



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 55-11 Name Albert Thomas Corps Medth

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Albert Thomas
2. What is your full Address? } King's Point G.P.
3. Are you a British Subject? 3. Yes!
4. What is your age? 4. 23 Years Months
5. What is your Trade or Calling? 5. Fisherman
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? } No
8. Are you willing to be vaccinated or re-vaccinated? } 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 Medth
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

I, Albert Thomas 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.

30/5/18 Albert Thomas SIGNATURE OF RECRUIT.
W. R. [Signature] Signature of Witness.

Albert Thomas OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Albert Thomas 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 John's on this 30 day of May 1918.

Signature of Attesting Officer W. 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 compiled with. I accordingly approve, and appoint him to the.....

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

Date.....191.....
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

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

5511

Name Albert Thomas.
 Apparent age 23 years months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Thomas
Kings Point | Relationship Father.
I.P. New Brunswick Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>30-5-18</u>									
Joined at <u>Mt. St. Helens</u> on <u>Nov 30-1918</u>									
<u>Discharged August 11 1919</u>									
<u>Embarked Mt. St. Helens to Halifax N.S. 22.7.18</u>									
<u>To RFB for demobilization 24-6-19</u>									
<u>Return to Newfoundland 1-7-1919</u>									
<u>Demobilization Mt. St. Helens 4-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-8-1919</u> (date of discharge)									
" " Pensions " " " " "									

C.R.

JJ 11

Extract from Daily Orders part 11, from Unit The Royal
Wfld Reg .St.John's, dated July 22 25th, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5511 Pte. Albert Thomas.

C.R. 5511

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

The discharge of the undernoted on demobilisation has
been completed by officer i/o Records from date
11-8-19.

5511, Pte. Albert Thomas.

C.R. 5511

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, July 16th, 1919

The Discharge of the undernoted on demobilization has
been APPROVED by O.C. Discharge Depot, with effect from
28-7-19

5511 Pte. A. Thomas.

C.R. 5511

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

5511 Pte. A. Thomas.

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

C.R. 5511

Extract from Daily Orders Part II Unit The Royal Irish Regt.
St. John's, July 23rd 1919.

5511 Pte. A. Thomas.

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

C.R. 5371

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

#5511 Pte. A. Thomas.

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

A. Stone

C.R.

5511

~~1190~~

Thomas, A

5511

Ray Sept.

August 14, 1919

#5611 Pte. Albert Thomas,
King's Point,
Gander Bay.

Dear Sir:-

Please find enclosed Discharge Certificate #3742.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date: *July 12/19*

Regimental No. *5511*

Name: *Thomas Albert*

Address: *King's Pt.*

Present Medical Category: *A1*

Recommended for: (a) Immediate discharge

(b) ~~Standing~~ Medical Board

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

Members of Board

H. Watson
Senior Medical Officer

F. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5511 Rank Plt Name Thomas G.
 Date of Enlistment Nov 18 Address St. John's District 1
 Occupation Fireman Classification for Discharge 1 Medical Category 1
 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 13-7-19

O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

a Thomas

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. B2421 to his home at Kings Pt and Release Certificate No. 3589 issued.

Date 14-7-19

Ambleton
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 11-5-19

Date 14-7-19

Ambleton
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	
E 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3 Form B
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 14-7-19

Ambleton
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 20 1919

N.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.

A. Thomas

Signature of Man.

W. Blount

Reg. No. 5511

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date 12. 7 - 19.

191

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

MEDICAL HISTORY

OF

Surname Thomas Christian Name Albert

Table I.—GENERAL TABLE.

Birthplace:—Parish King's Point Nfld. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	30 th	May	1918	191
	at <u>St. John's</u>		at	
Declared Age	23	years		days
Trade or Occupation	<u>fisherman</u>			
Height	5	feet 6		inches
Weight		117		lbs.
Chest Measurement	Girth when fully expanded		35	inches
	Range of Expansion		4	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R. E.—V=	6/6 6/6		R. E.—V=
	L. E.—V=			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>L. Lambert Peterson</u>			
(Rank)	<u>Major</u>			Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	30 th day of <u>May</u>	1918	on
		Corps.	Regtl. No.	Corps
Joined on Enlistment	<u>Royal Nfld. Regiment.</u>		<u>5511</u>	
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(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* } Former Trade or Occupation } *Tradesman*
2. Regtl. No. *551* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Homes* *Albert* } (a) Former Regts. or Corps ; }
(Surname) (Christian Names) } with Regtl. Nos.
5. Age last birthday... *23*.....
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 a (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 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?

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

Repatriation

W.E. Procmier . *Capt R. Amc*
 Medical Officer in charge of case.

