

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No	5519	N ame	Bayter	Laylor	Corps	Meth
		Questions to be	e put to the	Recruit Votore	Enlistment.	
ı. '	What is your name	?		. Pag	Ter de	y Cor NASTO
2.	What is your full A	ddress?		2		
3	Are you a British	Subject?		3	75	
4.	What is your age?			4. //	Year	Months
5.	What is your Trade	or Calling?		5	. I mer	unagen /
6	Are you Married?			6	9/	Aller i
	Have you ever serve jesty's Forces, nava			7	10	
	Are you willing to		or re-vac-	8	060	
9	Are you willing to be	e enlisted for Gene	eral Service?		77:	
	Did you receive a No its meaning, and who			0	Name Corps	lo.
	Are you willing to so gned by you if you				of service to be	} \(1 \) \(\)
			Coarci	no Ezany	1	NATURE OF RECRUIT.
bound		s Majesty King Ge	orge the Fifth, jesty, His Heirs	His Heirs and S	make oath, thuccessors, and	at I will be faithful and that I will, as in duty and Dignity against all
		CERTIFICATE (OF MAGISTRAT	E OR ATTESTING	OFFICER.	
he v	vould be liable to be	ounished as provide	ed in the Army	Act.	se answer to an	y of the above questions
	The above questions					
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		24.5 (CA)				
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Date	B					
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		the "Corps" for w				Additional restriction

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Extract from Casualties received from Pay & Record Office, London, April 24th, 1919.

The undermention was discharged from 3rd London Heneral Hospital on 17/4/19 and reported to Depot same date. Barked fit for 1 duty.

Extract from telegram received from Synoptical London, June 6th, 1919.

Remittance received as follows: Have not been paid Soldiers repatriated, groupsmadjust.

5519 Taylor

£.8.4.0.

Extract from Daily Orders Part II Royal Newfoundland Regiment Depot St. John's dated 17-719

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

15-7-19.

5519, Pte. Baxter Taylor.

CR'55/9

Extract from Reily Orders Part 11 Unit The Hopel Hill. Regt. "12 the Fields, size S1-2-19.

5519 Pte. B. Taylor

Invalided to U.K. 30-3-19 Sick.

Extrast from Casualties received from Pay and Record Office, London dated 17th.April 1919.

The undermentioned was discharged from 3rd.London General Hospital, on 17/4/19. He is marked I, Duty and report to 2nd.Battn. Winchester, 17/4/191

#5519 Pte. B. Taylor.

AUTHORITY. A.F's. W. 3127 from 3rd.LEH.

Extract from Danly Orders Part 11 Depit, Sp. John's, Date

June 18th 1919.

5519, Pte. B. Taylor.

Reported at Headquarters 1/6/19. which sailed Liverpool May 22/1919.

ex "Corsican"

Extract from Daily Orders Part 11 Unit The Royal Mfld. Regt. St. John's, June 20th, 1919.

The discharge of the undernoted on demobilisation has been APPROVED by O.G. Discharge Depot with effect from 1-7-19.

Extract of War Office ListtNo. H.A. 35116 from Pay & Record Office, London, dated Feb. 28th/19.

Admitted to 6 General Hospital ROUEN, Feb. 17th/19.

INFLUENZA SEVERE.

Extract from Casualties received from Pay & Record Office,

The undermentioned, examination was transferred from the 2nd. to the 3rd, London General Hospital on 17/3/19.

Extract from Daily Ordres part II, Depot Winchester by Lieut. Col. B.J. Barton, D.S.O. Officer Commanding 2nd. Battalion dated 19-4-19.

The following having reported back from the 1st. Mattalion is taken on the xtrength and posted to "H" Company from

#5519 Pte. B. Taylor.

April 14th, 1919

Mr. Esau Taylor

Bost Br. N. D. B.

Dear Sir:-

I beg to inform you that additional information has to-day been received from the Visiting Committee of the Newfoundland War Contingent Association concerning the candition of your son, No. 5519, Private Baxter Taylor, to the effect that he is now progressing favourably.

Yours faithfully.

Lieut. Col.,

Chief Staff Officer.

CR. 5519

Extract from War Office List PNo. H. A. 17683

Admitted St. Andrews Hos. Dollis Hill, London N. W. 10th. March 1919.

5519 Pte. B. Taylor.

Incluenza.

C.r. 55 19

Extract of telegram from Syn., London, to Military.

March 15th/19.

INFLUENZA.

#5519 Taylor.

NEWFOUNDEAND POSTAL



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such

Transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have ntirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (a.d. the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide. (NOT TRANSMITTED)

Signature o	of Sender			Addr	essDept of	Militia.
Line Number	Red	_ву	Sent	by	Check	
	Mar	ch 15th, 1	919			

Dated

To

Esau Taylor, Boot Hr. N.D.B.

