



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 778

Name in full Robert George Thomas Age 21

Address 50 King Bridge

~~Married~~ Single Height 5. 6 Weight 117

Color light Hair Flaxen Eyes Grey

Other distinguishing marks _____

Nearest relative Richard Thomas (Father)

Address 50 King Bridge

Dependents None

Occupation Truckman Present Wage 9⁰⁰ week.

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment December 21st

I, Robert George Thomas, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Robert George Thomas

Declared before me this 21st day
of December 1914

Eric Stone
Lieut.

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 778

Name **Robert George Thorne**

Apparent age **21** years _____ months. Height **5** feet **6** inches.

Chest measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks **Color: Light, Hair: Flaxen, Eyes: Grey**

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **Richard Thorne, 50 Kings Bridge, St. John's**

Relationship **Father**

Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, 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 21/12/14									
Joined at St. John's on 21st December '14									
<i>Repatented To St John 25/7/16</i>									
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension _____ () _____ " _____									

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 778

Name **Robert George Thorne**

Apparent age **21** years _____ months. Height **5** feet **6** inches.

Chest measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks **Color: Light, Hair: Flaxen, Eyes: Grey**

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **Richard Thorne, 50 Kings Bridge, St. John's**

Relationship **Father**

Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, 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 21/12/14							
Joined at St. John's on 21st December '14							
				Embarked <i>SS Dominion St. John's 3rd 15</i>			
				<i>Landed Sulva Bay 1-12-15</i>			
				<i>Evacuated and arrived Rev. 15 15</i>			
				<i>Embarked Port Aug 14-3-16</i>			
				<i>Transferred to England 6-7-16</i>			
				<i>Time expired Newton-on-Ayre (1 year) 19-7-16</i>			
Total Service forfeited as above							
Total Service towards Engagement to 19-7-16 (date of discharge) <i>time expired</i> years 2 1/3 days							
" " " Pension							

R. G. Stone.

C.R.

778

P. K. S.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps ^{1ST} NEWFOUNDLAND REGIMENT.

No. *778* Rank *Private* Name *Thorne. H. G.*

Died ^(a) at on the of 191 .

Discharged
Deserted at *UK* on the of *19 JUL 1916* 191 .

I Certify to the correctness of above in every particular.

W. Churchill 2.L. Commanding Squadron, Troop,
Battery or Company. *F*

STATEMENT OF ACCOUNT.

[FORM 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month	7	2	5
	Cash issues (Date of each issue to be stated)				Pay 12 days at <i>100</i> from <i>8/7/16</i> to <i>19/7/16</i>	2	9	4
	<i>July 7 191</i> £ s. d. <i>1 0 0</i>				Proficiency, Service or good conduct pay			
	" " " " " "				days at from to			
	" " " " " "				<i>Field</i> Messing allowance 12 days at <i>10 00</i>			
					from <i>9/7/16</i> to <i>19/7/16</i> <i>120</i>		4	11
	<i>Deposited 1 day pay</i>				Clothing and kit allowance			
	<i>Franks 1</i>				Amount produced by the sale of Necessaries			
	<i>2 days pay</i> } <i>4</i>				Personal Clothing and Effects from Form 2...			
	Consolidated stoppage.....				Amount of Savings Bank balance, including			
	<i>Allobrant 12 days 60c</i>	1	9	7	interest (if no balance, to be so stated)			
	<i>Barrack Damages</i>			7	Deferred Pay or Gratuity			
	Balance due by the Paymaster	6	8	5	Balance due to the Paymaster.....			
		£	9	16		£	9	16
				8				8

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b).

Dated at _____ this _____ day of _____ 191 . _____ Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No.	478	Army Rank	Private
Name	Thorne Robert George		
<small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>			
Corps	2/1st Newfoundland Regt.		
Battalion, Battery, Company, Depot, &c.	"I" Company		
<small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>			
Date of discharge	19 JUL 1916		
Place of discharge	Ayr, Scotland.		
1.	Description at the time of discharge.		
Age	22 years	6 months	Descriptive marks. <i>None</i>
Height	5 feet	6 inches	
Chest measurement	(girth when fully expanded) ins.		
	(range of expansion) ins.		
Complexion	Light		
Eyes	Grey		
Hair	Flaxen		
Trade	Truckman		
Intended place of residence	50 Kings Bridge		
(To be given as fully as practicable)	St. John's Newfoundland		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>			
2.	The above-named man is discharged in consequence of		
<i>Refusing to re-engage for duration of War</i>			
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>			
3.	Military character :-		
4.	Character awarded in accordance with King's Regulations :-		
<small>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.</small>			
			Initials of Commanding Officer COMMANDING, 2nd/1st N.F.L.D. REGT. NEWTON-ON-AYR, N.B.

To be filled in on the soldier quitting the Colours.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class

6. Campaigns, Medals and Decorations

Dardanelles
France

Certificate of education

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

(Place) *Ayr, Scotland*

(Date) *19 JUL 1916*

H. J. S. [Signature]
COMMANDING, 2nd/1st N. REGT.
NEWTON-ON-AYR, REGIMENT.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) *Ayr, Scotland*

(Date) *19 JUL 1916*

(Signature of Soldier.)
(Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to *21/12/15* (the date to which the record of service is completed) *1* years *211* days.
Further service " " *19/7/16* (the date of confirmation of discharge) " *211* "
Total ... *1* " *211* "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for *Wednesday* (date)

(Place) *Ayr, Scotland*

(Date) *19 JUL 1916*

H. J. S. [Signature]
COMMANDING, 2nd/1st N. REGT.
NEWTON-ON-AYR, N.B.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

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

MEDICAL HISTORY

Surname Thorne OF Christian Name Ralph George

Table 1.—GENERAL TABLE.

