



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5532

Name Michael Thomas, Corps R. C.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Michael Thomas</u>           |
| 2. What is your full Address? .....  | 2. <u>Little Bay, N. D. B.</u>     |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>23</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Farmer</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 .....<br>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, Michael 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.

31/5/18 Michael Thomas SIGNATURE OF RECRUIT.  
W. R. Power Signature of Witness.

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

I, Michael 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 St. John's on this 31 day of May, 1918.

Signature of Attesting Officer W. D. Dicks Lieut

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191..... } Approving Officer.  
Place..... }

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5532

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

Name Michael Thomas.  
 Apparent age 23 years          months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 inches  
 Distinctive marks         

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Thomas,  
Little Bay, | Relationship Father,  
N. D. B. 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>31-5-18</u>									
Joined at <u>St. Louis</u> on <u>May 31-1918</u>									
<u>Discharged August 11-1919</u>									
<u>Embarked at St. Louis Mo. to Halifax N.S. 22 7/8</u>									
<u>to H.Q. for demobilization 24-6-19</u>									
<u>Arrived Cardiff about 1-7-1919</u>									
<u>Demobilization St. Louis 11-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 11-8-1919 (date of discharge) 1 years 73 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5532

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

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

5532, Pte. Michael Thoms.

C.R. 5532

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 C.C. Discharge Depot with effect from 28-7-19

5532 Pte. M. Thoms.



C.R. 5532

Extract from Daily Orders Postmill Unit The Royal Wfld.  
Regt. St. John's, July 2nd, 1919.

5532 Pte. M. Thomas.

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

C.R. 5532



# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 5 Sent by \_\_\_\_\_ Rec'd by \_\_\_\_\_ Check to No. \_\_\_\_\_

Place from Little Bay



To J R Bennett  
M of Melita

Let me know if 5532  
John Michael Loms  
arrived Corsecan  
no John Loms

C.R. 553 Counter No. \_\_\_\_\_

# NEWFOUNDLAND POSTAL TELEGRAPHS.

## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

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

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

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

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

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address MILITIA

Line Number	Rcd	By	Sent	by	Check

Dated **June 6th, 1919.**

To **John Toms, Little Bay.**

**BEG TO INFORM YOU THAT 5532 TOMS DID NOT ARRIVE ON CORSICAN.**

**A. E. HICKMAN**

**MINISTER OF MILITIA.**

**CHARGE TO DEPT. OF MILITIA**

**FOR TYPEWRITER**

C.R. 5532

Extract from Daily Orders part 11, from Unit The Royal  
Mfld. Regt. St. John's, dated July 25, 1918.

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

#5532 Pte. Michael Toms.

C.R. 5532

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated ~~553~~ June 1st, 1918

#5532 Pte. M. Thomas

Attested for General Service with the Royal Nfld. Regt.  
from 31.5.18

W. Thomas.

C.R.

5532

1110





No. 3463/525

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.

N.F.P./79.

58, VICTORIA ST.  
LONDON, S.W. 1

MAR 1919

RECORD OFFICE

3rd March 1919 191

5532. Pte Thoms. M.

With reference to the following telegram from the Minister of Militia / / ( 54 )

"Pay to- 5532. Thoms :

£3. 2. 0.

Cheque £ 3. 2. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

March 6<sup>th</sup> 1919

Receipt hereunder.

*Cham*

LIEUT. COLONEL.

OFFICER COMMANDING 2ND BR. ROYAL NEWFOUNDLAND BATTN.

Received the sum of three

pounds: 2 Shilling in respect of

telegraphic remittance from the Minister of Militia.

*M A Thoms*

No. 5532 Rank Pte

Witness M. H. Skitts

No. 9/4

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.,  
Halsey Down Camp,  
Winchester,  
Hants.

2nd. January. 1919

4-1-1919

Subject: 5532. Pte. M. Thoms.

With reference to the following telegram ( 1141 ) from the Hon. Minister of Militia, received

Receipt hereunder.