Regret to inform you that Record Office. London. No. 5519. Trivate Baxter Taylor new officially reports at St. Andrews Hospital. London suffering from influenza

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. Bennett

Minister of Militia. Chge Dept of Militia.

FOR TYPEWRITER

Extract from Nominal Roll of draft No. 56, from the 2nd., Battalion, Winchester to the 1st., Battalion of the Newf undland Regiment, Embarked Southempton, 23/11/18.

Extract from Daily Orders part 11, from Unit The Royal REId Reg .St. John's, dated July 88 25th, 1918.

The Mollowing non embersed for eversess on H.M.S. EColumbella" July 28,1916.

5519 Pte. Baxter Taylor

Extract from Daily Orders part 11, from Unit The Royal Nfld.Regt.St.John's, dated May 31, 1918

#5519 Pte. B. Taylor

Attested for General Service with the Royal Nfld Regt. from May 30,1918

B Taylor 5519 C.R.

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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. Cofal	I ewfoundland	7.	Former Trade	Fisherman
2.	Regtl. No. 55.19. 3. Rank	Tota		or Occupation	aims previous service i

4. Name

5. Age last birthday.

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:

Army, he should state-

(a) Former Regts. or Corps; with Regtl. Nos.

- (c) Cause of Discharge.
- 9. If a Court of Inquiry was held on an injury state:-
 - (a) When
 - (b) Where
 - (c) Opinion of Court

is seen by the Officer in charge of the case.

(d) Particulars of Pension or Gratuity (if any)

Note.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier

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.

12. Place of origin of disability.

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.

14. State whether the disabilities are (i.) Previous active service. (iii) 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? 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—(6) is only applicable to soldiers invalided at Foreign Station. Station Medical Officer in charge of case. Medical Officer in charge of case.					
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III- IS-10			Note—(b) is only applicable to soldiers invalided at Foreign Stations.	Rocenier. Medical Officer in o	Caft R. a. M.C.
			110-15-10		, ,
· Loss of teeth on or immediately after active service, should be attributed thereto, unless there is eviden it is due to some other cause			· Loss of teeth on or immediately after active service she	ould be attributed thereto	loca than to a de

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's lealm to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

- (ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-waw service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.
- 21. Give diagnosis and particulars of :-
 - (a) Any disability claimed or discovered.
 - (b) The present condition thereof.

22. 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 part of the soldier	·····
22 (a). If not due to any of these causes, to what specific condition do the Board attribute	
it?	
23. Is the disability in a final stationary condition? If not	i .
(a) How long is the present degree of disability likely to last?	
(b) If the present degree of disability is not	

likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in alf? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24s.

24. (a) What is the degree of disablement at which in the Board's opinion he should be assessed at present, independent of opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918 and Instructions to Pension Boards) (assessment to be stated in words as well as figures). (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army? 25. If an operation was advised and declined, was the refusal unreasonable? Military 26. (a) Do the Board recommend discharge as physically unfit for further War Service. i.e., do they place him in Grade IV. only? (b) In what other grade do the Board place him? (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)? 27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service ? 28. Is treatment being recommended on Army Form B 179c? 29. Does the soldier require :-(a) An attendant for his journey home? (b) Transport from railway station to his home? (c) The constant attendance of another person in his own home? Signatures :-President or Chairman Members Date . Discharge Approved under Para. 392 (xvi) King's Regulations. Only applicable Station in cases of Patients in Officer in charge, Central Hospital. Hospitals. Date OR Discharge Approved under Para. 392 () King's Regulations.

Discharge Approved under Para. 392 () King's Regulations.
of Transfer Approved to Class
of the Reserve.
Jinsert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

Date O.C. Discharge Centre.

Nº 6147



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

Identity Certificate No.	Whether Wife, Child. other Relative or Friend	Name (in full)	Address	AMO (each p	UNT person)
1468	Faller	m Esan Taylor	Bort Hr		
		•	7100		6
		w		<u> </u>	-
	*				
			*	-	
			Total Allotment, §		6
	This form must be signed by the Office required payments	completed by the Officer Commandii er Commanding Company and hand on application.	ng Company, signed by the Volum	teer, co	uni

Nº 6147



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

	Whether Wife, Child	NAME (in full)	Address	AMOUNT (each person
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•			nnB	6
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
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		completed by the Officer Commandi eer Commanding Company and hand on application.		

Contract of	
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NEWFCUNDLAND

CONTINGENT

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

15th May 1919

5519 Pte Taylor B.

With reference to the following telegram from the Minister of Militia / /19 (185):

"Pay to-5519 Taylor. £8:4:0:

Cheque £8:4:0: is enclosed for payment to this Soldier.
Kindly obtain his receipt heroon.

Chief Paymaster & O. i/c decords.

