191
Declared Age	23	years		days
Trade or Occupation	Fisherman			
Height	5	feet	13	inches
Weight	135	lbs.		lbs.
Chest Measurement	Girth when fully expanded	39		inches
	Range of Expansion	3		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated	6/9			
Vision	F. E.—V=	6/9	R. E.—V=	
	L. E.—V=	6/9	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)	<u>Lamm Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	St. John's	at	
	on	day of	on	day of
		191		191
Joined on Enlistment	Corps.		Corps	
	Regtl. No.	1601	Regtl. No.	
	<u>Royal Nfld. Regiment.</u>			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(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 F., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Newfound Land* Former Trade or Occupation *Fisherman*
2. Regtl. No. *5601* 3. Rank. *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Stone* *Thomas* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *24*
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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

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



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

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

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

*No complaint of no sensibility*

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?

*refaturation*

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.E. Procmier* . *Capt. R.A.M.C.*

Medical Officer in charge of case.

Station *Hazeley Down*

Date *14/1/9* .....

\* 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. c. Records together with the remainder of the man's documents.

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

Name in full *Thomas Stone*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5601*

Intended address *Smiths Sound TB*

Height on discharge *5 Feet 7"*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother *Emily*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Smiths Sound 1895 Jan'y 19<sup>th</sup>*

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) *5601 Peter Stone*

(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



## 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.

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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

Regiment from which discharged **Royal Newfoundland**

Regimental number

Intended address

Height on discharge                      Feet

Color of hair on discharge

Complexion

Color of eyes

Descriptive Marks

Figure on discharge

Christian name of Father

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

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)

(Rank)

Station

**ST. JOHN'S.**

Date

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

August 18, 1919

Mr. Thomas Stone,  
Smith's Sound, T.B.

Dear Sir:-

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

Yours truly,

Captain E. 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..... *Pte* *2* ..... 2. Surname..... *Stone* .....

3. Rank..... *Pte* ..... 4. Regtl. No..... *1601* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Smith's South S.B.* .....

6. Date of enlistment in the Regiment..... *June 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 mos* .....

..... 1.3 .....

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

.....  
.....

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

.....  
.....

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

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

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

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

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

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge *July 26/19* (b) Reason for discharge.....

.....  
.....

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.....

.....  
.....

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.

*his*  
*L. X. Stone*  
*mas*

Signature of Applicant:

Place of Residence:

*Smith's Sound L.B.*

Declared before me at:

*St John's*

This

*14* day of *July* 19.1.19...

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

*John M. Carthy*  
*J.P.*

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependant	Gratuity.	due

.....

.....

.....

Certified correct.

Raymond





No. 899.

# TRAVELLING WARRANT

Date JUL 12 1919

The Royal Newfoundland Regiment

*General*

Please issue 1st Class Passage and Meals for

No. 5601 Rank TG Name Stone J

From St. John's To Smith Sound  
*Greenville*

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

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

*J. H. Newell*

SIGNATURE OF ISSUING OFFICER.

Demobilization Officer  
Discharge Depot - Newfoundland

C.R. 5601

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal-1914-1919.

Name *Thomas Stone*

Date *27/11/19*

Place *Norwood, Hogo District*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet

*One*

Regiment of *Royal Newfoundland*

Signature of O. C. Company

*A. B. D. K. O. J. I. U. T.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No.		Age on	years	months					
<i>5601</i>	<i>Thomas Stone</i>		<i>23</i>		<i>Seaman</i>				
Joined	Date	Place and Date of Enlistment			Religion				
Joined	Date	<i>St Johns</i>			<i>Catholic</i>				
Joined	Date	Period of	with Colours	years	Place of Birth				
Joined	Date								
Place	Date of Offence	Rank	Cases of Disobedience	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dissolving with trial	By whom awarded	REMARKS
				<i>Demobilized St Johns</i>		<i>9 8/19</i>			

To be carried over.

## The Royal Newfoundland Regiment

### DEMOBILIZATION OF

Reg. No. 5607 Rank Plt. Name Stone J  
 Date of Enlistment 4.6.18 Address Beaumont Street District St. John's  
 Occupation Fisherman Classification for Discharge 6 Medical Category A I  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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

Date July 11/19 O. C. Discharge Depot St. John's

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

*John Stone*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #6000  
 (b) Clothing Supplied \_\_\_\_\_

Date 12-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2363:9.8.99 to his home at Smith Sound and Release Certificate No. 3573 issued.

Date 12-7-19

*J. A. Brown*  
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 9-8-19

Date 12-7-19

*J. A. Brown*  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 12-7-19

*J. A. Brown*  
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 26 1919

*N. P. Cooper*  
O. C. Discharge Depot.

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

Date Aug. 7/19

*J. A. Brown*

Reg. No. *5601* Rank *46* Name *Stone, Thos.*

Attested ..... Address *Monroe*

Allotment ..... Allottee .....

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

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

*12 4 19*  
*26 7 19*  
**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILISATION.**

C.R. 5601  
Army Form 179a

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. *5601* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Stone Thomas*  
(Surname) (Christian Names)
5. Age last birthday *24*
6. Posted for duty on ..... at .....  
in category (or grade) .....
8. If the disability is an injury it was 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 Complaint 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 ?

*Repatriation*

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. Procunier. Capt R.D.M.C.*  
 Medical Officer in charge of case.

Station *Hazlerburn*

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