



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5272 Name William J. Thorne Corps Artillery

Questions to be put to the Recruit before Enlistment.

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

I, William J. 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.

William J. Thorne SIGNATURE OF RECRUIT.

J. B. Raymond Signature of Witness.

21/5/18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I,, 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

on this 21 day of May 1918

Signature of Attesting Officer C. B. Drake

CERTIFICATE OF APPROVING OFFICER.

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

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

Date May 21 1918

Place St. John's } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

272

Name William Horn
 Apparent age 24 years 0 months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Horn
Braunsdale Bay | Relationship Father
 Particulars as to Marriage _____

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>21-5-18</u>									
Joined at <u>St. John's</u> on <u>May 21-1918</u>									
<u>Discharged August 31-1919</u>									
<u>Embarked St. John's S.S. Colombia to Halifax N.S. 22.7.18.</u>									
<u>to Newfoundland for demobilization 24.6.1919.</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St. John's 3-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 3-8-1919 (date of discharge) 1 years 75 days
 " " Pensions " " " " " " " " " " " "

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 20 1921. 1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to

William J. Thorn

in respect of his service as No. 5272 Rank Pte.

Name W.J. Thorn Royal Nfld. Regt.
~~Nfld. Fusiliers Corps.~~

Receipt of the same should be acknowledged hereon.

Received November 17 1921

Signature William J. Thorn

Date January 10 1922

Address 13 Rounddale St. B.

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet one

Regiment of

Royal New Zealand

Signature of O. C. Company

A. B. Dickson Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>527 Thorne Wm J</i>	Age on	<i>24</i> years	<i>Sisterman</i>		
			months	Religion		
Joined	Date	Place and Date of Enlistment	<i>8/30/18</i>	<i>Meths</i>		
Joined	Date	Period of	<i>21.5.18</i>	Place of Birth		
Joined	Date		with Colours <i>1 1/2</i> years.	<i>Meths</i>		
Joined	Date	with Reserve <i>3 1/2</i> years.		<i>Brousdale T O</i>		

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
<i>Hazely Down</i>	<i>26-8-18</i>	<i>Pte</i>		<i>Losing Swiss despatches</i>	<i>L. Corp. Hackett</i>	<i>Pay for same</i>	<i>29/8/18</i>	<i>Major March</i>	<i>w.p.</i>
				<i>Demobilized</i>	<i>Spinks</i>	<i>3 1/2</i>			

To be carried over

Army Form B. 121.

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 Newfound Land Coy.* Former Trade or Occupation } *Jackman*
2. Regtl. No. *5272* 3. Rank... *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Thorne* *Wm J.* (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 ? }

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.)

The complaint of no disability

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

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

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

Repatriation

W.E. Proemier Capt. R.M.C.

Medical Officer in charge of case.

Station *Hazelby, B. 1. 1. 1.*

Date *3/4/19*

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

C.R. 5272

Extract from Daily Orders part 14, Unit the Royal Newfoundland
Regiment dated July 21st. 1918.

The discharge of the undersigned on debilitation has been
announced by G. C. Discharge Depot on noted date.

#5272 Pte. W. Thorne.

20-7-19.

C.R. 5272

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

The discharge of the undernotedon demobilisation has
been CONFIRMED by officer i/c Records from noted date
5-8-19.

5272, Pte. W. Thorne.

C.R. 5272

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

5272 Pte. W.J. Thorne.

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

C.R. 5272

Extract from Honored Roll of the Royal Field Regt.
~~21st Infantry~~ Embarked S.S. Corsican, Jan. 30th, 1919.

5272 Cpl. Ball.

C.R. 5272

Extract from Daily Orders part 11, from Unit^s The Royal
Nfld. Regt. St. John's, dated July 25th, 1916.

The following men embarked for overseas on H.M.S.
"Columbella" July 22, 1916.

#5272 Pte. William Thorn.

C.R. 5272

Extract from Daily Orders part 11 from Unit The Royal
Hfld. Regt. St. John's, dated May 22nd, 1918.

#5272 Pte. William Thorne.

Attested for General Service with the Royal Hfld.
Regt. from 21.5.18

55272

Demobilization Form 9

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5272 Rank PLT Name Thorne W. Juniper
 Date of Enlistment 21-5-18 Address Broomdale District Juniper
 Occupation Fisherman Classification for Discharge Medical Category II
 Recommendation S.M.B. Disability Rating Europe

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 108	ME 2		" 6
B 179c	B 120	M 93	<u>256</u>	

Date July 11/19 O. C. Discharge Depot W. Thorne

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W Thorne

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

L. R. COOPER CAMP

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. 76.00
- (b) Clothing Supplied. Ambleton

Date 18-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2463-9933 to his home at Brownsville and Release Certificate No. 3694 issued.

