



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5512 Name James Taylor Corps Mass

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>James Taylor</u> |
| 2. What is your full Address? | 2. <u>Post No 150</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>Shipmate</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10.) Name |
| |) Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, James Taylor 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.

..... Ernest Taylor SIGNATURE OF RECRUIT.

..... Ernest Taylor Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Taylor 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

on this 30th day of May 1915

Signature of Attesting Officer Ch. Dicks Lieut.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the

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

Date..... 191..... } 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).....



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5512. Name Ernest Taylor Corps Medic.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------------|
| 1. What is your name? | 1. <u>Ernest Taylor</u> |
| 2. What is your full Address? | 2. <u>Post No 100.</u> |
| 3. Are you a British Subject? | 3. <u>Yes.</u> |
| 4. What is your age? | 4. <u>23.</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>no</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes.</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes.</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes.</u> |

I, Ernest Taylor, 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.

Ernest Taylor SIGNATURE OF RECRUIT.

Mr. Drury Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ernest Taylor, 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 30th day of May 1918.

Signature of Attesting Officer R. B. Dicks Lieut

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the rank

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

Date.....1918

Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5512

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

Name Jessie Taylor
 Apparent age 23 years 0 months. Height 5 feet 7 1/4 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Sam Taylor
Box 10, N.S.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. Pny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>30-5-18</u>									
Joined at <u>St. John's</u> on <u>May 30-1918</u>									
<u>Discharged Dec 6-1919</u>									
<u>Embarked St. John's S.S. Columbus to Halifax N.S. 22-7-18</u>									
<u>to Newfoundland for demobilization 12-12-18</u>									
<u>Arrived Newfoundland 21-12-1918</u>									
<u>Demobilization St. John's 6-2-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>6-2-1919</u> (date of discharge)									
Pensions " " " " " " " " " " " "									

years 253 days

Taylor, E

5512

Hay Dept.

LAST PAY CERTIFICATE

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 5512 Rank Private Name Taylor E. Unit 2/Bn. R.Nfld Regt. who was Repatriated

to Newfoundland on 12/12/18 Authority Part 2 Orders. Cause Posted.

DUPLICATE
MAIL COPY
Posted:

NR. STATEMENT OF ACCOUNT CR.

PARTICULARS	\$			£			PARTICULARS	\$			£		
	d	s	d	s	d	d		s	d	s	d		
Balance Dr. from							Balance Cr. from						
Allotment 19 days @ 60	11	40	2	6	10		Pay 19 days @ \$1.00	19	00				
Cash Payments:							Field Allowance 19 days @ \$.10	1	90				
								20	90		4	5	11
Other Debits							Other Allowances days @ \$						
							Other Credits:						
Total Debits				2	6	10	Total Credits				4	5	11
Balance due by Paymaster				1	19	1	Balance due to Paymaster						
				4	5	11					4	5	11

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

Hazeley Down Camp,

Winchester December 10th 1918.

M. J. Long Captain
O.C. "B" Company.

Made up, checked in accordance with information received in the Pay & Record Office London to 19/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Sec. 19/12/18

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

PERIOD: FROM 28/11/18 To 11/12/18
 CHECKED: 8
 27/12/18

February 10, 1919

#5512 Pte. Ernest Taylor,

Boot Harbor,

Twillingate Dist

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 892."

Yours truly,

Captain,
Baymaster & Officer i/ c Records

no 1 1.

The Royal Newfoundland Regiment

DEMOLITION OF

Reg. No. 55128 Rank Pvt Name Taylor Ernest
 Date of Enlistment 12.30.51 Address Booth St District Dunlop
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Remarkably perfect Disability Rating Less than 20%
 Passed to Demobilization Officer with following documents:—

N.F. F136 <u>94</u>	B 268	B 121	N.F. Med.	D.F. 1.	
B 178	W 3494	B 122	Board 1st	" 2.	
B 178a	F 400A	B 1915	do 2nd	" 3.	<u>5</u>
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 20.1.19
W. Kelly Capt
 O. C. Discharge Depot.

PARTICULARS FOR DEMOLITION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

E Taylor

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

 (a) Clothing Allowance payable \$6.00
 (b) Clothing Supplied Joseph A. Snow, Sewer
Date 20.1.19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 554 R to his home
 at Booth and Release Certificate No. 889 issued.

Date 20-1-19
 Demobilization Officer [Signature]

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 6th Dec 1919.

Date 20-1-19
 Demobilization Officer [Signature]
 Paymaster.