To: Officer Commanding,

1/Bn Royal Newfoundland Regiment.

Winchester.

1919.
Batt'n.
5
n respect of
0 1

3rd Fondon.gen. Horp. Wansdwort To pay master place pay to me the sund of one pound are charged same to my 5519 Ret. B. Thylor. Groyal. Med: Reg. men what office a.K. f. Add * Plant M.R. 144/19 Perpla 2018

3 ind fondon gen Losp: Wans West & W. 18 To Pay master 28.3./19 please pay to me The Sum of one spund an Charge to Sarpe to ny acount: 15519. Pet B Taylor Royal NHA Reg my acount: Affice A State of the State of a.K. £ 1-0-0 m. R. 28/8/19 Recept No. 1854 28-3.19

3rd London. gen. hoss? Wanswort. S.W.18 march. 24. 19. To pay master please Pay to me two rounds for charge Same to stay acount.
5519 Pet B Taylor.
Royal Flet Reg. 27°

3 rd Tondon gen Hose Waniswort & W 18 march 22.19 Pay master Royal offel reg please pay to me The Sum of one pound an clory to some to my acount B. Faylor Royal Wfld neg 01/2/19 wh STRON GENERAL HOSPITAL SOLITION OF STRONG SOLITION 22-3-19. & RECORD OF

3rosondon General Stoadlae mar 2/01/919. To Saymaster. Royal New found land Regt. of One Found and charge the same to my account.

roblige The De Saylor 5519 Royal 126 D. Regt. On found affrond of itmas left 21/3/19 35/ . 21/8/19 Acceipt: 1711 2 year

No. 4616/47 From: NEWFOUNDLAN	CONTINGENT N.F.P./80.
Chief Paymaster & O.i/c Records, Newfoundland Contingent, .58, Victoria Street, London, S.W. 1.	To: Officer Commanding, 3rd. London General Hoppital, Wandsworth, S.W.
24th March 1919	25/3/ 1919
5519 Pte. Taylor B.	o to victoria
With reference to the follow- ng telegram from the Minister of Hilitia, / / (89)	Kindly blace
"Pay to- 5519 Taylor	to the bredit of
£10. 6. 0.	06 1 1/1 is
Kindly advise whether this re- ittance should be 1) forwarded to you for payment to this Soldier;	of blease.
2) retained to credit of his account; or 3) otherwise dealt with.	Haran hom comes
Charles again with.	for. 6. 6
hief Paymaster & O. i/o Records.	Sel LONDON GENERAL HOSPITAL,
	22/3/19 8/5.

5519 Aay Loeph.

July 15, 1919

#5519 Pte.Baxter Taylor.

Boot Harbor, N.D.B.

Dear Dir:-

Flease find enclosed Discharge Certificate #3044.

Captain,

The Royal Newsoundland Regiment

	PROCEEDINGS ON DISCHARGE
1.	No. 5519. Rank Name Say los B. Intended place of residence Bost H
- 2.	Occupation Classification of soldier Medical Category Med
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 JUN 17.1919. 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 JUN 1 7 1919 Date Signature of witness
6.	CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
	Place, ST. JOHN'S Sgnafure of soldier Date JUN 1.7.1919 Sknature of witness
7.	Enlisted for service. 30-5-18 No. of days on Military Discharged from service. 1-7-19 Plus 14 days Service. 413
	APPROVAL OF DISCHARGE
8.	The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ilc Records, The Royal Newfoundland Regiment, twenty-eight days from date. Place, ST. JOHN'S Officer Commanding Discharge Depot The Royal Newfoundland Regiment
	CONFIRMATION OF DISCHARGE
9.	The discharge of above mentioned soldier is hereby confirmed Mowleylast Place, ST. OHN'S Date Month 15/1919. The Royal Newton Mand Regiment
	d 4Bno 9/3044

The Royal Pewfoundland Regiment

ization:	Report of Demobilization Travelling Board, held on soldier for discharge.
Discharge Depot: Headquarters The Royal	Newfoundland Regiment
	Date 16.6.19
Regimental No 5579	
Name Laylor B	Rank Pt
Address \times	D-B
Present Medical Category 47	
	O.C. Discharge Depot.
Members of Boar	rd Senior Medical Officer
	M. O. Dopot

The Koyal Pewfoundland Kegiment

Reg. No. 3579 Rank Ate Name daylor B.
Date of Enlistment 30.5 18 Address Bost of District Live State
Occupation Holor Classification for Discharge Medical Category AI
Recommendation S. M. B. Disability Rating
Passed to Demobilization Officer with following documents:—
N.F. P 36
Date 16 6.19 O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.
I amin a position to resume civilian occupation.
I amin a position to resume civilian occupation. B T H Particulars passed to Vocational Officer for information and action.
B Taylor
Particulars passed to Vocational Officer for information and action.