Birthplace:—Parish.....		County.....			
		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on	8 th day of Dec.	1914	on	day of 191
	at	St. Johns.		at	
Declared Age.....		21 years	days	years	days
Trade or Occupation.....		Truckman			
Height		5 feet	6 inches	feet	inches
Weight			117 lbs.		lbs.
Chest Measurement {	Girth when fully expanded...	33 1/4 inches			inches
	Range of expansion..	2 3/4 inches			inches
Physical Development.....					
Vaccination Marks {	Arm	Right	Left	Right	Left.
	Number				
When Vaccinated		1904			
Vision	R. E.—V=	N.		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)		Cluny Macpherson			
(Rank)		Capt.			
		Medical Officer.			Medical Officer.
Enlisted	at	St. Johns.		at	
	on	21 st day of Dec.	1914	on	day of 191
Joined on Enlistment		Corps.	Regtl. No.	Corps.	Regtl. No.
		1st Nfd. Regt.	778		
Transferred to..					
Became non-effective by.					
	on	day of	191	on	day of 191
(Signature)					
(Rank)					

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
	<i>J.V.</i>
<i>26.4.15</i>	<i>Vac</i>
<i>19.7.16</i>	<i>Discharge as Term Expired St. Cornthian <i>[Signature]</i></i>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<i>St. Johns.</i>	<i>Dec 21/14</i>	<i>Feb 5/15</i>			
<i>L. S. Dominion</i>	<i>Feb. 5/15</i>	<i>" 16/15</i>			
<i>Edinburgh Castle</i>	<i>" 16/15</i>				

Thoms, R. H.

778

Ray sept.

Proceedings on Discharge.

July

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 418 Army Rank Private

Name Thorne Robert George.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 2/1st Newfoundland Regt.

Battalion, Battery, Company, Depot, &c. "I" Company.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 19 JUL 1916

Place of discharge Ayr, Scotland.

1. Description at the time of discharge.

Age <u>22</u> years <u>6</u> months	Descriptive marks. <i>None.</i>
Height <u>5</u> feet <u>6</u> inches	
Chest measurement { girth when fully expanded <u> </u> ins. range of expansion <u> </u> ins.	
Complexion <u>light.</u>	
Eyes <u>gray</u>	
Hair <u>Flaxen</u>	
Trade <u>Truckman</u>	
Intended place of residence { <u>50 Kings Bridge</u> <u>St. John's</u> <u>Newfoundland</u>	

(To be given as fully as practicable)

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____

Refusing to re-engage for duration of War

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer COL

COMMANDING, 2nd/1st N.F.L.D. REGT.,

NEWTON-ON-AYR, N.B.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class _____

6. Campaigns, Medals and Decorations

Dardanelles
France

Certificate of education

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

(Place) *Ayr, Scotland*

(Date) *19 JUL 1916*

H. F. Stehman
COMMANDING, 2nd/1st N.B. REGT.,
NEWTON-ON-AYR, N.B.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) *Ayr, Scotland*

(Date) *19 JUL 1916*

R. Thorne (Signature of Soldier.)
H. F. Stehman (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

R. Thorne (Signature of Soldier.)

10. Statement of service.

Service towards engagement to *21/12/15* (the date to which the record of service is completed) *1* years *1* days.

Further service *19/7/16* (the date of confirmation of discharge) *211* ..

Total *1* .. *211* ..

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for *Wednesday* (date) *19 JUL 1916*

(Place) *Ayr, Scotland*

(Date) *19 JUL 1916*

H. F. Stehman
SIGNATURE
COMMANDING, 2nd/1st N.B. REGT.,
NEWTON-ON-AYR, N.B.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

PAY LIST.

to

191

Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 118

Rank

Private

Name

Thorne, R.J.

Died (a)

at

on the

of

191

Discharged
Deserted at

UK

on the

of

191

I Certify to the correctness of above in every particular.

W. Churchill 2/Lt.

Commanding Squadron, Troop,
Battery or Company. F.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.		
	Balance Dr. last month				Balance Cr. last month	7	2	5		
	Cash issues (Date of each issue to be stated)				Pay 12 days at 100 from 8/4/16 to 19/4/16	2	9	4		
		£	s.	d.	Proficiency, Service or good conduct pay					
	July 11 th 1911	1	0	0	days at _____ from _____ to _____					
	"				<i>Field</i> Messing allowance 12 days at 100					
	"				from 8/4/16 to 19/4/16 \$120		4	11		
		1	0	0	Clothing and kit allowance					
	Deprived 1 day pay Footst 1 day pay } 4 Footst 2 day pay } Consolidated stoppage.....		18	1	Amount produced by the sale of Necessaries					
	Allotment 12 days 60 ^d	1	9	7	Personal Clothing and Effects from Form 2...					
	Barack Damages			7	Amount of Savings Bank balance, including interest (if no balance, to be so stated)					
	Balance due by the Paymaster	6	8	5	Deferred Pay or Gratuity					
		£	9	16	8	Balance due to the Paymaster.....	£	9	16	8

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public (b).