Discharge approved for 23.1.19

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	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 22.1.19
 Demobilization Officer [Signature]

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date JAN 23 1919
 O. C. Discharge Depot. [Signature]

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

Date

Institute

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

MEDICAL HISTORY

Surname Laylor OF Christian Name Ernest

Table I.—GENERAL TABLE.

Birthplace:—Parish Booth County Yes.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	30th	May		191
at	<u>St. John's.</u>		at	
Declared Age	23	years		days
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet	7 1/4	inches
Weight	134	lbs.		lbs.
Chest Measurement	Girth when fully expanded... <u>36</u> inches			inches
	Range of Expansion... <u>4</u> inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>/</u>	<u>/</u>		
When Vaccinated				
Vision	R. E.—V=	<u>6/6</u>	R. E.—V=	
	L. E.—V=	<u>6/6</u>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection.				
Approved by (Signature)	<u>Lament Peterson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	<u>St. John's.</u>	at	
	on	day of <u>May</u>	on	day of
		191		191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>Royal New</u>			
	<u>Regiment.</u>			
Transferred to		<u>5512.</u>		
Became non-effective by				
(Signature)	on	day of	on	day of
(Rank)		191		191

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 work at Fishing

E. Taylor
Signature of Man.

Reg. No.

Signature of the Vocational Officer or his Representative.

Place

Date

St Johnis
20-1-19

191

Medical Report on an Invalid.Station HAZELEY DOWN CAMPDate DECEMBER 9th., 1918

- | | |
|---|--|
| 1. Unit ROYAL NEWFOUNDLAND | 7. Former Trade }
or Occupation } |
| 2. Regimental No. 5512 | 7A. If with previous service in Army, state— |
| 3. Rank PRIVATE | (a) Former Unit; |
| 4. Name TAYLOR ERNEST | (b) Regimental No.; |
| 5. Age last birthday | (c) Date of Discharge; |
| 6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$ | (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).***DISORDERED ACTION OF HEART**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.
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.

SINCE JOINING DEPOT HAS BEEN CONTINUOUSLY REPORTING SICK, SENT TO HAZELEY DOWN MIL. HOSPITAL FROM WHICH RETURNED RECOMMENDED FOR REPATRIATION

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.

N/A.

CONSTITUTIONAL

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.

**HE GETS EASILY OUT OF BREATH. HEART
SLIGHTLY DILATED. UNABLE TO DO
SUSTAINED WORK**

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

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

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

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

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

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?

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.

20. Do you recommend—

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

REPATRIATION

(Sgd) J. STP. KNIGHT, CAPT. ROYAL Nfld. REGT.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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 claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentials between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

**COMPLAINED SAME WAY THREE YEARS
Ago. SECTION 13**

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

NO

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

YES BY 111

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

LESS THAN 20%

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

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

YES

28. If discharge is recommended it should be stated whether further medical treatment (including orthopedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

(SGD) N. S. FRASER _____ President.

Station ST. JOHN'S

J. S. TAIT _____
L. PATERSON, MAJOR _____ } Members.

Date JAN. 15th., 1919

Approved _____
Station _____

(SGD) CLUNY MACPHERSON, MAJOR _____
Administrative Medical Officer.

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.

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 *Ernest Taylor.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5512*

Intended address *Beeston, Dullington*

Height on discharge *5 Feet 6.*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks

Figure on discharge *Short*

Christian name of Father *Ernest*

Christian name of Mother *Susan*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Beeston 1895*

Nature and locality of civil employment required _____

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

(Soldier's signature in full) *Ernest Taylor*

Station *Aptn*

Date *14.1.19*

(Rank) *Plc.*

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



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

June 11, 1920

The Postmaster

Booth Hr., N.D.B.

Dear Sir:

Would you kindly furnish me with the present address of Ernest Taylor, late of the Royal Newfoundland Regiment, No. 5512, and oblige,

Yours truly,

F. J. J.

J. M. Howley

Major

Paymaster.

Dear Sir -

Sorry I cannot give you business
Taylor's Present Address as he's gone
to Labrador fishing but he will be
home in Sept' to Booth Harbor
Halls Bay. And oblige, yours truly

J. Taylor
Paymaster

February 12th. 1919

Department of Militia.

City.

AMOUNT	<i>Trans</i>
AM. NO	<i>10091</i>
INITIALS	<i>EW</i>
PAY LEGAL	
INITIALS	
FOR LEGAL	
INITIALS	

The sum of Twenty Dollars \$20.00 is due
Mr. Angus W. Taylor, Boot-Harbour, Halls-Bay
for driving Pte. E. Taylor to his home.
Voucher Attached.