3. Transportation and Rel	ease Certificate.			2.04.4
The above named	has been provided w	Colors Mills Management of Colors (All Colors Color	arrants No. 7	
Date 17-6-	19. 30.4001	JA.	Snewb- Demo	bilization Officer
4. Pay and Allowances.	1.11	s boy		Park or in append
nection therewith set		ed pay and allo		d all matters in con-
Date 17-1-19	ng mg verterall Tanan verteral		···· .	Hwi H epot Haymaster.
Discharge approved for Forwarded with follo		O.C. Discharge	9 Depot.	
N.F. P 36 B 268	l In	W		6
N.F. P 36 B 268 B 178 W 3494	B 121	N.F. Med	. D.F. 1	& From D
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B 179 D 400B	Form L	. do 3rd	4	
B 179a D 400C	Form K	do 4th	" 5	
B 179b B 103 B 120	ME 2		" 6	
Date 17-6-	19	I W	now by	H
F		,,	O. C. I	Discharge Depot.
APPROVED.	n itanie - radioi	The state of the state of		no de la companya de
Documents as above	forwarded to:-			
	i c Records. of Pension Commissi	oners.		
with following additional		4 ()		
	Engible	for War	Samica	C== 4.11
Deta JUL 1 1919	14. • a 1 -	4	SET ATEC	Glatuny, p
Date JUL 1	Andrew the street of the stree	ar . Sant sees notice	0. C. I	Discharge Depot.
Received the above noted d	locuments from O. C.	Discherge Des	njensti A. matik	n Diring
A second	oumonos irom O. C	· ~ somarge Del	ballogist enids	alogar (18
Date		i Billige som		
Oate				

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.

B Taylor	Signature of Man
Reg. No. 5-5	-19.
nis Representative.	
	B Toyles Reg. No. 5-5 iis Representative.

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

MEDICAL HISTORY

Surname Laylon

Christian Name.

Baster

	Table I.—GENE		E. 110	
Birthplace:—Parish	TO A CONTRACT OF THE PARTY OF T	ie., Met.	ty Mea	
	SPECIAL RI		REGULA	R ARMY
	on 30 the day of	May 1918.	on day	of 191
Examined	at Myohis.		at	
Declared Age	20. years	. days	year	s days
Trade or Occupation		meis.		
Height	5 feet	9 3/4. tnches	feet	inches
Weight	144.	lbs.		1bs
Chest Girth when fully expanded	37	inches		inches
ment (Range of Expansion	4.	inches		inches .
Physical Development				
(Arm	Right	Left	Right	Left
Vaccination Marks { Number	-/-			
When Vaccinated				
Vision	R.W V=	66.	R.E.—V= L.E.—V=	
	(a)		(a)	
(a) Marks indicating congenital peculi- arities or previous disease				Y
	(6)		(6)	· · · · · · · · · · · · · · · · · · ·
(b) Slight defects but not sufficient to				
cause rejection			Jan 1980	
Approved by (Signature)	Jan M	adman		
(Rauk)	B-se	,		
	-	Medical Officer.		Medical Officer.
	at Defolis.	1	at	
Enlisted	on day of	Man 1918	on day o	of * 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	ogae med.			
ſ	regiment.	5519.	T	
Transferred to.,	ROYAL NEWFOUND	LAND REGIME	1.	· ·
Became non-effective by				
(Signature)	on day of	191	on day o	í 191
(Rank)	100000		- He 147	1
	<u> </u>			In mo

Name of Hospital	A	lmitted Hospital	tted to Discharged from Hospital			rom	Disease	Number Days in Hospital	Remarks bearing syphilis, admission	
Name of Hospital	0.0000000000000000000000000000000000000	Month		Day		h Year	Discuse 4	Hospital	syphilis, admission of tre	
Agdrew's Kospit Vollis Kill, Loq	à1,10 don,	3.5. N.V	149 V.	קו	3	19.	Influenza	8.		
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Name of the state										
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st in case of Warrant Officers treated in quarters. the cause, nature or treatment of the case likely to be of interest or of future use. In case of and re-admissions to hospitals will be shown. The subsequent progress, including particulars nent out of hospital, transfers. etc., will be given in the special syphilis case sheet. Signature of Medical Officer Male we may es

[P.T.O.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

		10 68 0772	NATIONAL PROPERTY OF THE PROPE						
Date	Brief Details, and Signatures								
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13-6-18	TAB.	10	•						
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	2.24	Table IV _SE	RVICE TABLE.						
			NVICE INDUE.						
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Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
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			1985 (RCK) (Albert - 1987)	<i>T.</i>	



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 occuring in the description subsequent to the date of admission to pension should be noted in red ink. Name in full Baster, Tay (or Regiment from which discharged Royal Dewfoundland Regimental number 551 D. Bay Intended address Height on discharge 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 Boot Hr. M.D. Bay 8 Jan 1898 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) B Taylor Date 16-6-19 Station 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.