*Paymaster Genl*  
LIEUT. COLONEL.  
Officer Commanding ~~2nd Bn.~~ 2nd Bn. R. Newfoundland Regt.  
Newfoundland Contingent

Pay to 5532 Thoms - £2:1:0

Draft £2:1:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Two Pounds  
One shillings on account of cable remittance from Newfoundland.

M Thoms

Chief Paymaster & O. i/c Records.

No. 5532 Rank Pte

*H Maunders*

B

## MAP READING. STANDARD TESTS.

- | No. of Test. | DESCRIPTION OF TEST.  |
|--------------|---|
| 1.           | Point out on a map the conventional signs of objects enumerated.                                      |
| 2.           | From a map to point out on the ground points and objects selected on the map, and <i>vice versa</i> . |
| 3.           | Measure shortest distance from point A to B on a map according to scale.                              |
| 4.           | Set a map without a compass (a) by the ground.<br>(b) by the sun and stars.                           |
| 5.           | Describe a point on a squared map by means of a map reference, and <i>vice versa</i> .                |
| 6.           | Measure on a map the distance from one point to another by road.                                      |
| 7.           | Set a map by compass.   |
| 8.           | Determine if a point A is visible from point B by studying contours, but without drawing a section.   |
| 9.           | Take a bearing with a protractor off a map.   |
| 10.          | Convert a magnetic bearing into true bearing, and <i>vice versa</i> .                                 |
| 11.          | Take a bearing with a compass and measure it on a map with protractor.                                |

## SIGNAL TRAINING. STANDARD TESTS.

1. Accept a message including counting and filling in preamble.
2. Fill in Sent Column on message form.
3. Fill in Signal Register.
4. Fill in Received Column on message form.
5. Send and receive a verbal message on the telephone.
6. Call up with (a) flag, known and unknown station.  
(b) buzzer.  
(c) ringing phone.
7. Put through a call on a 4 plus 3 switch unit.
8. VISUAL. Carry out duties of reader. (For R.A. Signallers includes Semaphore.)
9. " " " caller. " " "
10. " " " writer. " " "
11. " " " answerer. " " "
12. " " " answer-reader. " " "
13. " " " sender. " " "
14. LUCAS LAMP. Set up and align.
15. " " Replace cells.
16. " " Connect up cells.
17. " " Trace the electric circuit with a view to locating a fault.
18. " " Change a bulb.
19. " " Change nightshades.
20. " " Test flexible cord.
21. TELESCOPE. Set up on stand and align.
22. " " Focus on a blue flag unreadable to the unaided eye and read a message.
23. HELIOGRAPH. Set up and align with vane.
24. " " Change to duplex and align.
25. " " Regulate the beat.

## ELECTRICAL INSTRUMENTS TESTS.

- | CELLS.  | MISCELLANEOUS.   |
|---|--|
| 1. Render active.   | 14. Connect up Fullerphone and Telephone on same circuit so that they may be used at the same time without interruption.                           |
| 2. Connect in series and parallel.  | 15. 4 plus 3 Buzzer Unit. Connect up.  |
| TELEPHONE D. III.   |  |
| 3. Connect and insert cells and cell connections.                           |  |
| 4. Test instrument.   |  |
| 5. Localise and remedy the following faults:—                               |  |
| (a) Adjustment of buzzer.   |  |
| (b) Dirty key contact.  |  |
| (c) Dirty Pressel switch contact.   |  |
| (d) Receiver discs and washers.   |  |
| (e) Microphone capsule.   |  |
| 6. Connect up earth return, metallic return, and use of condenser terminal. |  |
| FULLERPHONE.  |  |
| 7. Connect and insert cells and cell connections.                           |  |
| 8. Test instrument.   |  |
| 9. Localise and remedy the following faults:—                               |  |
| (a) Adjust No. 1 or (A) contact of armature.                                |  |
| (b) Adjust No. 2 or (B) contact of armature.                                |  |
| (c) Dirty contacts.   |  |
| VIBRATOR, R.A.  |  |
| *10. Connect up hand set and cell connections.                              |  |
| *11. Test instrument.   |  |
| *12. Localise and remedy the following faults:—                             |  |
| (a) Adjustment of buzzer.   |  |
| (b) Dirty key contact.  |  |
| (c) Dirty Pressel switch contact.   |  |
| (d) Receiver disc and washers.  |  |
| (e) Microphone capsule.   |  |
| 13. Connect up earth and metallic return.                                   |  |
|   | LINEMAN'S DUTIES.  |
|   | 16. Identify lines by labels.  |
|   | 17. Draw and explain a simple circuit diagram.   |
|   | 18. Draw and explain a simple route diagram.   |
|   | 19. Make a reef knot, barrel hitch and clove hitch.  |
|   | 20. Joint and insulate (a) D. II. } Single or<br>(b) D. III. } Twisted,<br>(c) D. V. }<br>(d) D. twin Mk. III.                                     |
|   | 21. Make simple joint in enamelled wire or single airline.   |
|   | 22. Lay cable (a) in open country.<br>(b) in trenches.   |
|   | 23. Tap in on (a) metallic circuit,<br>(b) earth circuit,<br>and determine on which side the fault is.   |
|   | 24. Test with Q. and I. detector—<br>(a) cells;<br>(b) a circuit, for disconnection earth and contact;<br>(c) In order to pick up wires in a rope. |

