



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4639 Name Tavernor Thomas Corps R.C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Thomas Tavernor
- 2. What is your full Address? 2. Upper Battery St. John
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 19 Years 9 Months
- 5. What is your Trade or Calling? 5. Baker
- 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? } II. Yes

I, Thomas Tavernor 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. Thomas Tavernor SIGNATURE OF RECRUIT.
15.4.18 Thomas Tavernor Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Tavernor 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 on this 15 day of April 1918
Signature of Attesting Officer W. James Beut

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date. April 15 1918
Place St. John
Signature of Approving Officer W. James Beut

† 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)

Report 22.4.18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Ans. Taverner
 Apparent age 19 years 9 months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Michael. Taverner
Upper Battery | 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>15-4-18</u>									
Joined at <u>St. John's</u> on <u>April 15-1918</u>									
<u>& June 29/19 discharged</u>									
<u>Report for duty 22-4-1918</u>									
<u>Embarked St. John's train to Halifax, N.S. 11-6-1918</u>									
<u>Embarked for 1562 26-10-18. Disembarked France 26-10-18.</u>									
<u>1st Battalion 3-11-1918. Admitted 8th Gen. Hosp. Cochen Lakes 21-19</u>									
<u>Went to Reup. Dep. 30-3-19. Arrived there 30-3-19. Arrived in UK</u>									
<u>from 1562. 22-4-1919. To R.R. for demobilization 22-5-1919. Arrived</u>									
<u>Benfordland 1-6-1919</u>									
<u>Demobilization St. John's 29-6-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-6-19 (date of discharge) 1 years 76 days
 " " Pensions " [" "] " " "

Reg. No. 4439 Rank Pte Name Taverner Thos
Attested 15.4.18 Address Upper Battery
Allotment 70 Allotee Michael Lawrence (Latter)
Date of Allotment 1-6-18 Returned from Overseas
Embarked for Overseas JUN 11 1918 Cause

Rept 22.4.18
Vacc 23rd. 1st Inoc 3rd 5th 2nd Inoc 5th 3rd Inoc 17.4.18

C.R. 4439.

Extract from Daily Orders Part 11 Unit The Royal WFLA.
Sgt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st
Bn. 3-11-18.

The Following joined the Bn. 4-11-18.

4439 Pte. T. Tavenor.

D Coy.

C.R. 4439

Extract from Daily Orders Part, 11 Unit The Royal Nfld.
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 29-6-19.

4439 Pts. Thos. Tavernor.

C.R. 4439

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 15-6-19.

4439 Pte. T. Tavernor.

C.R. 4439

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

4439, Pte. T. Tavernor.

Reported at Headquarters 1/6/19. NZ "Corsican"

which sailed Liverpool May 22/1919.

C.R.I.

4439

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

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

#4439 Pte . T. Tavenor.

C.R. 4439

Extract from W. O. List Dated H.A. 35718.

Dis. to Reinf. Dep. ex 8 Gen. H. Rouen. 30th. March 1919.

#4439 Pte. T. Tavenor.

Scabies Mild.

C.R. 4439

Extract from General Roll Re-enforcement Draft No. 55 embarked Folkeston,
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hazelton Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, S.M.F.

4439 Pte. Tavenor, T.

C.R 4439

Extract from Daily Orders part 11, from Unit The Royal Highland
Regiment, St John's, dated June 14, 1918.

#4439 Pte. T. Tavernor.

Embarked for Overseas with draft 11-6-18

C.R. 4439

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 16, 1918.

#4439 Pte. J. Tavenor.

Attested for General Service with the Royal Newfoundland
Regiment, from 15/4/18. to report 22/4/18.

T. Tammor

C.R.

4439

~~AKO~~

Medical Report on an Invalid.

Station HazeltonDate 1-5-19

1. Unit Royal Newfoundland.
2. Regimental No. 4438
3. Rank Pte
4. Name Tavenor J.
5. Age last birthday 20
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right. \begin{array}{l} \text{12th April 1918} \\ \text{St John's} \end{array}$
7. Former Trade or Occupation } Baker.
- 7A. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).*nilStatement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. ni
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. ni
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. nil

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Acceptance of no disability

14. If the disability is an injury, was it caused—

- (a) In action?
(b) On field service?
(c) On duty?
(d) Off duty?

u

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
(b) Where?
(c) Opinion?

u

16. Was an operation performed? If so, what?

u

17. If not, was an operation advised and declined?

u

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

u

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

u

20. Do you recommend—

- (a) Discharge as permanently unfit, or
(b) Change to England?

Repatriation

W.R. 71
May 1919

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazley House*

Officer in charge of Hospital.

Date *1.5.19*

*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.

† Delete this word if no exceptions are to be made.

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London S.W.

Sir:-

Please charge the amount 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 the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
1439	Plt	Taverner	\$250	J. Taverner

I have the honour to be, Sir,
Your obedient Servant.

