



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5418 Name Henry Taylor Corps C/Co

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

- 1. What is your name? ..... 1. Henry Taylor
- 2. What is your full Address? ..... 2. St. John's  
Burges Table
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 24 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. Widenerman
- 6. Are you Married? ..... 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
- 9. Are you willing to be enlisted for General Service? ..... 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name .....  
Corps .....
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

Henry 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.

Henry Taylor SIGNATURE OF RECRUIT.

W. Raymond Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Henry 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 24 day of May 1915.

C. B. Dick Signature of Attesting Officer 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 24 1915

Place ..... } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

541F

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

Name Henry Taylor  
 Apparent age 34 years 00 months. Height 5 feet 5 1/2 inches  
 Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Charles Taylor  
100 La Cue | 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>24-5-18</u>									
Joined at <u>St. Helier</u> on <u>May 24-1918</u>									
<u>Discharged August 11-1919</u>									
<u>Embarked at St. Helier train to Halifax N.S. 22-9-18</u>									
<u>Applied for demobilization 24-8-1919</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization at St. Helier 1-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-8-1919</u> [date of discharge] <u>1</u> years <u>80</u> days									
Pensions " " " " " " " " " " " "									

H. Taylor

5418  
2418

P. + B. P.

C.R. 5418

extract from daily orders part II Royal Newfoundland  
Regt. Depot St. John's dated Aug. 21st 1919.

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The discharge of the undernoted on demobilization has  
been CONFIRMED by Officer i/c Records from noted date  
11-8-19.

5418, Pte. Henry Taylor.

C.R. 5418

Extract from Daily Orders Part 11 Unit The Royal Rifles.  
Regt. St. John's, July 6th, 1919

The discharge of the undernoted on demobilisation has been  
APPROVED by officer i/o Records from 28-7-19

5418 Pte. H. Taylor.

Reg. No. 5418 Rank Pte. Name Taylor, H.  
Attested 22-5-18 Address Mr. La. Bour. Burgess. La. P.  
Allotment 50 Allottee Mr. Thomas Howards (Guardian)  
Date of Allotment 16-8-18 Returned from Overseas  
Embarked for Overseas SEP 22 1918 Cause

25-5-18 Acc 1<sup>st</sup> Inoc 26-8-18 - 2nd 29-18 3<sup>rd</sup> Inoc 14-9-18

R.L. 30-5-18 to 9-6-18

11<sup>6/8</sup> Advised by D.M.S. suffering from La Grippe treated by Dr Grant

15<sup>6/8</sup> Advised by Lb. Keowne. sick unable for this boat.

16<sup>6/8</sup> Telegram sent. to come when letter Auth. Hqs. boat.

C.R. 5418

Extract from Daily Orders Part II Unit The Royal Field. Regt.  
St. John's, July 24th 1919.

5418 Pte. H. Taylor.

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

C.R. 5418

Extract from Daily Orders By Major M.S. Sullivan,  
Commanding Newfoundland Forestry Companies 6-12-18.

The undermentioned having reported for  
duty from the 2nd Bn. Royal Nfld. Regt. is attached  
to ~~the~~ strength for rations from this date, and posted  
to "C" Company.

5418 Pte. H. Taylor.



C.R. 5418

is not free Naval Bell retained St. John's for overcoas.  
Sept. 12, 1918. "T".

5418 Pte. Taylor Henry.

C.R. 5418

Extract from Daily Orders part 11 from Unit The Royal  
Hfld. Regt. St. John's, dated May 27, 1918.

#5418 Pte. H. Taylor.

Attested for General Service with the Royal Hfld. Regt.  
from 24.5.18



No. 2244/336.

N.F.P./79.

14 FEB 1919

From: NEWFOUNDLAND CONTINGENT

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

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

10th February 1919

Feb 13<sup>th</sup> 1919

Pte Taylor. H. 5418

With reference to the following  
telegram from the Minister of  
Militia / / ( 7 )

Receipt hereunder

"Pay to- 5418 Taylor.

*O'Brien* Capt  
LIEUT. COLONEL.  
OFFICER COMMANDING 2<sup>ND</sup> BATTN  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

£10.0.0.

Received the sum of £10.0.0

Cheque £10.0.0. is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

Ten Pounds in respect of  
telegraphic remittance from the  
Minister of Militia.

*W. J. ...*  
Chief Paymaster & O. i/c Records.

Henry Taylor  
No 5418 Rank Pte

Witness \_\_\_\_\_

Taylor, A

5418

Pay Dept.

august 14, 1919

#5418 Pte. Henry Taylor,  
Harbor LaCon,  
Burgee & LaPoile Dist.

Dear Sir:-

Please find enclosed Discharge Certificate #3735.