\* R.A. only.

This space to be pasted in A.B. 64.

# SIGNALLER'S RECORD SHEET.

Rgtl. No. 5532 Rank Pte Name & Initial Thomas M  
 Unit Royal Newfoundland Regt

## STANDARD TESTS. (Details overleaf.)

No.	Map Reading		Electrical Instrument		Signal Training	
	Date	Officer's Sig.	Date	Officer's Sig.	Date	Officer's Sig.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
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16						
17						
18						
19						
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21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

*Qualified in all Standard Tests*  
*Whitty Capt*

## CLASSIFICATION TESTS.

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending ...	98%	99%	100%	98%	%	
Reading ...	97%	98%	100%	97%	%	

\* R.A. Signallers only.

Classified as 1st Class Signaller at Hazley Down Camp  
 Date 9/12/08 Signature of Classifying Officer Whitty Capt  
 Reclassified as \_\_\_\_\_ Class Signaller at \_\_\_\_\_  
 Date \_\_\_\_\_ Signature of Classifying Officer \_\_\_\_\_

Courses

Other qualifications

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

Thoms, M

5532

Ray Sept.



Bishops Falls  
July 8th / 21

To Capt. G. Whitty M.C.  
St John

Dear Sir:-

I hope you will pardon  
me for writing you But: present Conditions  
has Compelled me to do so, I am suffering  
from some head trouble which seems very  
serious & I am writing to know if you could  
do me a favour I would like very much  
to have an examination at St John as  
I have not had one since I came back &  
I fear some bad disease is involved I have  
been to St John already this Spring &  
found it difficult to pay expences.  
For treatment again Dr Howlett treats  
me for teeth trouble not long ago but the  
trouble seems deeper to me than teeth.

Wishing to hear from you soon &  
that you will favour me by putting it  
to the Attention of the Militia, thanking  
you for past favours I have the  
Honour to be Sir your Obedient  
Servant "Signalled"

M. A. Howe  
Bishop Falls

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July 26th/21

Mr. H. A. Thomas,  
Bishop's Falls.

Dear Sir:-

Your letter to Capt. G. J. Whitty, has been passed to this Department for attention.

In reply I would state that before this Board can consider your case it will be necessary to have a certificate from your Doctor giving your condition, and whether in his opinion same is due to service.

On receipt of this information, your case will be considered.

Yours faithfully,

Asst. Secy.

EBD.

August 14, 1919

#5532 Pte. Michael Thoms,  
Little Bay, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3758.