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 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 Bo	arded Prior	to Discharge or
Transfer to Cl	ass W, W, (T), P	., or P. (T), c	of the Reserve.

1.	Unit and Corps. J	Jal !!	enfoundland	7.	Former Trade or Occupation } Fix
	casall	/ \ L	UNI		or Occupation
2.	Regtl. No. 2.1.4 (3	. Rank	100	7a.	If the soldier claims previ

5. Age last birthday...?!

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?
- 9. If a Court of Inquiry was held on an injury state:-
 - (a) When
 - (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.

- Army, he should state-
 - (a) Former Regts. or Corps: with Regtl. Nos.

(c) Cause of Discharge.

(b) Date of Discharge:

(d) Particulars of Pension or Gratuity (if any)

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.

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.

12. Place of origin of disability.

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.

(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. (ii.) The rates of pension vary according to whether the disability is (a) causes not connected with the present war. (b) Due to causes not connected with the present war. (c) Climate in pre-war service. (ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service the present war. (b) Due to causes not connected with the present war, vis., (1) Previous active service. (2) Clid diseases in pre-war service. (iii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service the present war. (b) Due to causes not connected with the present war, vis., (1) Previous active service. (2) Clid diseases in pre-war service. (iii.) The rates of pension vary according to whether the disability is all causes in pre-war service. (iii.) The rates of pension vary according to whether the disability is all causes in pre-war service. (iii.) The rates of pension vary according to whether the disability is all causes in pre-war service. (iii.) The rates of pension vary according to whether the disability is all causes in pre-war war, vis., (1) Previous active service. (2) Clid diseases in pre-war service. (iii.) The rates of pension vary according to whether the disability is all causes in pre-war war, vis., (1) Previous active service. (iii.) The rates of pension vary according to whether the disability is all causes in pre-war war, vis., (1) Previous active service. (iii.) The rates of pension vary according to whether the disability is all causes in pre-war war, vis., (1) Previous active service. (iii.) The rates of pension vary according to whether the disability is all causes in previous active with the present war, vis., (1) Previous active variety. (iii.) The rates of pension. (iii.) The rates of pension. (iii.) The rates	14. State whether the disabilities are (a) attributable to (b) aggravated by	OPINION OF THE MEDICAL BOARD.
(ii.) Perfoss active service. (iii.) Climate in pre-war service (iii.) Climate in pre-war service (iii.) Climate in pre-war service before the war. (iv.) Serious negligence or misconduct on the many station to enable before the war. (iv.) Serious negligence or misconduct on the many station to the many station to wards and service the service of the pre-wards of the forest war. (iv.) Due to service the service that the pre-ward war, (iv.) Due to service the service that the pre-ward war, (iv.) Due to service the service that the pre-ward war, (iv.) Due to service the service that the pre-ward war, (iv.) Due to service the service that the pre-ward war, (iv.) Due to service the service that the pre-ward war, (iv.) Due to service the service that the pre-ward war, (iv.) Due to service the service that the pre-ward war. (iv.) Due to service the service that the pre-ward war, (iv.) Due to service the service that the pre-ward war. (iv.) Due to service the service that the service that war. It is, therefore, essential wars that the pre-ward war, (iv.) Due to service the service that war. It is, therefore, essential wars that the forest war. (iv.) Due to service the service that war. It is, therefore, essential wars the service of the		NOTES (i) Clear and definite answers are to be filled in by the Board, as, in the event of a man
(iii.) Climate in pre-war service (iv.) Ordinary military service before the war (iii.) The rates of pession wary according to substantial when assists the person of the faisability is (a) caused or aggravated by service the state before the war. (iii.) The rates of pession wary according to whether the disability is (a) caused or aggravated by service the satisfaction (iv.) Ordinary military service during the present war. (iii.) The rate of pession wary according to the state in the person of the disability of a disability o		
(iv.) Ordinary military service before the war (v.) Serious needjegnee or misconduct on the paraly part (v.) Serious needjegnee or misconduct on the paraly part (v.) Serious needjegnee or misconduct on the paraly part (v.) Serious needlegnee or misconduct on the paraly part (v.) Serious needlegnee (v.) Serious needlegnee (v.) Serious needlegnee (v.) Ordinary military service before the war. It is, therefore, essential when assist that the present var. (v.) Ordinary military service before the war. It is, therefore, essential when assist needle or the paraly service when it is likely to differentiate between them. 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 artificulative to active service or through ment was unobtainable? 19. Give particulars of any other desibilities evicting, 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. (a) Discharge as permanently unfit? (b) Change to United Kingdon? 20. Do you recommend— (a) Discharge as permanently unfit? (b) Change to United Kingdon? (a) Discharge as permanently unfit? (b) Change to United Kingdon? (c) How long is the present degree of dis-	(iii.) Climate in pre-war service	
(v.) Scious 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? 15. What is his present condition? (A) and 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 deviated and declined? 18. *In the case of loca or decay of teeth—li the loes of declined are condition? 19. Give particulars of a wood with the present war. (a) Attributable to a City particular of a wood with the present war. (b) Due to causes and connected with the present war, (ii) Previous active service by the cause of a disability claimer of a disability claimer of a disability claimer of a disability of 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 devised and declined? 18. *In the case of loca or decay of teeth—is the loes of disabilities excise excited by 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 everice during the present very conditions? 20. Do you recommend— (a) Discharge as permanently unfit? (b) Change to United Kingdon? Note—(b) is only applicable to soldiers invalided at the cause of disability of the soldiers invalided at the cause of disability in a final stationary condition? If not—(b) is only applicable to soldiers invalided at the cause of disability in a final stationary condition? If not—(b) is only applicable to soldiers invalided at the cause of disability in a final stationary condition? If not the soldier invalided at the cause of disability in a final stationary condition? If not the cause of disability in a final statio	(iv.) Ordinary military service before the war	(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in
14 (a). If not due to any of these causes, to what specific condition do you attribute it? 15 What is his present condition? (A note should be made as to Weight in all cases gress 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 bos of each teeth the result of wounds, injury or discase directly attributable to active service under such conditions that dental treatment was unobtainable? 19. (For particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether on on they are attributable to or war, and if so, to what or by what specific military conditions? 20. Do you recommend— (a) Discharge as permanently unft? (b) Change to United Kingdom? Note—(b) is only applicable to soldiers invalided at the conditions of the present degree of dis-		the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning
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 discase service under such conditions that dental treatment was not in themselves sufficient to cause invaliding. State whether or not they are attributable to raise bave been as year 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 (c) How long is the present degree of dis-	14 (a). If not due to any of these causes, to what specific condition do you attribute it?	21. Give diagnosis and particulars of:—
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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 only of these causes, to what specific condition? (a) How long is the present degree of dis-	teeth the result of wounds, injury or disease	(iii.) Climate in pre-war service
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(a) Discharge as permanently unfit? (b) Change to United Kingdom? Note—(b) is only applicable to soldiers invalided at(a) How long is the present degree of dis-	20. Do you recommend—	ur
Note—(b) is only applicable to soldiers invalided at (a) How long is the present degree of dis-	(a) Discharge as permanently unfit?	
	Note—(b) is only applicable to soldiers invalided at	(a) How long is the present degree of dis- ability likely to last?
Medical Officer in charge of case. (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made	W. ?. Inocurier . Capt R. a.M.	likely to last 12 months can a further assessment at a reduced rate be made
with reasonable confidence to cover a period of 12 months in all 2 It so, the	Station V. Vander	with reasonable confidence to cover a period of 12 months in all? If so, the
Date 1-1-5-19. Date 1-1-5-19. Treduced percentage and the period to which it will be applicable should be which it will be applicable should be indicated in the answer to Question 24a.		reduced percentage and the period to which it will be applicable should be