Date 18-7-19 Demobilization Officer [Signature]

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 3-8-19.

Date 18-7-19 Depot Paymaster [Signature]

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1015	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		

Handwritten notes: 75% in the bottom right of the table area.

Date 18-7-19 Demobilization Officer [Signature]

APPROVED.

Documents as above forwarded to—
 Officer in Records,
 Board of Pension Commissioners,
 with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919 L. R. COOPER, CAPT. O. C. Discharge Depot.

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

Date Aug 11 19 [Signature]

Reg. No. *5272* Rank *Plt* *F* *Thorne Wm*
Attested Address *Brownside*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S.S. *Cassandra* Cause *Discharge*

18 7 19 PASSED TO DEMOBILIZATION OFFICER
20 7 19 DISCHARGE APPROVED ON DEMOBILISATION.

W J Thorne

C.R. 5272

THO

B. copy P.D. 100180
[Handwritten signature]



No. 2455/1601

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn Royal Nfld. Regt.,
Winchester.

11th June 1919

13th June 1919

5272, Pte. W. J. Thorne

With reference to the following telegram from the Minister of Militia / / 19 (225):

Receipt hereunder.
[Signature]
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.,
Officer Commandg. *[Signature]* Batt'n.
R. O. P.

"Pay to -
5272 Thorne £4:2:0

Received the sum of Four Pounds
Two Shillings in respect of telegraphic remittance from the Minister of Militia.

Cheque £ 4:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

W J Thorne
No. 5272 Rank Pte.

[Signature]
Chief Paymaster & O. i/c Records.

Witness: WR Hodder

No. 3500/551

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Btn. Royal Nfld. Regiment
Winchester.

NEWFOUNDLAND CONTINGENT
53, VICTORIA STREET
LONDON, S.W. 1
N.F.P./79.
10 MAR 1919
PAY & RECORD OFFICE

P.D. 064
5-13/19
AW

6th March 1919

5272. Thorne W.J. Pte.

With reference to the following telegram from the Minister of Militia / / (59)

"Pay to: 5272. Thorne
£4. 2. 0.

Cheque £4. 2. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

March 7th 1919

Receipt hereunder.

J. Seymour

COMMANDING OFFICER, ROYAL NEWFOUNDLAND REGT.
LIEUT. COLONEL.
Batt'n.

Received the sum of *Four pounds*

Five Shillings in respect of telegraphic remittance from the Minister of Militia.

W Thorn

No. *5272* Rank *Pte.*

Witness *M. Rockett*

b

Thorne, W

5272

May & Sept.

August 2th 1919.

#5272. Pte. W. Thorne,
Brownsdale. T.B.

Dear Sir:

Enclosed please find Discharge Certificate
r 3471.

Yours truly,

Capt. Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5272 Rank Pte Name Thomas W.
 Intended place of residence Brownvale

2. Occupation fisherman
 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 18 1919

W. H. A.
 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 18 1919

W. Thomas
 Signature of soldier
W. H. A.
 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 18 1919

W. Thomas
 Signature of soldier
W. H. A.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 21-5-18 No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 440

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 20 1919

N. R. Coombe Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 2/1919

M. Bowley Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment

W. H. A. 20 291 2471

11
 20
 37
 3
 70

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

18.7.19

Regimental No. *5272*

Name

Shorne, D. D.

Address

Brownsdale, Trinity

Present Medical Category

A1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board

J. Paterson
Senior Medical Officer

W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5272 Rank Pvt Name Thorne W
 Date of Enlistment 21.5.18 Address Orangevale District Trinity
 Occupation Fisherman Classification for Discharge 1 Medical Category 1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	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	75.6 1			

Date July 11/19 O. C. Discharge Depot W Thorne

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W 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. Ambleton

Date 18-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2463-4933 to his home at Brownsdale and Release Certificate No. 3694 issued.

Date 18-7-19

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 3-8-7-19

Date 18-7-19

M. H.
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122	Board 1st	" 2	
B 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	7551		

Date 18-7-19

Ambleton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

W Thorne

Signature of Man.

M. Blonson

Signature of the Vocational Officer or his Representative.

Reg. No. 3272.

ST. JOHN'S.

Place

Date

18-7-19

191

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

MEDICAL HISTORY

OF

Surname

Horne

Christian Name

John J.

Table I.—GENERAL TABLE.