Dated at

this

day of

191

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

778 March 19th 1944
Dear Sir ^{sent for} Mr Kouley or
Mr J. R. Bennet - or whoever have
to look up these things for poor
people or Salders mothers. My
son was serving for almost 2 years
and got discharged and joined the
second time Robert. I hope I am
his mother Elizabeth Thorne and I am
dependy on - of him I get - his allotment -
and I think it is my duty to look
for the dispensible money or allowance
money whatever it is my Clergy told
me I am entoytled to it - as others is

and I thought I would drop a line
and I have read it in the notice
in the paper all dependence got -
to get it - and I thought I am was
entitled to it - as well as another
mother my son is not discharged
he is in Bayley Down Camp Exeter
yet - and I don't know if that make
a difference yet - Please I would
like to know please look it up
and let me know he told me
when he joined the second time I
should have got it I need it - as well
as wives and I know mothers that got
it - Mrs R. Shorne
182 Duckworth St -
St. Johns City

RECEIPT.

C.R. 778

I hereby certify that I have received the 1914-1915

STAR.

No 778 Name R. Thorne

Witness W. Joyce

Date 4/12/19

Place St. John's

C.R. 778

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR.

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

NAME. *R. Thorne*

DATE. *6/10/19*

PLACE. *St. John*

CIRCULAR LETTER

St. John's,

March 15th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND
of 1914-15 STAR.

Department of Militia,
St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on* *Gallipoli*

from *Sept 9* 1915 to *Evac.* 1915.

(Date) *6/10/19* (NO) *778* (Rank) *Pte* (Time) *R Home*

(Place) *St. John's*

*Fill in theatre of War where you served in Gallipoli, Madros, Lemnos, or Western Egyptian Frontier.

C.R. 778

Note

778 Pte R. G. Thorne, discharged July 19th 1916,
Time Expired.

Attested for G. S. 23/4/18 under Reg. No 4620.

see File No 4620

H.P.

C.R. 778

Extract of Daily Orders part 11, from Unit. 1st.Nfld.
Regiment, 3rd -chelon, ~~2222~~ dated September 8, 1916.

#778 Pte. R. Thorne, C.Co.,

In arrest awaiting trial 11/5/16. Tried by Field
General Court Martial on 15/5/16, and convicted of
"Absenting himself without leave". Sentence - 56
days F.P.No.1. and confirmed.

✓

C.R. 778

Extract from Nominal Roll of Royal Nfld. Regt.

Discharged in United Kingdom. 19-7-166

778 Pte. G. Thorne.

Time expired (Ayr) Subsequently repatriated.

C.R. 778

Extract from List of men discharged from the Royal Newfoundland
Regiment on various dates.

#778 Pte. R.G./Thorne, discharged July 19th 1916, time expired.

C.R. 778

Extract of Roll of Officers, N.C.Os. and Men Discharged from
The Royal Newfoundland Regiment.
Authority: Pay Office, St. John's.

<u>No.</u>	<u>Rank.</u>	<u>Name.</u>	<u>Date.</u>	<u>Reason.</u>
778	Pte.	R.G. Thorne	July 19th. 1916.	Time Expired.

CR 778

Extract from Nominal Roll, 1st Draft to M.E.F.
received from Gouernor July 8, 1916.

#778 Pte. R.G. Thorne.

C.R. 778

Extract from Reinforcement Draft to 1st Bn. M.H.F.
Embarked for Gallipoli 14-11-15.

778 Fte. R.G. Thorne.

C.R. 778

Extract from Memorial Roll Embarked St. John's per S.S. "Dominion"
"G" Company Feb. 2, 1915.

778 Pte. Thorne R.G.

C.R.

778

Robert George Thorne was attested for General Service
with the NEWFOUNDLAND REGIMENT on ... December 21st, 1914
Regimental No. 778 was allotted to Pte Robt. Geo. Thorne

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

Casualty Form—Active Service.

780

Regiment or Corps Newfoundland

Regimental No. C.R. 778 Rank Pte Name Robt. Geo. Thorne

Enlisted (a) 21.12.14 Terms of Service (a) War? Service reckons from (a) _____

Date of promotion } _____ Date of appointment } _____ Numerical position on } _____
 to present rank } _____ to lance rank } _____ roll of N.C.Os. } _____

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 16, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 86, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLd.		3.2.15	
		Disembarked <u>Gen. Gallipoli</u>		1.12.15	
		Emb'd Port Suez		14.3.16	
		Disemb'd MARSEILLE		22.3.16	
		Emb'd MARSEILLE			
		n.I.B.D. Transferred to England	France	6/7/16	Nom. Roll from 29th. I.B.D.
		Rouen. for Discharge, H.T. Queen Alexandria."			

all over CAPTAIN.
 FOR OFFICER INFANTRY RECORDS
 G. H. Q.; 3RD ECHELON.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