Station . *Hazley Bourne*

Date . *1/4/19*

* 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.



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

Albert Thomas

Regiment from which discharged **Royal Newfoundland**

Regimental number

5511

Intended address

Kings Pt.

Height on discharge

5 Feet *7*

Color of hair on discharge

Light

Complexion

~~Blue~~ *Brown*

Color of eyes

Blue

Descriptive Marks

-

Figure on discharge

Medium

Christian name of Father

George

Christian name of Mother

Rachel

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Halls Bay, Jan. 19th, 1896

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)

Albert Thomas

Pk.
(Rank)

Station

St. John's

Date

8-17-19

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.

Station

Date

August 18, 1919

Mr. Albert Thomas,
South west Arm, B.D.B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of 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..... *Albert* 2. Surname..... *Thomas*
3. Rank..... *Pvt* 4. Regtl. No..... *5511*
5. Address in full to which future payments of gratuity are to be forwarded..... *South West arm N.S.A.*
6. Date of enlistment in the Regiment..... *June 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.....
Seven mo
-1.2.....

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 Res? If not give - (a) Date of discharge. (b) Reason for discharge.

no
July 28/19
Pen 06

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.

Signature of Applicant: - *A Thomas*
 Place of Residence: *South West town, N.W.B*
 Declared before me at: *St John's.*
 This *9/14* day of *July* 19*17*....

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.			Registered	

RECEIVED

C.R. 5511

FOR ISSUE OF BRITISH WAR METAL-1914-1919.

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

NAME... *A. Thomas*...

DATE... *Nov. 21st 1919*...

PLACE... *King's Point. Green Bay*



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 20 1921 1921.

The accompanying ~~Victory Medal~~ British War Medal

is/are forwarded herewith to

Albert Thomas

in respect of his service as No. 5511 Rank Pte.

Name A. Thomas

Royal Nfld. Regt.

Nfld. Forester Corps.

Receipt of the same should be acknowledged hereon.

Received

British War Medal

Signature

Albert Thomas

Date

26th Oct

Address

Kings Point S.W. Arm

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

The Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

W. D. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5511 Albert Thomas</i>	Age on	years	months	
Joined		Place and Date of Enlistment		Religion	
Joined		Period of		Place of Birth	
Joined		with Colours	with Reserve	years.	
Joined		years.		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>Demobilized</i>	<i>St. John's</i>	<i>11</i>	<i>8/19</i>		

To be carried over.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 3511 Rank Plt. Name Thomas A.
 Date of Enlistment 10-5-18 Address Ringside District 2nd
 Occupation Postman Classification for Discharge F1 Medical Category F1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 5494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 12-7-19

Mrs. H.
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

a. Thomas

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 Amber

Date 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2421 to his home at Kingsport and Release Certificate No. 3589 issued.

Date 11-7-19 Ambleton
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 11-5-19

Date 11-7-19 Ambleton
Depot Paymaster.

Discharge approved for 25-7-19
Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	A.F. Med.	D.F. 1.
F 178	W 3494	B 122	Board 1st.	" 2
F 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		

L. Franks B

Date 11-7-19 Ambleton
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 28 1919 N.R. Cooper Capt.
O. C. Discharge Depot.

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

Date Aug 7 1919

Reg. No. *5511* Rank *PL* Name *Thomas A.*
Attested Address *Green's Point*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S. *Cassandra* Cause *Discharge*

14 7 19 PASSED TO DEMOBILIZATION OFFICER
28 7 19 DISCHARGE APPROVED ON DEMOBILISATION.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5511 Rank Plt Name Thomas A
 Intended place of residence Kings Point

2. Occupation Interman
 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

J. H. M. St.
 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

A. Thomas
 Signature of soldier

W. J. Beaton
 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 14 1919

A. Thomas
 Signature of soldier

W. J. Beaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 30.5.18 No. of days on Military
 Discharged from service 28.7.19 Plus 14 days Service 439

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

N. R. Looper 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

N. R. Looper Capt
 Officer in Charge
 The Royal Newfoundland Regiment

and B 2079/3742

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C.R.35311
Army Form B. 179A

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*
2. Regtl. No. *5518* 3. Rank..... *Private*
4. Name..... *Thomas Albert*
(Surname) (Christian Names)
5. Age last birthday..... *73*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation..... *John*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
(a) When
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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. *None*
12. Place of origin of disability. *None*
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. *None*

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 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.)

No Complaint 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.

Repatriation

W. E. Penner

Capt. Rank

Station *Gayley Down*

Medical Officer in charge of case.

Date *4/11/19*

* 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