Birthplace:—Parish *Brownsdale T Bay County*

Nfld

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>21</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	at <i>St Johns</i>	at		
Declared Age	<i>24</i> years	—	days	years
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>6 1/2</i> inches		feet	inches
Weight	<i>128</i> lbs.			
Chest Measurement	Girth when fully expanded	<i>36</i> inches		
	Range of Expansion	<i>5</i> inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<i>1 Scar</i>			
When Vaccinated	<i>Chicago</i>			
Vision	R. E.—V=	<i>6/6</i>		
	L. E.—V=	<i>6/6</i>		
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)		
(b) Slight defects but not sufficient to cause rejection	(b)	(b)		
Approved by (Signature)	<i>Lambert Batoran</i>			
(Rank)				
	Medical Officer.			
Enlisted	at <i>St Johns</i>	at		
	on <i>21</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<i>The Hope</i>			
	<i>1272</i>			
Transferred to	<i>St Johns</i>			
Became non-effective by	on	day of	191	on
(Signature)			day of	191
(Rank)				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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 H. Artillery Coy.* Former Trade or Occupation } *Fahman*
2. Regtl. No. *53723* Rank... *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name... *Hosne*... *W. J. J.* (Surname) (Christian Names) (a) Former Regts. or Corps; 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 (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*

12. Place of origin of disability. *nil*

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

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

The Complaints of my disability

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.)

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

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. Proemier, Capt Rame

Medical Officer in charge of case.

Station *Hazeley Town*

Date *3/4/19*

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



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Thorne, William John*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5272*

Intended address *Brown's date street*

Height on discharge *5 Feet 6 1/2*

Color of hair on discharge *Black*

Complexion *Light*

Color of eyes *Brown*

Descriptive Marks *Medium*

Figure on discharge *Medium*

Christian name of Father *George*

Christian name of Mother *Sarah Jane*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Brown's date 20-1-1894*

Nature and locality of civil employment required *—*

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

(Soldier's signature in full)

William Thorne

(Rank)

Station **ST. JOHN'S.**

Date

17-7-19

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

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



Date



5272 Pt. Thorne W. J.

V.A.R. = $\frac{6}{9}$ L = $\frac{6}{9}$

Glasses not indicated.

Angular Conjunctivitis.

R₄ Zinc Sulph gr^{ij}

Aq. Aest ʒ^{ij}.

eye drop t. d. s.

A. L. Jones.

Capt + R. M. C.

R₂ Fluor. Zinc O. D.

cc.

Unit *2nd Batt N. N. 924*

MORNING SICK REPORT
MEDICAL INSPECTION REPORT*

Army Form B 256

Squadron, battery or company _____

Station and Date *H. C. Camp 8-4 1919*

Regtl. No.	Rank and Name (Christian name in full; Surname first; M under name if married.)	Completed Years of		Religion.	If for duty †	Whether a defaulter.	Lines or barracks.	Room.	Disease	Disposal. Medical Officer's Remarks and Signature.
		Age.	Service.							
<i>5272 1st</i>	<i>James</i>	<i>22</i>	<i>10 1/2</i>	<i>Ep/8</i>						<i>Go see bucket</i> <i>W. C. Proctor</i> <i>Capt. James</i>

† State nature of duty for which warned. In the case of men for medical inspection, the reason, such as, "Soldiers for trial by Court-Martial," or "joining the station," &c., should be stated against their names.

* Strike out whichever is not applicable.

R. J. Wood Orderly N.C.O.

August 9th 1919.

Mr. W. Thorne,
Brownsdale. T.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 Ser-
vice Gratuity.

Yours truly,

Capt. & Paymaster.

RS/.

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... *William* 2. Surname... *Thorne*

3. Rank... *Plt* 4. Regtl. No... *1272*

5. Address in full to which future payments of gratuity are to be forwarded... *Brownside 28*

6. Date of enlistment in the Regiment... *Nov. 20. 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 Mfld. If so, give dates and particulars of such service... *Overseas*

12. Give total length of time which you served on active service, whether in Mfld. or Overseas... *fourteen 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. *No* If not give:- (a) Date of discharge. *July 31/19* (b) Reason for discharge. *Smooth*

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.

By land
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: *-W Thorne*

Place of Residence: *Brownsdale, S.B.*

Declared before me at: *St John's*

This *18* day of *July* 19*.19*....

Signature of Barrister of the *John M. Carthy*
Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *JM*

POST DISCHARGE PAY.

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

ST. JOHN'S, JUL 18 1919

Royal Newfoundland Regiment.

Billeting Account,

To *W. W. Thorne*

Billeting Soldiers as undermentioned

from *July 3rd 1919* to *July 16th 1919*

5272. W. W. Thorne 14 40

ACCOUNT	<i>B.M.</i>
NO.	<i>3342</i>
FOR LEADER	INITIALS
BY LEADER	INITIALS
GEN. SER.	<i>14</i> 40 OVER LE.

Certified correct for

W. W. Thorne
Billeting Officer.