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5418 Rank Private Name Taylor H.  
 Intended place of residence M. La Cou  
 2. Occupation Disherman  
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

### DEMOBILIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 14 1919

*[Signature]*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 14 1919

*H. Taylor*  
 Signature of soldier  
*[Signature]*  
 Signature of witness

8  
20  
31  
11  
0

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

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 14 1919

*Henry Taylor*  
 Signature of soldier  
*W. J. Beaton*  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 24-5-18 No. of days on Military  
 Discharged from service 28-7-19 Plus 14 days Service 445

## APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 28 1919

*A. R. Cooper Capt.*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 11/1919

*[Signature]*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*Std B 2079/3735*

# The Royal Newfoundland Regiment

Class for Demobilization:—

*6;*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 12/19*

Regimental No.

*5418*

Name

*Saylor. H.*

Address

*St. La. Cou.*

Present Medical Category

*A 1*

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

*D. R. Cooper Capt.*  
O.C. Discharge Depot.

*H. Paterson*  
Senior Medical Officer

*T. G. Borden*  
M.O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5418 Rank Plt Name Taylor H  
 Date of Enlistment 24518 Address St. Lawrence District B. Lepore  
 Occupation fisherman Classification for Discharge 4 Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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

Date 12-7-19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

Henry 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 #60.00
- (b) Clothing Supplied [Signature]

Date 14-7-19 O i/c. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 8906 to his home at McLuhan Co and Release Certificate No. 3584 issued.

Date 14-7-19 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 11-8-19

Date 14-7-19 Depot Paymaster *[Signature]*

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

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

*2 Form B*

Date 14-7-19 Demobilization Officer *[Signature]*

APPROVED.

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

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 20 1919 *[Signature]*  
 O. C. Discharge Depot

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

Date .....

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

Taylor A

Signature of Man.

Mulder

Reg. No. 52118

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

14-9-19.

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

# MEDICAL HISTORY

OF

Surname Taylor

Christian Name Henry

Table I.—GENERAL TABLE.

Birthplace:—Parish

St. John's St. John's County Nfld

### SPECIAL RESERVE

### REGULAR ARMY

Examined	on <u>24</u> day of <u>May</u> 191 <u>8</u>	on	day of	191
	at <u>St. John's</u>	at		
Declared Age	<u>24</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>5 1/4</u> inches	feet	inches	
Weight	<u>137</u> lbs.	lbs.		
Chest Measurement	Girth when fully expanded	<u>38</u> inches	inches	
	Range of Expansion	<u>3</u> inches	inches	

Vaccination Marks	Right	Left	Right	Left
	<u>15 ca.</u>			

When Vaccinated 27/12/1910

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) Samuel Palmer

(Rank) Major Medical Officer.

Enlisted at St. John's on 24 day of May 1918

Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	<u>The Royal</u>	<u>4/18</u>		
Transferred to	<u>Nfld Regt</u>			

Became non-effective by

(Signature) on day of 191 on day of 191

(Rank)



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps... *Royal Newfoundland Land*
2. Regtl. No. *5418* 3. Rank... *Plt*
4. Name *Taylor Perry*  
(Surname) (Christian Names)
5. Age last birthday... *24*
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade or Occupation } *Seaman*
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ; with Regtl. Nos.
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
- (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 (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 is seen by the Officer in charge of the case.

### Statement of Case.

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

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

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | ✓                   |                   |
| (ii.) Previous active service.. .. .                               | ✓                   |                   |
| (iii.) Climate in pre-war service .. .. .                          | ✓                   |                   |
| (iv.) Ordinary military service before the war .. .. .             | ✓                   |                   |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | ✓                   |                   |

14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

*He complains of no disabilities*

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

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

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 ?

*Repatration*

20. Do you recommend—
- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

*W. E. Proemics. P. R. R. R.*

Station *Hazley Down*

Medical Officer in charge of case.

Date *10/1/19*

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



# 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 *Taylor Henry*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5418*

Intended address *H. La Boue, B. & L. P.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Ruddy*

Color of eyes *Brown*

Descriptive Marks *Scar. Rt side. (chr. for appendicitis)*

Figure on discharge *Medium*

Christian name of Father *(Dead)*

Christian name of Mother *(Dead)*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *H. La Boue Aug. 24, 1894.*

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)

*Henry Taylor*

(Rank) *Pte*

Station **ST. JOHN'S.**

Date *8-7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station



Date

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



August 18, 1919

Mr. Henry Taylor,  
Harbor Le Con,  
WEST COAST.

Dear Sir:-

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

Yours truly

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Heway* ..... 2. Surname..... *Taylor* .....
3. Rank..... *Pte* ..... 4. Regtl. No..... *5418* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Harbor Le Con, West West* .....
- .....
6. Date of enlistment in the Regiment..... *May 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
..... *no* .....
8. Relationship of such dependents..... */* .....
9. Address in full of such dependents..... */* .....
- .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... */* .....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....
- .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen mos* .....
- ..... 1.  $\frac{2}{2}$  .....