J. Taverner

Date

July 1/18

No. 15885/1681.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

Officer Commanding,
2nd. Bn. Royal Nfld. Rgt.,
Winchester.

October 3rd, 1918

9 OCT 1918 191

Subject: 4439, Pte. T. Tavernor,

Receipt hereunder.

With reference to the following telegram (8486) from the Hon. Minister of Militia, received

Chas. C. M.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGIMENT
LIEUT. COLONEL,
Officer Commanding
Royal Newfoundland Regiment

"Pay to 4439, Pte. T. Tavernor, £5.0.0.

Received the sum of £5.0.0

Draft £ 5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

five pounds on account of cable remittance from Newfoundland.

L. J. H. Marshall
Chief Paymaster & O. i/c Records.

J. Tavernor
No. 4439 Rank pte

Witness

R. Manning

Tavenor, T.

4439

Ray Sept.

June 29, 1919

74459 Pte. Thomas Tavenor.

Duckworth St.,

City

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2519.

Yours truly

Commander & U.i/c Records. Captain.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4439 Rank Private Name J. Gavenor
 Intended place of residence Buckworth St

2. Occupation Baker
 Classification of soldier 2 Medical Category A2

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 JUN 14 1919
 Date ST. JOHN'S *J. Gavenor*
 Comanding 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 and date JUN 13 1919
ST. JOHN'S *J. Gavenor*
 Signature of soldier
Am. Brown
 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 and Date JUN 13 1919
ST. JOHN'S *J. Gavenor*
 Signature of soldier
W. Featon
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15-4-18 No of days on Military
 Discharged from service 15-6-19. Plus 14 days Service 441

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S *R. H. Sait Major*
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date JUN 15 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld *R. H. Sait Capt*
 Officer in Charge of Records
 The Royal Newfoundland Regiment
 Date June 29/1919
A. Brown

The Royal Newfoundland Regiment

Class for Demobilization: *7*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *12.6.19*

Regimental No *4439*

Name *Lavenor, Shos.*

Rank *Pte.*

Address *Upper Battery*

Present Medical Category *A1*

Recommended for: {

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board {

R. J. Lat Cape
O.C. Discharge Depot.

Shos
Senior Medical Officer

Shos
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1439 Rank Private Name Harwood J
 Date of Enlistment 15-11-18 Address Duckworth St District St John's
 Occupation Baker Classification for Discharge F Medical Category H.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 12-6-19 for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not a position to resume civilian occupation.

J. Jansen

Particulars passed to Vocational Officer for information and action.

Date 13-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied _____

Date 14-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at Duckworth Cr. St. Johns and Release Certificate No. 2795 issued.

Date 14-6-19 J.A. Lawrence
 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 29-6-19

Date 14-6-19 J.M. [Signature]
 Depot Paymaster.

Discharge approved for 13-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. F36	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
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

Date 14-6-19 J.W. [Signature]
 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 JUN 15 1919 R.H. [Signature]
 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 take up labouring work.

J. Javonov

Signature of Man.

Reg. No. 4439.

Assembly

Signature of the Vocational Officer or his Representative.

Place

Greenlee St.

Date

June 11,

1919.

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

MEDICAL HISTORY

OR

Surname Lavener

Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's

County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	day of	191
Examined	15 th	St. John's	April	1918
Declared Age	19	years		days
Trade or Occupation	Andres		years	days
Height	5	feet	6 ^{1/2}	inches
Weight	118 ^{1/2}	lbs.		lbs.
Chest Measurement	Girth when fully expanded		38 ^{1/2}	inches
	Range of Expansion		4 ^{1/2}	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
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	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	15 th	day of	April 1918
		Corps.		Regtl. No.
Joined on Enlistment	<u>The Royal Nfld. Regt.</u>			<u>4439</u>
Transferred to				
Became non-effective by	on		day of	191
(Signature)				
[Rank]				

THIS TICKET TO BE SHOWN AT THE GANGWAY AND RETAINED BY THE SOLDIER

The Royal Newfoundland Regiment

DISEMBARKATION TICKET

Group No. 1
No. 4459 Rank Private Name Tavernor, Thos.
Address Upper Battery

PASS. You are granted permission to be absent from Depot
until JUN 22 1918 on which date you will report
for demobilization, (see over)

EMPIRE BARRACKS
ST. JOHN'S, N.F.

R. H. Fair Capt.
COMMANDING DISCHARGE DEPOT

Medical Report on an Invalid.

Station Hazley D. Camp
 Date 1. 25. 19

1. Unit Royal Newfld
 2. Regimental No. 4489
 3. Rank Pvt
 4. Name Lavenor J.
 5. Age last birthday 20
 6. Enlisted { on Apr. 1. 1918
 at St. John's

7. Former Trade or Occupation } Baker
 7A. If with previous service in Army, state—
 (a) Former Unit ;
 (b) Regimental No. ;
 (c) Date of Discharge ;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. *nil*
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). *nil*
 - (b) constitutional or hereditary, and not aggravated by service during the present war. *nil*
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

See complaint for disability

14. If the disability is an injury, was it caused—

na

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

na

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

na

17. If not, was an operation advised and declined?

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation
MK
Major J. J. J.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station H. D. Camp

Officer in charge of Hospital.