Yours truly

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5532 Rank Plt Name Thomas M.  
 Intended place of residence Little Bay  
 2. Occupation Farmer  
 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  
 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  
 Signature of soldier M. A. Thomas  
 Signature of witness [Signature]

### 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  
 Signature of soldier M. A. Thomas  
 Signature of witness [Signature]

### 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 438

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place, ST. JOHN'S  
 Date JUL 28 1919  
 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  
 Officer i/c Records  
 The Royal Newfoundland Regiment

Little Bay 5079/3758

1  
20  
31  
11

# 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. *5532*

Name

*Thomas D.*

Address

*Little Bay*

Present Medical Category

*A1*

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board

*J. Paterson*  
Senior Medical Officer

*T. W. Burden*  
M. O. Depot



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5555 Rank Private Name Thomas M. Gault  
 Date of Enlistment 3-1-18 Address Little River District St. John's  
 Occupation Farmer Classification for Discharge F 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.	1
B 178	W 3494	B 122	Board Ist.	" 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 1-2-19

O. C. Discharge Depot M. Gault

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action M. Gault

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied

Date 1-1-7-19

O i/c. Re-clothing M. Gault

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2419 to his home at Little Bay and Release Certificate No. 35-83 issued.

Date 14-7-19 ..... [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 11-8-19.

Date 14-7-19 ..... [Signature]  
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	N.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		

Date ..... [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 6/6/82 III ..... [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.

*M. A. Thomas*

Signature of Man.

*W. A. Blouster*

Reg. No. 5332

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

14-7-15

191

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

# MEDICAL HISTORY

OF

Surname Thoms

Christian Name Michael

Table I.—GENERAL TABLE.

Birthplace:—Parish Little Bay N.S. County Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	31	May 1918		191
at	St. John's		at	
Declared Age	73	years		days
Trade or Occupation	Farmer			
Height	5	feet 6		inches
Weight		128		lbs.
Chest Measurement	Girth when fully expanded	36		inches
	Range of Expansion	4		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.H.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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>Edmund P. Peterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	day of 191	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	Royal Nfld. Regiment.	1132		
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvii) or xviii.), 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 } *Farmer*
2. Regtl. No. *S.F.32-3*. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state
4. Name *Thomas* *Trushead* (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 ?
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 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 ? }

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 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.

*Repatriation*

*W. Proemier Capt R.M.C.*  
 Medical Officer in charge of case.

Station *Hayley Barr*  
 Date *3/14/19*

\* 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 *Michael Thomas*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1 Little Bay*

Intended address *5533*

Height on discharge *5'* Feet *6*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother *Mary Audge*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Little Bay, April 6<sup>th</sup>, 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) *Michael Thomas*

*PLC*  
(Rank)

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.

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

Station

Date

August 18, 1919

Mr. Michael Thoms,  
Little Bay, N.D.B.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

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..... Michael W. Thomas ..... 2. Surname.....

3. Rank..... Pte ..... 4. Regtl. No. 5532 .....

5. Address in full to which future payments of gratuity are to be forwarded..... River Boy. N.S.B. .....

6. Date of enlistment in the Regiment..... April 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..... Over seas .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... fifteen months .....

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

.....  
.....  
.....

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. *July 28/19* (b) Reason for discharge.

.....  
.....

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.

.....  
.....

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: *M.A. Zhouis*  
 Place of Residence: *Ribble Bay, N.D.B.*  
 Declared before me at: *St John's,*  
 This *14* day of *July* 19*19*....

Signature of Barrister of the *John McCarthy*  
 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

FORM K

No 6172



## THE ROYAL NEWFOUNDLAND REGIMENT

### ALLOTMENTS

I, Michel Thom, Regt. No. 5532  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
       Dollars and 75 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup><sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup><sub>or</sub> Persons  
 concerned, viz.:

Allotment begins August 1<sup>st</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4493</u>	<u>Father</u>	<u>Mr John Thom</u>	<u>Little Bay N D B</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) Quatman Lieut

Officer Commanding  
E Company

St John  
July 27<sup>th</sup> 1918

(Sig.) Michael Thom

(Rank) Private



Little Bay  
Sept 30.

To Oph Minister Militia  
St. Johns.