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

*no*

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

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

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

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

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

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

19. Are you now serving in the R.A.F.? If not give:- (a) Date of discharge. *14/1/19* (b) Reason for discharge. *Demob*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places and dates of such service.

*England*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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

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

Signature of Applicant: - *Henry Gaylor*  
 Place of Residence: *Harbor R Co., West Coast.*  
 Declared before me at: *St John's*  
 This *14* day of *July*, 19*19*.....

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

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.		Net amount due
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified correct.					Registrar

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*  
Number of Sheet *one*  
Signature of O. C. Company *C. S. Dickson*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on			
<i>5114</i>	<i>Taylor New</i>	<i>24</i> years <i>10</i> months		<i>Jesherman</i>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<i>St. John's</i>		<i>Capt</i>	
Joined	Date	Period of		Place of Birth	
Joined	Date	with Colours <i>180</i> years		<i>Halifax Nova Scotia</i>	
		with Reserve <i>365</i> years			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>H. D. C.</i>	<i>14.3.19</i>	<i>Plt.</i>		<i>Inattention on parade</i>	<i>McKernan</i>	<i>14 days CB.</i>	<i>18.3.19</i>	<i>Capt. Guinness</i>	<i>J.M.B.</i>
				<i>Demobilized</i>	<i>St John's</i>	<i>11-19</i>			

To be carried over.

# The Royal Newfoundland Regiment

5418

## DEMOBILIZATION OF

Reg. No. 5418 Rank Plg. Name Jaylor H.  
 Date of Enlistment 2-1-18 Address St. Lawrence District B. Bayville  
 Occupation Cashier Classification for Discharge By Medical Category H.I.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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

Date 12-7-19

O. C. Discharge Depot

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

*Henry Jaylor*

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

Date 1-4-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 4906 to his home at M. J. Con and Release Certificate No. 3584 issued.

Date 14-7-19

M. Bloustein  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-8-19

Date 14-7-19

H. H. H.  
Depot Paymaster.

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 14-7-19

M. Bloustein  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

JUL 20 1919

Date .....

D. R. Cooper  
O. C. Discharge Depot.

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

Date Aug 7 1919

M. H.

Reg. No. *5418* Rank *Y/5* Name *Taylor, H.*  
Attested ..... Address *Mr. Le Cu*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *JUL 1 1919*  
Returned on S.S. *Cassandra* Cause *Discharge*

*14 7 19*  
*28 7 19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION.**



**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Hampshire* }  
 2. Regtl. No. *5418* }  
 3. Rank. *Pvt* }  
 7. Former Trade or Occupation } *Fisherman*
4. Name *Taylor* }  
 (Surname) }  
*Henry* }  
 (Christian Name) }
5. Age last birthday. *24*
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
8. Posted for duty on..... at.....  
 in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?  
 (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When  
 (b) Where  
 (c) Opinion of Court  
 (d) Particulars of Pension or Gratuity  
 (if any)

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 n (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

*The Complaint of no Disabilities*

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

*Repatriation*

*W. E. Proctor* *Capt. Hume*

Medical Officer in charge of case.

Station *Hazley Down*

Date *10/4/19*

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



CANADA

DEPARTMENT OF VETERANS AFFAIRS

RECORD OF SERVICE  
IN THE

IN YOUR REPLY REFER TO FILE NO.

DVA. 95-7-1. Vol. 1, 1

~~ROYAL NAME~~  
~~ROYAL REGIMENT~~  
~~ROYAL REGIMENT~~  
ROYAL NEWFOUNDLAND REGIMENT

Name: **Henry TAYLOR**

Service Number: **518**

1. Age on Enlistment: **24 Years**

2. Date & Place of Appointment, Enlistment or Enrolment: **24th May, 1918 St. John's, Newfoundland**

3. Unit on Appointment, Enlistment or Enrolment: **The Newfoundland Regiment**

4. Theatres of Service: **NEWFOUNDLAND - ENGLAND**

5. Date & Place of Retirement or Discharge: **11th August, 1919 St. John's, Nfld.**

6. Type of Termination of Service: **"Demobilisation"**

7. Rank or Rating on Retirement or Discharge: **Private**

NOTE: This record is not valid without the imprint of the official stamp of the Department

DEPARTMENT OF  
VETERANS AFFAIRS

JUL 20 1954

WAR SERVICE RECORDS  
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Canada.

July 20th, 19 54

*H.M. Jackson*  
H.M. Jackson,  
DIRECTOR,  
WAR SERVICE RECORDS