Date 1. 21 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.

† Delete this word if no exceptions are to be made.



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 Tavenor

Regiment from which discharged

Royal Newfoundland

Regimental number

4439

Intended address

Buckworth St. East.

Height on discharge

5 Feet *7*

Color of hair on discharge

Black

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

—

Figure on discharge

Medium

Christian name of Father

Michael

Christian name of Mother

Elizabeth

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

St John's, 10 June, 1889

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Thomas Tavenor

Pte.

Station

St John's.

Date

11-6-19

(Rank)

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.

Station

Date

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



Lavenot

Casualty Form - Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank *Pte* ~~Private~~ Christian Name *Thomas*
 Religion *R. C.* Age on Enlistment *19* years *9* months
 Enlisted (a) *15/4/18* Terms of Service (a) DURATION Service reckons from (a) *23/4/18*
 Date of promotion to present rank Date of appointment to lance rank
 Extended () Re-engaged () Qualification (b)
 or Corps Trade and Rate
 Occupation *Baker* *J. M. Eucum* Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c. 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 each 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	<i>26 NOV 1918</i>		
		Disembarked...			
		Joined Battalion	3 NOV 1918		
	<i>9 Genl.</i>	<i>Adm. Soabres mild.</i>		<i>21.3.19</i>	<i>174 35600</i>
		<i>Discharged HoP</i>		<i>20.3.19</i>	<i>8213</i>
		<i>Arrived in WT</i>		<i>23/4/19</i>	

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

(b) Signaller, Shoening-Smith, &c.

(1756L) W.A.W. 1887-P.124/2000,000. S.A. D & B. Form B.103 (1918)

No. 20.

Next of kin

Father, *Michael Lavenot*, Upper Battery *St. John's*

HAMMILL
BOARD

The Royal Wld. Regiment

DEMOBILIZATION

No. 4439 Rank

Name Lawson

Warned for demobilization on

JUN 13 1919

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..... *Thomas* 2. Surname..... *Jarvison*
3. Rank..... *Pte* 4. Regt. No. *4489*
5. Address in full to which future payments of gratuity are to be forwarded..... *Quacworth St. East. City*
6. Date of enlistment in the Regiment..... *March 28! 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents..... *no*
9. Address in full of such dependents..... *no*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*
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..... *Eight months*
..... 1.1

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

Totapaccaba

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.

\$74.53 Clothing Etc

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

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. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *No*

19. Are you now serving in the R.C.A.F.? *No* If not give - (a) date of discharge *Jan 28/15* (b) Reason for discharge

Demobilization

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.

France Belgium & 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, the undersigned, do hereby solemnly declare 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: *J. Jarent*
 Place of Residence: *Backworth St, East City,*
 Declared before me at: *Si phus area*
 This *14th* day of *June* 19*19*.....

John M. Carthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

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

C.R.

4439

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

DATE ^{1st} 15-1920

PLACE.....

NO ~~4439~~.....NAME..... J. Jansen.....

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheets

Regiment of

The Royal Nfla

Signature of O. C. Company

one
L. J. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>41124 Thomas Stevens</i>	Age on	<i>19</i> years - months	<i>Boat</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's</i> <i>5-18</i>	Religion	
Joined	Date	Period of	} with Colours <i>76</i> years. } with Reserve <i>76.5</i> years.	Place of Birth	
Joined	Date			<i>St. John's</i>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
		✓							<i>Demobilized St. John's, 29⁶/19</i>

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

9459

DEMOBILIZATION OF

Reg. No. 14439 Rank Private Name J. Tavenor
 Date of Enlistment 15-11-18 Address Duckworth St. District St. John's
 Occupation Baker Classification for Discharge F Medical Category H.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 12-6-19

J. M. Smith
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

J. Tavenor

Particulars passed to Vocational Officer for information and action.

Date 13-6-19

a. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied McLoughlin

Date 14-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2795 to his home
 at Lucknow, U.P., India and Release Certificate No. 14-6-19 issued.

Date 14-6-19 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 14-5-19

Date 14-5-19 J.A. Brown
 Depot Paymaster.

Discharge approved for 15-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 14-6-19 J.A. Brown
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
 Officer i/c Records.
 Board of Pension Commissioners.
 with following additional documents.

Eligible for War Service Grately

Date JUN 15 1919 R.S. Jones
 O. C. Discharge Depot.

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

Date JUN 24/19 J.A. Brown

Reg. No. *4439* Rank *PLC* Name *Dawson. J.*

Attested Address *Upper Sathin*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19*

Returned on S.S. *Cossican* Cause *Discharge*

12.6.19
15.6.19

~~PASSED TO DEMOBILISATION~~
DISCHARGE APPROVED ON DEMOBILISATION.