I.P.T.O.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet First

Regiment of First Newfoundland

Signature of O. C. Company [Signature]
Capt

Printed and Sold by Gale & Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100.20,712-s.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.		Age on	months		
<u>778</u>	<u>R. G. Thorpe</u>	<u>22</u>	<u>—</u>	<u>Seaman</u>	
Joined	Date	Date of Enlistment			
Joined	Date			Religion	
Joined	Date	Period of	with Colours years.		
Joined	Date		with Reserve years.	<u>Methodist</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>Edinburgh</u>	<u>26/2/15</u>	<u>Pte</u>	<u>1</u>	<u>Drunk & disorderly in Barracks at 40 pm</u>	<u>S. C. Stephenson</u> <u>S. H. Horey</u>	<u>7 Days C. B.</u>	<u>27/2/15</u>	<u>Lieut. Col. Burton</u>	<u>1st offence.</u>
<u>Do. Do.</u>	<u>12/3/15</u>	<u>Pte</u>	<u>2</u>	<u>Drunk in Barracks</u>	<u>S. C. Stephenson</u>	<u>3 Days C. B.</u>	<u>19/3/15</u>	<u>Capt. Bernard</u>	<u>2nd offence.</u>
<u>"</u>	<u>3-4</u>	<u>"</u>	<u>"</u>	<u>Absent from Concert Party</u>	<u>Corp. Woodau</u>	<u>3 Days C. B.</u>	<u>5-4</u>	<u>Capt. Bernard</u>	<u>2 days pay. Jfs.</u>
<u>Edinburgh</u>	<u>20-4</u>	<u>"</u>	<u>"</u>	<u>Absent from Tattoo 9.30.45 to 4.45 pm. Apr. 4th</u>	<u>Cpl. W. W. Head</u> <u>S. H. Horey</u>	<u>3 Days C. B.</u>	<u>5-4</u>	<u>Capt. Bernard</u>	<u>2 days pay. Jfs.</u>
<u>Edinburgh</u>	<u>20-4</u>	<u>"</u>	<u>"</u>	<u>Absent from Parade</u>	<u>Sgt. Watson</u>	<u>2 Days C. B.</u>	<u>20-4</u>	<u>Capt. H. E. Bernard</u>	<u>Jfs.</u>
<u>Acreekuwoe</u>	<u>20-5</u>	<u>"</u>	<u>"</u>	<u>Absent from Church Parade</u>	<u>Cpl. Higgins</u>	<u>3 Days C. B.</u>	<u>26-4</u>	<u>Capt. H. E. Bernard</u>	<u>Jfs.</u>
<u>Acreekuwoe</u>	<u>20-5</u>	<u>"</u>	<u>"</u>	<u>Absent from 3-15 parade</u>	<u>Cpl. Higgins</u>	<u>2 Days C. B.</u>	<u>21-5</u>	<u>Capt. H. E. Bernard</u>	<u>Jfs.</u>
<u>Acreekuwoe</u>	<u>21-5</u>	<u>"</u>	<u>"</u>	<u>Absent from 2-30 parade</u>	<u>Sgt. Watson</u>	<u>4 Days C. B.</u>	<u>22-5</u>	<u>Capt. H. E. Bernard</u>	<u>Jfs.</u>
<u>Acreekuwoe</u>	<u>29-5</u>	<u>"</u>	<u>"</u>	<u>Absent from all defaulters parade. from 5.30 pm to 9.30 pm</u>	<u>Sgt. Watson</u>	<u>4 Days C. B.</u>	<u>22-5</u>	<u>Capt. H. E. Bernard</u>	<u>Jfs.</u>
<u>Acreekuwoe</u>	<u>28-5</u>	<u>"</u>	<u>"</u>	<u>Neglect of duty</u>	<u>S. H. Horey</u>	<u>2 Days C. B.</u>	<u>20-5</u>	<u>Capt. H. E. Bernard</u>	<u>Jfs.</u>
<u>Acreekuwoe</u>	<u>20-7</u>	<u>"</u>	<u>"</u>	<u>Molestation</u>	<u>Sgt. Watson</u>	<u>7 Days C. B.</u>	<u>29-5</u>	<u>Capt. H. E. Bernard</u>	<u>Jfs.</u>
				<u>Absent from Camp from 9.30 pm to 1.00 am</u>	<u>Cpl. Barrett</u>	<u>5 Days C. B.</u>	<u>21-7</u>	<u>Capt. H. E. Bernard</u>	<u>forfeit 1 day pay. Jfs.</u>
				<u>Time Expired</u>	<u>Newton</u>	<u>on duty Scotland</u>	<u>19</u>	<u>T</u>	

Enlisted under new number # 4620.

Army Form B. 121.

Aerekuoro	20-7	Plt.	Absent from Camp ^{Brought forward} from 9 am. Parade	Cpl. Barrow	5 Days C.B.	19/15.	21-7	Capt. W.E. Bernard.	Y/S
Aerekuoro	21-7	-	Refusing to go on Parade	Sgt. Watson	24 hrs F.P. 2.		22-7	St. Col. Burton	Y/S
Aerekuoro	23-7	-	Absent from defaulters parade 5.30 pm. to 9.30 pm.	Cpl. Yait					
	24-7	-	Absent from 7 am. & 9.30 am parades.	Cpl. Barrow	48 hrs F.P. 2.		26-7	St. Col. Burton	Y/S
Aerekuoro	30-7	-	Absent 9 am parade.	Cpl. H. Hunt	2 days C.B.		30-7	Capt. W.E. Bernard.	Y/S
Aldershot	31-7	-	Absent Tattoo to 11.30 pm.	Cpl. Waterfield					
			Aug 1st						For 2 days pay Red.
			Drunk - High St.	Sgt. Higgins			2-8	St. Col. Burton	Y/S
			Insolence to P.O.	Sgt. Gardner	24 hrs F.P. 2.		10-8	Capt. W.E. Bernard	Y/S
Aldershot	10-8	-	Absent from 7 am parade.	Cpl. Sellers	4 Days C.B.				
Newton Camp	5. 9.15	"	absent from 7 am Parade	Sgt. Watson	5 Days C.B.		6. 9.15	Capt. W.E. Bernard	
	6. 9.15	"	absent from 7 and 9.15 am parade						
do	6. 9.15	"	absent from defaulters Call 7.30-9.30 pm	2 Cpl. Mahony	48 Hrs. F.P. 2.		7. 9.15	Major Whitaker	
do	10. 9.15	"	absent from 9.30 - 11 pm	Cpl. Mann	3 Days C.B.		11. 9.15	2nd Lieut. Bartlett	
	11. 9.15	"	do do 7 am parade						
do	15. 9.15	"	Absent 9.15 am parade	Cpl. Rodman	2 Days. C.B.		15. 9.15	Capt. W. D. Hye	
do	15-10.15	"	3 Drunk & disorderly in Camp	Cpl. Mahony	7 Days C.B.		18.10.15	Major Whitaker	Five 5/-
do	1. 11.15	"	4 Drunk & disorderly in Camp 9.15 pm	Sgt. J. Smith	Confined to barracks with 2 days F.P. 2.		3. 11.15	Capt. E. S. Ayre	Seven 5/-
Recce Base	14-7-16	"	Absent from duty when ordered. absent from tattoo 14-7/16 to Rother July 15 3/16	Sergt. King	7 days C.B.		17-7-16	Maj. Whitaker	Four 2 days pay G.K.M.