· 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

24. (a) What is the degree of disablement at which, in the Board s opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:-100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in · words as well as figures). (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army? 25. If an operation was advised and declined, was the refusal unreasonable? Military 26. (a) Do the Board recommend discharge as physically Opinion of Military Member in unfit for further War Service, i.e., do they place case of dis him in Grade IV. only? (b) In what other grade do the Board place him? (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)? answered when 27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service ? 28. Is treatment being recommended on Army Form B. 179c? 29. Does the soldier require :-(a) An attendant for his journey home? (b) Transport from railway station to his home? (c) The constant attendance of another person in his own home? Signatures :-President or Chairman. Members. Date . Discharge Approved under Para. 392 (xvi) King's Regulations. Only applicable Station in cases of Officer in charge, Central Hospital. Patients in Hospitals. OR Discharge Approved under Para. 392 () King's Regulations. or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

O.C. Discharge Centre.

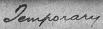
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MEDICAL HISTORY of-

TABLE I.—General Table.	TABLE III	n Innomiati	one oto . Wa	f Enquiry
	for Field or	r Foreign S	ons, etc.; Exercise; Ext longation obliances, Pa	tension, Re
Birthplace Parish	issue of Su	t, or Pro irgical App	longation oliances, Pa	or Service rticulars o
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onday of191 ,	Date	Brie	f details and Signs	sture
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,, Eyes				
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Chest expanded }				<i>-</i> -
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l n.	Special Remark	s:		
Fit for Grade				
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(IV.				
(Strike out those which do not apply.)	1			
Signature			144,250,341	
Chairman of Medical Board.	TA	BLE IV.—	Service Tab	
	Station or	Troopship	Date of arrival or embarkation	Date of departur or disembarkation
Re-examined for posting at			I de la constant	100
Onday of		٧		
Enlisted {at		- N. J. J. J. J. J. J.		
onday of191		5	# 125 pt 15	
. Corps Regtl. No.	3		20000000	·
enlistment 1 A Newburdland 5519	Became non-effect	tive by		
		day of	1	101
fransferred to to				191
	(Signature			
	(Rank	·)		