Dear Sir:

Just a word  
to say I haven't received  
any separation allowance  
since M. Thomas went  
over. I want to know  
if there are any due me  
He was my only support  
when he left & is today  
so if you could do anything  
for me I would be much  
Obliged, Now if this

Separation Allowance  
is given I want to  
know if there is any  
due by you want  
Further Particulars I can  
give them My Boy  
served over sea 12 months  
I'm hoping to get a  
Favourable Reply I am,  
Yours truly  
Miss G. Thomas

Little Bay  
Notre Dame Bay

15. 1852.

sent for  
for for

to my boys, 15. 1852.

Separation Allowance  
is given I want to  
know if there is any  
due my boy if you want  
further Particulars can  
give them my boy  
served over sea 12 months  
so hoping to get a  
Favourable Reply Dear,

Yours truly  
Miss G. Thomas

Little Bay  
Notre Dame Bay

15. 1852.

sent from  
for for mother

to my boys 15. 1852.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$ 70<sup>00</sup>

July 17 1919

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.  
on account of Pay. W.S.G.  
balance

M. Thomas

Ch. No.	3149	Initials	EW
Pay Ledger	290	Initials	WR
Gen. Ledger		Initials	

Regtl. No.

Ran

A.C.B.

No. 5532

Rank *Pvt*

Name *M. J. Thomas*

P.M.

5532 Thom

Please make first pay W.S.G.

6/16/19

W.S.G.

W.S.G.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

Royal Newfoundland

Signature of O. C. Company

Number of Sheet

One

O. C. Drifts King

Regimental Number and Name	
No.	5537 Michael Thoms
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	28 years months	Farmer
Place and Date of Enlistment	St John's 31 8 18	Religion
		R. C.
Period of	with Colours 1 1/2 years.	Place of Birth
	with Reserve 1 3/4 years.	Little Bay N.S.

Good Conduct Badges, Service pay or proficiency pay

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
Nazelus & Camp	15/1-19	Pvt		Failing to comply with order. * Inattention on parade 4 days C.B.		16-1-19		Capt M. Long	M.H.
				Demobilized St John's		11/19			

To be carried over.



## The Royal Newfoundland Regiment

### DEMobilIZATION OF

Reg. No. 5332 Rank Plt Name Thomas M. Shaw  
 Date of Enlistment 31-5-18 Address Little Bay District St. John's  
 Occupation Farmer Classification for Discharge F Medical Category F.I.  
 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 3494	B 122	Board 1st	" 2	/
B 178a	D 400A	B 1915	do 2nd	" 3	M
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 R. H. Shaw, Jr.

### PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

*M. A. Shaw*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied \_\_\_\_\_

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2419 to his home at Little Bay and Release Certificate No. 3583 issued.

Date 14-7-19

*[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 11-8-19

Date 14-7-19

*[Signature]*  
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P]36	B 268	B 121	N.F. Med.	N.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	1/2 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 .....

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

*[Signature]*  
O. C. Discharge Depot.

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

Date Aug 7/19

*[Signature]*

Reg. No. *5532* Rank *Y6* Name *Thomas M.*  
Attested ..... Address *Little Bay*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas .....  
Returned on S.S. *Cassandra* Cause *Discharge* <sup>JUL 1</sup> 1919

*14719*  
*2879*

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

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

1. Unit and Corps..... *Noyal Newfoundland*
2. Regtl. No. *5532* 3. Rank..... *Pvt*
4. Name *Thoms*..... *Michael*  
(Surname) (Christian Names)
5. Age last birthday..... *23*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Farmer*
- 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? (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 Complaints 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. Procuier* *Capt Rame*

Station *Foy Selas Town*

Date *3/11/19*

Medical Officer in charge of case.

\* 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

December 18th.1930

The Secretary,  
Great War Veterans' Association,  
City

Dear Sir:-

re Michael Thomas No.5532,Royal Nfld.Regiment.

Referring to your letter of September 11th., I enclose  
discharge badge to be forwarded to the above mentioned ex-soldier.

I have a few of these badges on hand, and shall be pleased  
to supply them while they last.

Yours truly,

Archivist.

Badge no 3097