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4620 Name Robert Thorne Corps Infantry

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Robert Thorne
2. What is your full Address? 2. 182 Duckworth St. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 25 Years Months
5. What is your Trade or Calling? 5. Taught men
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. Infantry Rgt.
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? Yes

I, Robert Thorne 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.

Robert Thorne SIGNATURE OF RECRUIT.
Frank C. Jones Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert Thorne 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 23 day of April 1915
 Signature of Attesting Officer W.M. Churchill: Lieut.

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the rank of
 If enlisted by special authority, such will be attached to the original attestation.

Date April 23 1915
 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)

Report 15-5-15

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Robt Thorne
 Apparent age 25 years — months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion A inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Richard Thorne
Quekwood St | Relationship Father
St Johns Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth
	

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'copt	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>23-4-18</u>					SEE REGIMENTAL NO				778
Joined at <u>St John's</u> on <u>April 23-1918</u>									

M. Thorne

C.R.

4620

2

PRO

C.R. 4620

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 1st 1919.

The discharge of ~~XXXX~~ the undernoted on demobilization has
been CONFIRMED by Officer i/c Records from noted date
29/7/19.

4620, Pte. R. Thorne.

C.R. 4620

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 19th 1919.

The discharge of the undernoted on demobilization has
been APPROVED by O.C. Discharge Depot with effect from
following date
15-7-19.

4620, Pte. R. Thorne.

C.R. 4620

Apr. 3rd. 19.

Mrs. R. Thorne,
182 Duckworth Street,
City.

Dear Madam:-

I beg to acknowledge the receipt of your letter of April 1st., regarding War Service Gratuity and in reply I beg to state that your son #4620 Pte. R. Thorne will not be able to get any of this money until he is finally discharged from the army. Regarding the Separation Allowance that you speak of, I beg to state that I have passed your letter over to Captain Howley, Paymaster of this Department, who will no doubt reply to you direct regarding same.

Yours faithfully,



Lieut. Col.
Casualty Officer.

WWV/BC

C.R. 4620

**Extract from Daily Orders By Major M.S. Sullivan,
Commanding Newfoundland Forestry Companies, 6-2-18.**

**The undermentioned having reported for duty from
the 2nd Bn. Royal Wfld. Regt. is attached to the strength
for rations, from this date. And posted to "A" Company.**

~~5420~~ Pte. R. Thorne.

4620

C.R. 4620

Extract from Nominal Roll Entrained St. John's for Overseas.
Sept. 22, 1918. "11"

4620 Pte. Thorne Robert.

C.R.4620

Extract from Daily Orders Part 11 Unit The Royal Nfld.Regt..
St. John's Sept.24/18.

The following man returned from Special Duty at Mount Pearl.
19-9-18.

4620 Pte. R. ^HThorne.

C.R. 4620

Extract from Daily Orders Part II Unit The Royal NSLD. Regt.
St. John's, dated Sept. 9-16.

The undernoted man proceeded on Special duty to Mount Pearl
9-9-16.

4620 Pte. R. Thorne.

C.R. 4620

Extract from Daily Orders Part III Unit The Royal Field Artillery.
St. John's, July 3rd 1919.

4620 Pte. R. Thorne.

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

C.R. 4620

Extract from Daily Orders part 11, from Unit The Royal
Rifles, Regt. St. John's, dated May 15, 1918

#4620 Pte. R. Thorne

Attested to report later. Reported to Headquarters for
duty from this date

C.R. 4620

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

#4620 Pte. Robert Thorne

Attested for General Service with the Royal Nfld. Regt.
from 23/4/18. To report 15/5/18.

No. 5641/813
~~1827~~

N.F.F. 179.

From: NEW FOUNDLAND CONTINGENT

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

To: Officer Commanding.
2nd Batt. Ryl. Nfld. Regt.
Winchester.

09/11/1919
9th April 1919

09/11/1919
4620 Pte Thorne R.

With reference to the following
telegram from the Minister of
Militia / / (126)

"Pay to 4620. Thorne R.
£2. 0. 0.

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

A. J. Mansueti Maj.
Chief Paymaster & Q. i/c Records.

April 11 1919
NEW FOUNDLAND CONTINGENT
59 VICTORIA ST.
LONDON, S.W. 1.
PAY & RECORD OFFICE

Receipt hereunder

Clair
LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £2. 0. 0.
Two pounds. in respect of
telegraphic remittance from the
Minister of Militia.

R. Thorne
No. 4620 Rank Pte.

Witness George Perry

Thorne, L

4620

Hay sept.