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name	of	4	dmitted Hospital	to	Disc	harged :	from	Disease	Number of days in	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be above. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of	
& IORGON (GITY CF TONDOR)	HOOK	Day	Month	Year	Day	Month	Year		of days in Hospital	will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Medical Officer	
)*	10	3	19	17	3	19	Influenza:	8	Je 3rd La Sen H Wardsworth San London Gener	Mayor	
ENERAL HO	PITY	2						1 0		Wardsurth Sad London Gener	al Hospital.	
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MEDICAL HISTORY of-

	TABLE III	.—Boards,	Courts of	Enquiry,
	for Field or	, Inoculation Foreign Se	Courts of ons, etc.; Exe ervice; Exte ongation of liances, Par	nsion, Re-
Parish Parish	engagemen Issue of Sr	t, or Prol	ongation of	Service,
Birthplace { County	Dental Tre	atment, etc		
(onday of	Date	Brief	details and Signat	ure
Examined }				
Declared Age				
	<u> </u>			
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Vision L.E.—V = With Glasses L.				
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Defects or Ailments:—	-			-
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Examined and found—	Special Parada			
ı.	Special Remark	SS:		
$\int_{\Gamma} \mathbf{r}$	Special Remark	is:		
Fit for Grade III.	Special Remark	is:		
$ \textbf{Fit for Grade} \left\{ \begin{array}{l} \textbf{I.} \\ \textbf{II.} \\ \textbf{III.} \\ \textbf{IV.} \end{array} \right. $	Special Remark	8:		
Fit for Grade $\begin{cases} I, \\ II, \\ III. \end{cases}$	Special Remark	S:		
Fit for Grade II. III. IV. (Strike out those which do not apply.) Signature			Service Tab	16.
Fit for Grade II. III. IV. (Strike out those which do not apply.)	TA	ABLE IV.—		
Fit for Grade II. III. IV. (Strike out those which do not apply.) Signature Chairman of Medical Board.	TA		Service Tab Date of arrival or embarkation	Date of departure or disembarkation
Fit for Grade II. III. IV. (Strike out those which do not apply.) Signature Chairman of Medical Board. Re-examined for posting at	TA	ABLE IV.—		
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I. II. III. IV. (Strike out those which do not apply.)	Station of	Troopship ctive by Aday of	Date of arrival or embarkation	Date of departure or disembarkation

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of	Admitted to Hospital Day Month Year		Admitted to Discharged from Hospital			from	Disease	Number of days in	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be aboven. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of	
Hospital			fonth Year		Month	Year	•	Hospital	will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Medical Officer	
Andrew's Hospital,		3	19	12	3	19.	Influenza			Mall	
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17751915		rank Date of ap			
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Date	From whom received	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	Casualty	B.213, Army Form A.36, or other official documents
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Next of Stin :

(a) In the case of a man who has re-engaged for, or enjisted in Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoelar, Smith, &c (17691.) Wt. W 1887-P 1194, 1,000,000, 6/18, D. & S. Form B/103, (E. 1289.)

O ather: Saw Callot: Book Shoet Make dame-Bagimum H. L. D.

[P.T.O.

July 21,1919

75519 Pte. maxter Taylor,
Soot Harbor, N. D. B.

Dear Sir:-

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

fours truly,

optain & raymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims Var 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 only no dakhos. If my questions are not applicable, the words "NOT APPLIMBAE" must be written out.

On completion this Declaration as to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.
Christian name. Baseter 2, summene. Joylov
3. Romk. 1 Le 4. Rogt] 10 5-519
5. Address in full to which future powrents of another are to be
forwarded. Boot at M. W.B.
6. Date of enlistment in the Regiment. Mon 30/18
7. Name of dependent, if any, to whom Separation Allowaged is being
issued, or was being issued, immediately prior to your discharge
Tw.
8.Relationship of such dependence
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 subliers. To
11. Were you on active service only in Mfld, II so, give dates and
particulars of such service. Overseas
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12. Give total length of time which you served on active service,
whother in Fild. or Oversees Hurteen month

13. Have you had more than one enlistment? If so, give particulars
of discharge and re-collistments, and under what regimental numbers.
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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 when raid.
11.leg Clothing Etc
15. Have you been issued with a War Service Badge?
16. Have you, during the present war, served in the I perial Borces
17. Are you entitled to receive, or have you received any Gratuity
in the nature of Pest 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
renk held by you on your arrival in England?
(b) If so, was such reversion in consequence of Misconduct or
inefficiercy?
19. Are you now serving in the Regt.?
of discharge (b) Reason for discharge
ac policy from
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
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21.(a) Are you receiving treatment from the Fivil Re-Establishment
Com.(b) If so are you in receipt of full pay and allowances from
that Cormittee
And I sake 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 A	mplicant: Ob	Tuylor	. %	vB.	
Place of Resid	lence: Loo	- Line	ged		
Declared befor	re me at:		19.19		.0
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POST DISCHARGE PAW.

