



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5176 Name Thas Taylor Corps Inf.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------|
| 1. What is your name? | 1. <u>Thas Taylor</u> |
| 2. What is your full Address? | 2. <u>St. John's Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>laborer</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, Thas 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.

Thas Taylor SIGNATURE OF RECRUIT.

W. Taylor Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thas 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 18 day of May 1918

Signature of Attesting Officer Dr. Dick's

†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 May 18 1918

Place St. John's } 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).....

C.R. 5176

extract from daily orders part II Royal Newfoundland
Regiment. Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from noted date
4-5-19.

5176, Pte. M. Taylor.

C.R. 5176

extract from daily orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 22nd 1919

The discharge of the underno ted on demobilisation has been
APPROVED by U.C. discharge depot with effect from following
date 21-7-19.

5176, Pte. M. Taylor.

C.R. 5176

Extract from Daily Orders Royal Artillery, 1st Bn, The Royal Rifles,
Regt. St. John's, July 2nd, 1919.

5176 Pte. M. Taylor.

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

C.R.
5176

Extract of Orders by Major M.S. Sullivan,
Commanding Newfoundland Forestry Companies,
6/12/18.

The undermentioned having reported for duty from
the 2nd Bn. Royal Newfoundland Regiment is attached to
the strength, for rations and posted to Company
as follows "CVC"
"

#5176 Pte. M. Taylor.

C.R. 5176

Extract from Nominal Roll Entrained St. John's for Overseas.
Sept. 22, 1918. "M"

5176 Pte. Taylor Max.

C.R. 5176

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated August 17th, 1918.

5176 Pte. H. Taylor.

Granted leave from 16-8-18 to 21-8-18.

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated May 20, 1918.

#5176 Pte. Max Taylor.

Attested for General Service with the Royal Mfld. Regt.
from 18.5.18

M Taylor

C.R. 5176

P.H.O.

No: 8371/1574

P. 5 10015-3 *gws*
N.F.P. 170.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment
Winchester. Hants.

5t June 1919

5176 Pte. M. Taylor

With reference to the following telegram from the Minister of Militia / / 19 (219):

"Pay to- 5176 M. Taylor
£3. 14. 0.

Cheque £. 14. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

June 6/19 1919.

Receipt hereunder.

J. Seymour LIEUT. COLONEL,
COMMANDING 2ND BR. "ROYAL NEWFOUNDLAND" REGT.

Received the sum of £3-14-0

Sheep of respect of telegraphic remittance from the Minister of Militia.

M. Taylor
No. 5176 Rank P6.

Witness: Leo Perry

No. 20189/2295/P&A

065870
N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd. Bn. R. Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

9th. December, 1918.

December 11th 1918

Subject: 5176. Pte. M. Taylor.

Receipt hereunder.

With reference to the following
telegram (10643) from the Hon.
Minister of Militia, received

W. H. A. Jones Capt. & Adjt.
Officer Comdg. *Troubridge Bn. R. N.F.*
Royal Newfoundland Regiment.

Pay to 5176 Taylor - £5:3:0

Received the sum of Five Pounds

Draft £5:3:0 is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Three Shillings on account of
cable remittance from Newfoundland.

A. A. Munnell Maj.
Chief Paymaster & O. i/c Records.

M Taylor
No. 5176 Rank Pte.

Witness J. W. Stans C. Sgt.

Taylor, Har

5176

Hay Sept.

August 4th 1919.

#5176, Pte. M. Taylor,

Mr. Grace.

Dear Sir:

Enclosed please find Discharge Certificate
3502.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5176 Rank Pvt Name Taylor JH
 Intended place of residence St. John's
 2. Occupation Fisherman
 Classification of soldier E Medical Category A1

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 19 1919

L. M. H. St. John's
 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 19 1919

M. Taylor
 Signature of soldier
Chas. Brown
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S
 Date JUL 19 1919

M. Taylor
 Signature of soldier
James O'Sullivan
 Signature of witness SM

14
 20
 34
 79

STATEMENT OF SERVICE

7. Enlisted for service 18-5-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 444

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, 14 twenty-eight days from date.

Place, ST. JOHN'S
 Date JUL 21 1919

L. R. Cooper Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S
 Date August 4/1919

M. Bowley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

A. F. B. 2079/3502

August 12, 1919

Mr. Maxse Taylor,
Harbor Grace.

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 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 *Maxse* 2. Surname *Taylor*

3. Rank *O/S* 4. Regtl. No. *5776*

5. Address in full to which future payments of gratuity are to be forwarded *St. Grace, C. B.*

6. Date of enlistment in the Regiment *May 18/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents.....

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.....

From May 18/18 to July 19/19 1 $\frac{2}{4}$

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.

..... *No.*

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

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *No*

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

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

19. Are you now serving in the Reserve?..... *No* If not give? - (a) Date of discharge *Aug 2* (b) Reason for discharge *Temporary* *Home obligation*

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..... *No*

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.

in Taylor

Signature of Applicant:

Place of Residence:

Declared before me at:

This

19th

day of

*At Grace, Nfld.
St. John's, Nfld.
July 1919*

19

John M. McCarthy

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

POST DISCHARGE PAY.