July 29th 1919.

#4620. Pte. R. Thorne,
182, Duckworth Street.

Dear Sir:

Enclosed please find Discharge Certificate
3255.

Yours truly,

Capt. ⁺ Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4620 Rank Pvt Name T. Thorne Rg
 Intended place of residence 182 Duckworth St. St. Johns
 2. Occupation Truckman
 Classification of soldier E Medical Category A 1

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 15 1919

Mrs. H.
 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 15 1919

R. Thorne
 Signature of soldier

M. Clouston
 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 15 1919

R. Thorne
 Signature of soldier

James O. Heenan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 2-3-4-18 No. of days on Military
 Discharged from service JUL 15 1919 Plus 14 days Service 463

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 15 1919

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

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date July 29/1919

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

207913455

8
31
20
19
98

The Royal Newfoundland Regiment

Class for Demobilization:

7
6Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 11/19

Regimental No. 4620

Name Shorne, RobertAddress Duckworth St

Present Medical Category

A 1

Recommended for: (a) Immediate discharge

(b) Standing Medical Board

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

Members of Board

Robinson
Senior Medical OfficerGeo Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4628 Rank Plat. Name Thorne R
 Date of Enlistment 23-1-18 Address Dunbracken St. St. John's
 Occupation Truckman Classification for Discharge E1 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	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 14-7-19

W. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

R Thorne

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 46.00

(b) Clothing Supplied _____

W. C. Discharge Depot

Date 15-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at Duckworth St and Release Certificate No. 3629 issued.

Date 15-7-19

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 29-7-19

Date 15-7-19

Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	1	N.F. Med.	D.F. 1	1
E 178	W 3494	B 122		Board 1st.	" 2	1
B 178a	1. D 400A	1. B 1915		do 2nd.	" 3	2 Form B
B 179	D 400B	Form L		do 3rd.	" 4	
B 179a	1. D 400C	Form K		do 4th.	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 15-7-19

Demobilization Officer.

APPROVED.

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

with following additional documents.

JUL 15 1919 Eligible for War Service Gratuity

Date

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.

R. Thorne

Signature of Man.

Ambleton

Reg. No. 4626

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S

Date 15-7-19

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

MEDICAL HISTORY

OF

Surname Thorne Christian Name Robert

Table I.—GENERAL TABLE.

		<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
		on	at	on	at
Birthplace:—Parish <u>St John's</u> County <u>Wfld.</u>					
Examined	.....	on <u>23rd</u> day of <u>April</u> 191 <u>8</u>	at <u>St John's, Wfld.</u>	on	day of 191
Declared Age	.....	<u>25</u> years	— days	years	days
Trade or Occupation	.....	<u>Truckman</u>			
Height	.....	<u>5</u> feet	<u>6$\frac{1}{4}$</u> inches	feet	inches
Weight	.....	<u>123</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded....	<u>35</u> inches			inches
	Range of Expansion..	<u>4</u> inches			inches
Physical Development	.....			
Vaccination Marks	Arm	Right	Left	Right	Left
	Number	/	Four		
When Vaccinated	.....	<u>3 years ago</u>			
Vision	.....	R.E.—V= <u>6/6</u>	L.E.—V= <u>6/6</u>	R.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>Almond B. Parsons</u>	Medical Officer.		Medical Officer.	
(Rank)	<u>Major</u>				
Enlisted	.....	at <u>St John's, Wfld.</u>	on <u>23</u> day of <u>April</u> 191 <u>8</u>	at	day of 191
Joined on Enlistment	.....	Corps.	Regtl. No.	Corps.	Regtl. No.
		<u>The Royal Wfld. Regt.</u>	<u>4620</u>		
Transferred to	.....			
Became non-effective by	.....	on	day of 191	on	day of 191
(Signature)					
(Rank)					



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. e 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

Thomas. Lobert

Regiment from which discharged **Royal Newfoundland**

Regimental number

4620.

Intended address

Duckworth St.

Height on discharge

5 Feet 8..

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Blue.

Descriptive Marks

[Blank]

Figure on discharge

[Signature]

Christian name of Father

Richard

Christian name of Mother

Elizabeth

Wife's maiden name in full

[Blank]

Date and place of marriage

[Blank]

Christian names of children

[Blank]

Place and date of soldier's birth

[Signature] 21 Sept. 1895.

Nature and locality of civil employment required

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

(Soldier's signature in full)

[Signature]

(Rank)

[Signature]

Station

[Signature]

Date

14-7-19.

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

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 Artillery Former Trade } Drumman
 or Occupation }
 2. Regtl. No. 4620 3. Rank. Plt. 7a. If the soldier claims previous service in Army, he should state—
 4. Name Thorne Robert (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday. 25
 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?

No 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 invanded at Foreign Stations.

Repatriation

W.R. Proenier, Capt Ranc

Medical Officer in charge of case.

Station

Hollyburn

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheets

01

Signature of O. C. Company

J. Jamieson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Thorne Holt	Age on	25 years months	blackman	
Joined	Date	Place and Date of Enlistment	St. Johns	Religion	
Joined	Date		27. 4. 18	Meth	
Joined	Date	Period of } with Colours years.		Place of Birth	
Joined	Date		} with Reserve years.			St. Johns

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
St. John's	16.7.18	Pte.		Absent without leave from 16.7.18 to 24.7.18 when warned for overseas.	L/Cpl. V. Randall	28 Days Detention	24.7.18	Capt. R. H. Tait	abs
"	21.9.18	"		absent without leave from 8.30 am till 12 o'clock 21.9.18	Cpl. M. Wick	24 hours detention	21.9.18	Capt. R. H. Tait	Sept.
To be carried over									

Army Form B. 121.