Conced for \$20.00
12-2-19

R. S. Dick
Demobilisation Officer
Discharge Depot-Newfoundland

W. A. H.

March 4th. 1919

Mr. Angus W. Taylor,
BOOT HR. Hall's Bay,
Nfld.

Dear Sir:

I enclose herewith cheque for
\$20.00, being amount due you for driving Pte.
E. Taylor to his home.

Yours truly,

Capt.
Paymaster.

J. C. R.

No. 9121

TRAVELLING WARRANT

Date 20/1/69 The Royal Newfoundland Regiment

General. Angus W. Taylor
Boat Hr.

Please issue 1st Class Passage and Meals for

No. 5572 Rank Plt. Name Taylor, E.
Millertown Pt.
From - ST. JOHN'S - To Boat Hr.

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

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

[Signature]
SIGNATURE OF ISSUING OFFICER.

Demobilisation Officer
Discharge Depot-Newfoundland

app. 12 ytd E Taylor
passage from Miller Town Junction
to Boot Harbor \$20 and
~~with~~ meals included

DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$16 ⁴⁰/₁₀₀

March 10th 1921

Received from the First Newfoundland Regiment
the sum of Sixteen ⁴⁰/₁₀₀ Dollars.
~~on account~~ of Pay War Service Gratuity
balance

Mailed to Capt J. H. D. B.
Regtl. No. March 10/1921

Ch. No. 5341	Initials. E.S.
Pay Ledger 480/1	Initials. [Signature]
Gen. Ledger.....	Initials. [Signature]

No. 5512

Rank. Private

Name Ernest Taylor

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... *Ernest* 2. Surname... *Taylor*
3. Rank... *Private* 4. Regtl. No... *2512*
5. Address in full to which future payments of gratuity are to be forwarded... *Ernest Taylor Boat Club*
Halls Bay N P B
6. Date of enlistment in the Regiment... *30th day of May 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *didn't*
get any Separation allowance
8. Relationship of such dependents... *none*
9. Address in full of such dependents... *none*
-
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 Mfld. If so, give dates and particulars of such service... *wasnt ~~on~~ on active*
service went about four months in England and
was sent back and discharged unfit for service
12. Give total length of time which you served on active service, whether in Mfld. or Overseas... *about two months training*
in St. Johns about four in England

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

only one

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.

I received fifty dollars shortly after I was discharged

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.

None

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?

None

19. Are you now serving in the Rest? *No* If not give: (a) Date of discharge

Feb. 6th 1919

(b) Reason for discharge.

I was

medically unfit for active service

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.

No

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.

None

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Ernest Taylor Boot Ark*
 Place of Residence: *144th St, St. Louis, Mo*
 Declared before me at: *Springdale*
 This *25th* day of *February* 19*21*.....

Marcellus J. ...
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.
St. Louis, Mo

POST DISCHARGE PAY.				Net amount due
Date paid	Sold	and	War Service	
	Soldier.	Dependent.	Beneficiary.	
.....
.....
.....
Certified correct.				Paymaster

E. Taylor

C.R.

5512

~~1111~~

Medical Report on an Invalid.

Station Hazeley Down Camp
Date 9-12-18

1. Unit Royal Newfoundland
2. Regimental No. 5512
3. Rank OR
4. Name TAYLOR, E.
5. Age last birthday
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$
7. Former Trade }
or Occupation }
- 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).

D. A. H.

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.
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.
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.

Since joining depot he has been continuously reporting sick sent to Hazeley Down Military Hospital from which returned & recommended for repatriation

Na

Constitutional

Na

Gets easily out of breath, heart slightly dilated, unable to do sustained work

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.

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

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

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

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

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

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?

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.

20. Do you recommend—

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

Reputation
W.M.K. [Signature]

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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 be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17

Regtl No. 552 Rank Private Name Laylor E Unit 2/1 R Newfoundland who was Repatriated to Newfoundland on 11/12/18 Authority Part 4 orders Cause _____

STATEMENT OF ACCOUNT

DR.

CR.