Date paid Frid Poid Var Sarvice due

Soldier, Dependent, War Sarvice

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Paymester

Nº 6147



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

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. Boot Harbot QDB g R Bennett Johns 6. 8.19 Dear Sir. While 9 Was in england. James Taylor Wird me forty Dollars from Spring Dal office it Was Wired the 12th may 1919. I leaved & ngland for Some on the 22 may an didont get to many I Was to the office in Springdol. it disent come Back they. please look it up. for me. 9 romain yours truly pet B Jaylor Bor. NB8

RECEIPT.

WOR INDUS OF ERITAGE WAR MEDAL-1914-1914.

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

EAST. Apol Marbour 1 25

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet_Out. The Royal Newformalant Signature of O. C. Company Clarick Shieux B 121. Regimental Number and Name Good Conduct Badges, Service pay or proficiency pay Age on 20 years 5519 of Bulistment 30 = 1 = 18 Toined Date Toined with Colours / #1 years. Place of Birth
with Reserve 36 years. Boot H. N. D. B Joined. Date Toined Date Date of Name of Place OFFENCE Punishment awarded By whom awarded REMARKS Offence Witnesses To be carried over.

ANN9
Demobilization of 3

The Koyal Pewfoundland Kegiment

DEMOBILIZATION OF
Reg. No. 5519 Rank Att Name daylor B.
Date of Enlistment 30:5 18 Address Boot At District well to
Occupation July Medical Category A. I
Recommendation S. M. B. Disability Rating
Passed to Demobilization Officer with following documents:—
N.F. P 36 B 268 B 21 / N.F. Med D.F. 1 B 178 Z W 3494 B 122 Board 1st
B 178 W 3494 B 122 Board 1st " 2 3 B 178a D 400A D 1915 D do 2nd " 3 3
B 179 D 400B Form L do 3rd " 4
B 179a D 400C
B 179b
B 179e
0 Allinster
Date. 16. 6. 19 O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
Sign .
1. Civil Re-Establishment. I am
B Taylor
Particulars passed to Vocational Officer for information and action.
D. C.
Date
2. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable & Co.
(b) Clothing Supplied.
Date /) - 6 - 19 Oilc Re-clothing

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrants No
Date 17-6-19 30 MOLTAXILLE JA Snowbaff Demobilization Officer
Demonitization officer
4. Pay and Allowances.
The herein named soldier's accounts have been correctly balanced and all matters in con-
nection therewith settled. He has received pay and allowances to
Date Dept raymaster.
1-4-19
Discharge approved for
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 2 W 3494 B 122 Board 1st " 2 D Torn R
B 178a
B 179 D 400B Form L do 3rd " 4
B 179a do 4th
B 179b B 103 ME 2 " 6 " 6
B1796 B 120 M 93
Pare 17 6 299 STITION I JOHN CONT
O. C. Discharge Depot.
APPROVED.
Documents as above forwarded to:—
Officer i c Records. Board of Pension Commissioners.
with following additional documents.
Engible for War Service Gratuity
Date JUL 1 1919 O. C. Discharge Depot.
The Resident Control of the Register of the State of the
Received the above noted documents from O. C. Discharge Detail
Date My 2 / A Carrefeire D

Reg. 1	No. 5	6,9 Rank Pre Name Texplot, B. 1	<u>~</u>
		-5-8 Address Book Ar. 1.0.B	
		Lodo Allottee My bean Laylor Bathe	<u>r)</u>
Date o	of Allot	tment 1. 18	
Embai	ked fo	r Overseas. JUL 2 2 1918. Cause.	
17/8 /	rec		
136/	816	Ince 2nd hoe 4-7-18,3 w Juce 11-7-18	,
2/2		16-6-18to 24-6-18 2,98 R. L.	
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		and the second	

Reg.	No	511 9 Rank 16 Add	Name Tayl	y 3.	
		선거의 전에 하게 되는데 이번에 다르게 되고 때문에 있다.			
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		n S.S. Corsecus			
16.6	19	RASSED TO	ت درد دلایت داد د	FICER	
17	19	DECEARGE APPROVED.	OM DEMOBILISATION		· ••••••••••••••••••••••••••••••••••••
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