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... *Robert* 2. Surname... *Thorne*
3. Rank... *Plc* 4. Regtl. No... *4620*
5. Address in full to which future payments of gratuity are to be forwarded... *184 Duckworth St St John's*
6. Date of enlistment in the Regiment... *Dec 2/1914* or *Apr 23/1918*
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... *NO*
9. Address in full of such dependents... *NO*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *NO*
11. Were you on active service only in field. If so, give dates and particulars of such service... *Gallipoli, Egypt*
St. John's
12. Give total length of time which you served on active service, whether in field or overseas... *First Enlistment 1 yr 211 days*
Second " 1 1/2 " 1 yr 2 1/2 months

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

Yes. 1st enlistment # 778 - enl. Feb. Dec 21/14 - Served 1 year 211 days
2nd " # 4620 " Apr 2/15 " 1 yr 7 1/2 mos

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 Res? No. If not give: (a) Date of discharge July 15/19. (b) Reason for discharge. No

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. Gallipoli, Egypt & France. Don't remember dates

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.

R. R. Thorne

Signature of Applicant:

Place of Residence: *184 Duckworth St St Johns*

Declared before me at: *St Johns*

This *15* day of *July* 19*19*.....

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

John O. Carthy

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	Net amount due
-----------	------------------	--------------------	--------------------------	-------------------

.....
.....

Certified correct.

BY: _____

SEPARATION ALLOWANCE.

Claimant..... *Thorne, Elizabeth (mother)*
On account of *Robert G. Thorne* No. *4620* Rank..... *Pvt*

Decision..... *Refused*
Husband earns \$10.00 per week

J. B. Bennett
W. H. Rydell, Lieut. Col.
M. Dowley, Capt.

Date..... *12/5/19*

Instructions.....
.....
.....

Allotment of *50*¢ per day payable to *Mr. Robt Thorne*
his *wife* from *8/1/19* to *present current*
Discontinued on account of

L. J. Luke, Sgt.

W. Warren
No. 3
April 10/1847
Militia Office

Dear Sir I received a paper for
my son to fill out - for his War
bonus money but - he is overseas
at present - 778 is his old number
he was discharged and when the war
gent. call come he joined up again
and he is in Keely Down Camps
Winchester England: and if I am
sendy it - back I dont - know if I
shoud or not - please let - me know
if I can do - the money for him if
the paper was filled out - I am
his mother Elizabeth Thorne and
I applied for his seperation money I
need it; and I am hopy to get it -
if you can do any thing in helping me
to get - his allowance or seperation
money I would be very much obliged to you
Sir. he is my support, and I think he
nobly fought the regy twice

Please send me all particulars I would
be very much obliged and very thankful
to you.

W^m Warren

No 3 Room

Militia Office

private R. G. Shoene

mother

W^m R. Shoene

182 Duckworth St.

St. John City

Please if the paper I am ready back
is to be sent for him to me send
it back again.



DEPARTMENT OF MILITIA

ST. JOHN'S March 27, 1919
NEWFOUNDLAND

Mrs. R. Thorne,
181 Duckworth Street,
C I T Y.

Dear Madam:

With reference to your letter of March 19th. I enclose form of claim for Separation Allowance, which kindly have completed before a Barrister, and return, on receipt of which your claim will be considered.

Yours truly,

Lieut.
For Paymaster

NOTICE.ROYAL NEWFOUNDLAND REGIMENT.(MOTHER.

(Separation Allowance Branch)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.
Robert George Thorne *Private* *4620*
2. Age of soldier. Married or Single.
25 *Single*
3. Name in full of mother. Age. Occupation. Permanent Address.
Elizabeth Thorne *44.* *Widow* *182 Duckworth St. St. John's*
4. Give name of your husband. Age. Occupation Where Employed.
Richard Thorne *50* *Seaman.* *Empire Laundry Co*
Not strong - Rheumatic - lost 2 fingers right hand; laid up 2 months 1918 at home *had up front Wink 1919*
5. If your husband is not supporting you state the reason. } *Does the best he can. But*
lost 2 fingers from right hand
6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)
7. If you are a widow, state date and place of death of your husband.
8. Have you married again since death of above mentioned husband?
9. Names of your other children. Address in. Age. Occupation Married or Single.
Lilla *full.* *23.* *in Factory -* *Single*
Florence. *St. John's.* *19.* *Too delicate to work* *Single*
Mary *do.* *14.* *at school* *"*
Harold *do.* *10.* *do* *"*
Olive *do.* *6.* *do* *"*

10. State amount earned by (a) Yourself
(b) Your husband. *10⁰⁰ per week, all present.*
-
11. State amount and source of any other income. *nie*
-
12. State value of real property belonging to you and your husband. *nie*
-
13. State value of personal property belonging to you and your husband. *nie*
-
14. If husband is dead state value of real and personal property left by him. *nie*
-
15. Actual amount contributed by soldier during the year prior to enlistment. *about \$30⁰⁰ per month.*
-
16. Was this amount contributed weekly or monthly. *weekly*
-
17. Did this amount include payment of sol^d's board^{ing} etc. *Yes.*
-
18. State your son's trade or occupation prior to enlistment. *Supervisor*
-
19. State amount of his wages per week. *12⁰⁰ per week.*
-
20. State name and address of his last employer. *Lope & Moore*
-
21. State amount of monthly support from son since enlistment. *nie*
-
22. State amount of allotment received by you from son since enlistment. *\$15⁰⁰ per month*
-
23. State from what date did you receive allotment? *June 1918.*
-
24. Actual amount contributed by other children. Weekly Monthly. *nie*
-
25. Are any of these children in the employ of you or your husband? *No.*