PARTICULARS	£ s d					PARTICULARS	£ s d							
	£	s	d				£	s	d					
Balance Dr. from						Balance Cr. from								
Allotment 19 days @ 60	40	12	6	10		Pay 19 days @ \$1.00	19	50						
Cash Payments:						Field Allow 19 days @ \$1.00	19	50						
							20	90	14	5	11			
Other Debits:						Other Allowances days @ \$								
						Other Credits:								
Total Debits		12	6	10		Total Credits			14	5	11			
Balance due by Paymaster: *		11	19	1		Balance due to Paymaster								
		14	5	11					14	5	11			

Copy sent to Prof. 21353/312
P.A. 25-12-18

CHECKED
24/12/18

PERIOD: 23-11-18 To 11-12-18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

Hazley Down Camp
Winnipeg Dec 10 1918
(Place) (Date)

W. H. King Capt
O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary. _____ to / /

Pay & Record Office, London,

C.R. 5512

Extract of DAILY ORDERS, PART 11, Depot St. John's, Nfld.
dated 14/2/19.

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

6/2/19.

#5512 Pte. Ernest Taylor.

C.R. 5512

Extract from Daily Orders part 11, Depot St. John's
dated January 23rd., 1919.

The undernoted discharge on demobilisation have been
APPROVED by C. C. Discharge Depot from 23-1-19.

#5512 Pte. E. Taylor.

C.R. 5512

Extract from Nominal Roll of repatriation draft No. 79
from the 2nd., Battalion of the Newfoundland Regiment
per S.S. CORSIKAN. which embarked at Tilbury Docks
12.12.18.

#5512 Pte. E. Taylor.

C.R. 3372

Extract from Daily Orders Part 11, Depot St. John's dated Dec. 25/1918

The s/a returned from Overseas and reported to Depot 21-12-18.

5
#5512 Pte. E. Taylor.

C.R. 5512

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 31, 1913

#5512 Ptel E. Taylor

Attested for General Service with the Royal Nfld.
Regt. from May 30, 1913

C.R. 5512

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Reg. .St. John's, dated July 28 26th, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 28, 1918.

#5512 Pte. Ernest Taylor.

C.R. 5512

Extract from telegrams received from Synoptical, London
Sept. 9th, 1919.

Reference my telegram Sept. 6th 5512 Sainsbury
suffering from paralysis post diphtheria.

C.R. 5512

Extract from Medical Board held Jan. 15th, 1919.

5512 Pte. E. Taylor.

Recommended Discharge as permanently unfit.

Medical Report on an Invalid.

Station Hazelton Iowa Camp

Date Dec 9th 1918

1. Unit Royal Newfoundland Former Trade }
or Occupation }
2. Regimental No. 5512
3. Rank Pte.
4. Name TAYLOR: E.
5. Age last birthday
6. Enlisted { on
at
- 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).

D. A. H.

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.
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.
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

Since joining Depot. has been continuously reporting sick, sent to Hazelton Iowa mil. Hosp, from which returned recommended from repatriation

- (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.

na

constitutional.

na

He gets easily out of breath, heart slightly dilated, unable to do sustained work.

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.
14. If the disability is an injury, was it caused—
 (a) In action?
 (b) On field service?
 (c) On duty?
 (d) Off duty?
15. Was a Court of Inquiry held on the injury?
 If so—(a) When?
 (b) Where?
 (c) Opinion?

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

20. Do you recommend—
 (a) Discharge as permanently unfit, or
 (b) Change to England?

Repatriation
M. J. Adams

 Officer in medical charge of case.

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

Station _____
 Date _____

 Officer in charge of Hospital.

*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.

Opinion of the Medical Board.

Notes.—(i) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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 claim to pension.

- (ii) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz: (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.
- (iv) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

Completed same way 3 years ago. Act 10.

1. (a) State whether the disability is clearly attributable to—
 (i) Service during the present war;
 (ii) Climate;
 (iii) Ordinary military service;
 (iv) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
 (v) Whether it is constitutional or hereditary.
- (b) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

to 100

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

Yes by iii

23. Is the disability permanent?
24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

less than 20%

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—
 (a) Discharge as permanently unfit, or
 (b) Change to England?

Yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
 (b) Hospital;
 (c) Convalescent home;
 (d) Asylum; or
 (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

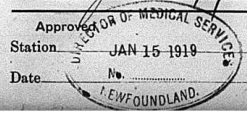
29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—
 Station _____
 Date _____

 Members.

 Administrative Medical Officer.



The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5512 Rank Ce Name Ernest Taylor
 Intended place of residence Post #4, St. John's
2. Occupation Frederator
 Classification of soldier B Medical Category F
3. The above named man is discharged in consequence of DEMobilIZATION.