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

Certified correct.

Paymaster

The Royal Newfoundland Regiment

Class for Demobilization: —

96

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 18/19

Regimental No.

5176

Name

Saylor, Isaac

Address

St. Grace

Present Medical Category

A1

Recommended for: —

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

J. P. ...
Senior Medical Officer

W. ...
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5176 Rank Pvt Name Walter M. Taylor
 Date of Enlistment 8.5.18 Address Hi. Office District St. John's
 Occupation Fisherman Classification for Discharge 1 Medical Category H1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	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 18.7.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. W. 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. #65.00

(b) Clothing Supplied

Date 19-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2508 to his home at As Grace and Release Certificate No. 3752 issued.

Date 19-7-19

[Signature]
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 4-8-19

Date 19-7-19

[Signature]
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	<i>[Signature]</i> Form B
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 19-7-19

[Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919

L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

M Taylor

Signature of Man.

A M Clouston

Reg. No. 5126

Signature of the Vocational Officer or his Representative.

Place

N. Johns

Date

19 7 79

191

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

MEDICAL HISTORY

Surname Taylor OF Christian Name Max

Table I.—GENERAL TABLE.

Birthplace:—Parish St. George C.B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>18</u> day of <u>May</u> 191 <u>8</u>	on	day of	191
	at <u>St. Johns</u>	at		
Declared Age	<u>19</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>6</u> inches		feet	inches
Weight	<u>168</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>34 1/2</u> inches		inches
	Range of Expansion	<u>3 1/2</u> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/10</u>		R.E.—V=	
	L.E.—V= <u>6/10</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>James Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. Johns</u>	at		
	on <u>18</u> day of <u>May</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps. <u>The Royal Nfld Regt</u>	Regtl. No. <u>196</u>	Corps	Regtl. No.
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				day of
(Rank)				191



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, Max.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5176*

Intended address *14th Chase*

Height on discharge *5 Feet 4*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Richard*

Christian name of Mother *Marie*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *14th Chase 16-5-1899*

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) *Max Taylor*

Ho
(Rank)

Station *CAMPBELL'S*

Date *17-7-19*

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



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

Date

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* 7. Former Trade or Occupation } *Fisherman*
 2. Regtl. No. *5176* 3. Rank. *Rvt* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Taylor* *Max* (a) Former Regts. or Corps ;
 (Signature) (Christian Names) with Regtl. Nos.
 5. Age last birthday. *19*
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

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

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

The Complaint is of no disability

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

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

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

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

Repatriation

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

W. E. Proctor, G. J. Kane

Station *Hazley, Devon*

Medical Officer in charge of case.

Date *10/11/19*

* 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.

C.R. 5176

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name.....

M. Taylor

Date.....

Dec 11 1914

Place.....

Mr. Grant

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet one

Regiment of Royal Newfoundlands

Signature of O. C. Company C. B. R. [Signature]

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay
No.	<u>Taylor, Mat</u>	Age on	<u>19</u> years	months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment		Religion		
Joined	Date	} with Colours		<u>Meth.</u>		
Joined	Date	} with Reserve		Place of Birth		
Joined	Date	} <u>19</u> years.		<u>Harbour Grace</u>		

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Hazley Dixon Camp</u>	<u>19.3.19</u>	<u>Pte</u>		<u>Absent from 3 Pm Parade b.S.M. Calvey.</u>		<u>2 days l.t.B.</u>	<u>20.3.19</u>	<u>Lieut. La Messinier</u>	<u>[Signature]</u>
				<u>Demobilized St John's H</u>		<u>5/19</u>			

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5176 Rank Pvt. Name M. Taylor
 Date of Enlistment 8.5.18 Address St. John's District St. John's
 Occupation Fisherman Classification for Discharge 4 Medical Category H.1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 18.7.19

H. M. S. H.
 O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. M Taylor

Particulars passed to Vocational Officer for information and action.

Eligible for VET CIVILIAN STATUS

Date

2. Clothing. **L. E. COOPER CAPT. R. N.**

Certified that Clothing Regulations have been complied with:—

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

Date 19-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2508 to his home
at H. Grace and Release Certificate No. 3752 issued.

Date 19-7-19

Chelkowski
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 1-8-19

Date 19-7-19

Paymaster
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 288	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	2 Form B
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 19-7-19

Chelkowski
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919

L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date Aug 11 19

Reg. No. *5176* Rank *Pfc* Name *Taylor W.*

Attested Address *H. Grace*

Allotment Allottee ..

Date of Allotment Returned from Overseas *11/1/1919*

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

1919
21 7 9

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 (vi.), 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 *Loyal New Southland Regt.* Former Trade or Occupation } *Disdoman*
2. Regtl. No. *5176* 3. Rank *pl.* 7A. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps with Regtl. Nos.
4. Name *Taylor* *Max*
(Surname) (Christian Names)
5. Age last birthday *19*
6. Posted for duty on at
in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs when 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 Complaints of no 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—(b) is only applicable to soldiers invalided at Foreign Stations.

Reputation

W.B. Proctor, Capt. R.A.M.C.

Station *Hazley Down*

Medical Officer in charge of case.

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.