26. If not receiving support from other children, state cause. Explain fully. *see q.*

27. With whom are you residing at present? *At home.*

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *No. Didn't know what to go to.*

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No.*

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No.*

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *No.*

32. In what capacity and in what place? *No.*

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *No.*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant..... *J. Elizabeth Thorne*

Place of Residence..... *187 Duckworth Street - St. John's*

Declared and subscribed before me at..... *St. John's*

this..... *29th*..... day of..... *March*..... 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. }
F.A. Meads
Notary Public

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant. *SPM*

Signature of Clergyman..... *Geo. J. Bond*

Signature of member of the Patriotic Fund Committee..... *R. W. Smith*

11
May 28, 1919

Mrs. Elizabeth Thorne,
#182 Duckworth St.,
City.

Dear Madam:-

Referring to your application for Separation Allowance, I have been directed to inform you that same cannot be granted, because your husband is not incapacitated, and consequently your son cannot be considered to be your sole support.

Yours truly

Paymaster & Officer i/c Records. Captain.

P.M.

4620 Thorne R.

Please make first pay. W.S.G.

2/17/19

W.S.G.
F. J.

182 Duckworth Street.

August 19, 1919.

Lieut. Col. W.F. Rendell,
Militia Department.

Dear Sir:-

I am leaving Newfoundland about the end of the month for Montreal where I have secured a position. Would you kindly arrange to have advanced to me the balance of Gratuity due to me.

Yours very truly,

No. 4620

A. C. D.

R. Thorne

P.M.

Two payments authorized

W.F.R.

20/8/19

AM.

4620 Thorne

Please make one pay to L.L.

6/8/19

L.L.
L.L.

ST. JOHN'S,

th July 12th / 1919

Royal Newfoundland Regiment.

Billeting Account,

To W. P. Thorne

Duckworth St.

Billeting Soldiers as undermentioned

from

July 1st

to

July 11th

11. 60

Born

2910

Cal

Certified correct for \$

11. 60

J. A. Snow Capt.
R. Thorne Billeting Officer.

ST. JOHN'S, JUL 15 1919

Royal Newfoundland Regiment.

Billeting Account,

To Plt R Thorne

Billeting Soldiers as undermentioned

from July 11/19 to July 15/19

4620 Plt R Thorne

4 40

ACCOUNT	<u>BR</u>
GR NO	<u>3025</u>
EXP. LEDGER	---
PAY LEDGER	---
GEN. LEDGER	---

Certified correct for \$ 446

M. [Signature]
Billeting Officer.
Plt R Thorne

5/10/19

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

July 21 1919

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

Ch. No. 3557	Initials. W.S.P.
Pay Ledger 176	Initials. WR
Gen. Ledger	Initials

Regtl. No. 4620 Rank

No. 4620

Rank Pt

Name R. Thorne

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 140⁰⁰

Aug 21 19 19

Received from the First Newfoundland Regiment
the sum of One hundred & Forty Dollars.
~~amount~~ of Pay to Balance of Pay to Balance
P. R. Thorne

Ch. No. 8178	Initials. P. R. Thorne
Pay Ledger 176	Initials. WR
Gen. Ledger.....	Initials.....

Regtl. No. 21620 Rank

A. C. A.

No. 4620

Rank

Pl

Name

R J Thorne

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

Aug 6th 19 11

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

R. Thorne

Ch. No. 43075 4346	Initials <u>EW</u>
Pay Ledger <u>765</u>	Initials <u>W</u>
Gen. Ledger.....	Initials.....

Regtl. No. _____ Rank _____

J.C.P.

No. 4620

Rank Pte

Name R. Thorne

A4620
Demobilization Form B

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4630 Rank Plt Name Thomas R
 Date of Enlistment 23.11.18 Address Quakerway St District St. John's
 Occupation Truckman Classification for Discharge Ex Medical Category H.I.
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 14-2-19 Mrs H
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.
 I am in a position to resume civilian occupation. R Thorne

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
 (b) Clothing Supplied. Colonel

Date 15-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
at Duckworth St and Release Certificate No. 3629 issued.

15-7-19

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 29-7-19

Date 15-7-19

J. P. H.
Depot Paymaster

Discharge approved for 15-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
E 178	W 3494	B 122	Board 1st	" 2	1
R 178a	D 400A	B 1915	do 2nd	" 3	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 15-7-19

Ambleton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 15 1919

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

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

Date July 28 1919

J. P. H.

Reg. No. 4620 Rank Pfc Name Thorne Robt.
Attested Address Duckworth St.
Allotment Allottee
Date of Allotment Returned from Overseas JUL 1 1919
Returned on S S Cassandra Cause Discharge

5 7 19
15 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION

C.P. 4620
Army Form B. 178A

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. 4620
- 3. Rank. Plt
- 4. Name Thorns Robert
(Surname) (Christian Names)
- 5. Age last birthday. 25
- 6. Posted for duty on at
in category (or grade)
- 7. Former Trade or Occupation } Truckman
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(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 is 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.
- 12. Place of origin of disability.
- 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
nil
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.)

He complains 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?

Repatriation

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

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

W. E. Procmier. Capt. Rance

Station *Hazeley Down*

Date *8/2/19*

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