ELIGIBLE for POST DISCHARGE PAY

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 JAN 20 1919 W. M. Capl
 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 and date St. John's Ernest Taylor
20-1-19 Signature of soldier
W. M. Capl
 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 Jan 20th, 1919 E. Taylor
ST. JOHN'S. Signature of soldier
W. M. Capl
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 30.5.18 No of days on Military
 Discharged from service 23-1-19 plus 14 days Service 253 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S. R. H. Lait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
- Date JAN 23 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St. John's, Nfld. W. M. Capl
 Date February 6, 1919 Officer in Charge
 The Royal Newfoundland Regiment

1257

Medical Report on an Invalid.

Station HAZELEY DOWN CAMP

Date DECEMBER 9th., 1918

- | | |
|--|--|
| <ul style="list-style-type: none"> 1. Unit ROYAL NEWFOUNDLAND 2. Regimental No. 5512 3. Rank PRIVATE 4. Name TAYLOR ERNEST 5. Age last birthday 6. Enlisted { on _____
at _____ | <ul style="list-style-type: none"> 7. Former Trade }
or Occupation } 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).

DISORDERED ACTION OF HEART

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.
- 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.

SINCE JOINING DEPOT HAS BEEN CONTINUOUSLY REPORTING SICK, SENT TO HAZELEY DOWN MIL. HOSPITAL FROM WHICH RETURNED RECOMMENDED FOR REPATRIATION

- 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.

N^o 1 A.

CONSTITUTIONAL

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.

HE GETS EASILY OUT OF BREATH. HEART SLIGHTLY DILATED. UNABLE TO DO SUSTAINED WORK

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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?

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.

20. Do you recommend—

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

REPATRIATION

(Sgt) J. STP. KNIGHT, CAPT. ROYAL WFLD. REGT.
Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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 claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiates between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war;

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or **YES**

(b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

COMPLAINED SAME WAY THREE YEARS AGO. SECTION 13

NO

YES BY ALL

LESS THAN 20%

Signatures:—

Station ST. JOHN'S

Date JAN. 15th., 1919

(SGD) H. S. WRASER President.

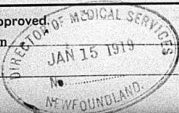
J. S. TAIT } Members.

L. PATERSON, MAJOR }

Approved [Signature]
Station DIRECTOR OF MEDICAL SERVICES

Date JAN 15 1919

(SGD) CLUNY MACPHERSON, MAJOR
Administrative Medical Officer.



Reg. No. *2312* Rank *pte* Name *Taylor, E.*

Attested Address *Post Mr. M.B.*

Allotment Allottee

Date of Allotment Returned from Overseas *21.12.18*

Embarked for Overseas Cause *Discharged*

9. leave from 21-12-18 to 6-1-19.

15-1-19 Rec Dis permanently unfit

20-1-19 PASSED TO DEMOBILIZATION OFFICER

23-1-19 DISCHARGE APPROVED ON DEMOBILISATION

The Royal Newfoundland Regiment

5512

DEMobilIZATION OF

Reg. No. 5512 Rank RtC Name Laylor Ernest
 Date of Enlistment 10.30.5.19 Address Booth St District Dwyke
 Occupation Ship chandler Classification for Discharge B Medical Category E
 Recommendation S.M.B. Assembly unfit Disability Rating Less than 20%

Passed to Demobilization Officer with following documents:—

N.F. P34 <u>94</u> 1	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 2494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 20.1.19 O. C. Discharge Depot. W. Kelly C.M.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

E. Laylor

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. Joseph A. Snowling

Date 20.1.19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 554 R to his home
at Beeston and Release Certificate No. 889 issued.

Date 20-1-19
Demobilization Officer Chadwick Capt.

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 6-2-19.

Date 20-1-19
Depot Paymaster. W. H. New Capt.

Discharge approved for 23-1-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 367	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	1
B 178a	D 400A	B 1915	do 2nd	" 3	2
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 22-1-19
Demobilization Officer. Chadwick Capt.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date JAN 23 1919
O. C. Discharge Depot. R. H. Lait Capt.

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

Date Jan 23/19
W. H. New Capt.
W. H. New Capt.

Ernest Taylor,

March 11, 1920

Ex Pte. Ernest Taylor,
Boot Mr. Hall's Bay.

Dear Sir:

With reference to your application for War Service Gratuity, I enclose cheque for \$70.00 representing payment on account of War Service Gratuity, also cheque for \$16.40 being balance due you on account of same.

Yours truly,

Major

Paymaster.

Enc's. 2