



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4841 Name Ralph Tilly Corps C of C

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

- |                                                                                                                                    |                                                |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 1. What is your name? .....                                                                                                        | 1. <u>Ralph Tilly</u>                          |
| 2. What is your full Address? .....                                                                                                | 2. <u>Newman Cove</u><br><u>Bona Vista Bay</u> |
| 3. Are you a British Subject? .....                                                                                                | 3. <u>Yes</u>                                  |
| 4. What is your age? .....                                                                                                         | 4. <u>26 Years</u> <u>1 Month</u>              |
| 5. What is your Trade or Calling? .....                                                                                            | 5. <u>fisherman</u>                            |
| 6. Are you Married? .....                                                                                                          | 6. <u>no</u>                                   |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>                                   |
| 8. Are you willing to be vaccinated or re-vaccinated? .....                                                                        | 8. <u>yes</u>                                  |
| 9. Are you willing to be enlisted for General Service? .....                                                                       | 9. <u>yes</u>                                  |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>Corps .....                  |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>yes</u>                                 |

I, Ralph Tilly 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.

Ralph Tilly SIGNATURE OF RECRUIT.  
James Clarke Signature of Witness.

Ralph Tilly OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ralph Tilly 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 Johns on this 12th day of May 1918

Signature of Attesting Officer [Signature]

CERTIFICATE OF APPROVING OFFICER.

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

Date ..... 1918  
Place ..... } Approving Officer.

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

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

## DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Ralph Tilly  
 Apparent age 26 years 1 months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs William Tilly Newman  
Cove, E.D. | Relationship mother

#### 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " " " " " " " " " " " "									



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4841 Name Ralph Tilly Corps C of 6

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

- |                                                                                                                                    |                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 1. What is your name? .....                                                                                                        | 1. <u>Ralph Tilly</u>                            |
| 2. What is your full Address? .....                                                                                                | 2. <u>Newman's Cove</u><br><u>Bona Vista Bay</u> |
| 3. Are you a British Subject? .....                                                                                                | 3. <u>Yes</u>                                    |
| 4. What is your age? .....                                                                                                         | 4. <u>26</u> Years <u>1</u> Months               |
| 5. What is your Trade or Calling? .....                                                                                            | 5. <u>Fisherman</u>                              |
| 6. Are you Married? .....                                                                                                          | 6. <u>no</u>                                     |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>                                     |
| 8. Are you willing to be vaccinated or re-vaccinated? .....                                                                        | 8. <u>Yes</u>                                    |
| 9. Are you willing to be enlisted for General Service? .....                                                                       | 9. <u>Yes</u>                                    |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....                                   |
|                                                                                                                                    | Corps .....                                      |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                                   |

I, Ralph Tilly 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.

A  
 1-5-18

Ralph Tilly SIGNATURE OF RECRUIT.  
James A. [Signature] Signature of Witness.

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

I, Ralph Tilly 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 1st day of May 1918

Signature of Attesting Officer [Signature]

### 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 ..... 1918 } Approving Officer.  
 Place .....

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

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

**DESCRIPTIVE REPORT ON ENLISTMENT**

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

Name Ralph Tilly  
 Apparent age 26 years 1 months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

**INFORMATION SUPPLIED BY RECRUIT**

Name and Address of next of kin Mrs Williams Tilly, Newmans  
 Cove, B.B. | Relationship mother

**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 <sup>British</sup> engagement reckons from <u>1-5-18</u>									
Joined at <u>M. John's</u> on <u>May 1-1918</u>									<u>Lance Cpl 13 <sup>3</sup>/<sub>19</sub>                      Corporal 17 <sup>14</sup>/<sub>1919</sub></u>
<u>Discharged July 4/19</u>									
<u>Embarked M'shas train to Halifax N.S. 11-6-1918.</u>									
<u>Embarked for B.C. 26-10-18</u>									
<u>Joined B.C. 3-11-1918.</u>									
<u>Transferred from Dover 22-4-19</u>									<u>Private Newfoundland 22-4-19</u> <u>To No. 100 Squadron for demobilization 22-5-1919.</u> <u>Arrived No. 100 Squadron 1-6-1919</u> <u>Demobilization M. John's 3-7-1919</u>
<u>To No. 100 Squadron for demobilization 22-5-1919.</u>									
<u>Arrived No. 100 Squadron 1-6-1919</u>									
<u>Demobilization M. John's 3-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>3-7-1919</u> (date of discharge) <u>1</u> years <u>64</u> days									
" " Pensions " " " " " " " "									

841  
Regatta  
Extract from Daily Orders Part II Unit The Royal RFA.  
Regt. St. John's, July 7th, 1929.

The discharge of the undersigned on demobilization has been  
CONFIRMED BY OFFICER i/c Records with effect from 3-7-29.

4841 Upl. Ralph Tilley.

No. 484 Name Lilley. N. Sqn., Batty., } A Corps ROYAL NEWFOUNDLAND REG Date of enlistment } 1878 Badges } 2 Service or Proficiency Pay } W  
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. 66 Signature O.C. Company, etc. J. M. [Signature] Rank [Blank] Character [Blank]

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>Field</u>	<u>8.4.19</u>	<u>Pte</u>		<u>Drx.</u>	<u>2/8</u>	<u>B. M. S. Mear</u>	<u>Pay for same</u>	<u>8.4.19</u>	<u>Major Bernard</u>

CR. 4841

Extract from Daily Orders Part 22 Unit The Royal Rifles, Regt.  
France 21-4-19.

Promotions.

4841 L/Cpl. R. Tilley

to be A/Cpl. 17-4-19.

C.R. 4841

Extract from Daily Orders Part A1 Depot, St. John's,

Date June 7th, 1919

4841 Cpl. Ralph Tilley

Reported at Headquarters 1-6-19. ex "Corsican"  
which sailed Liverpool May 22/1919.



C.R. 4841

Extract from Daily Orders Part 11 Unit the Royal Nfld.  
Regt. Depot, St. John's, June 9th, 1919

The discharge of the Undemoted on demobilisation has been  
APPROVED by O.C. Discharge Depot, 18-6-19.

4841 Cpl. R. Tilley

C.R. 4841

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt  
By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st Bn. 3-11-18

The following joined the Bn. 4-11-18

4841 Pte. R. Pilley.

D Coy.

C.R. 4848  
(4841)

Extract from Daily Orders Part II "In the Field" Unit  
The Royal WFLd. Regt. 31-5-19.

4848 Pte. R. Tilley.

App. L/Cpl. 15-3-19.

C.R. 4841

Extract from Nominal Roll Re-inforcement Draft No. 55 Embarked Folkeston,  
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.E.F.

4841 Pte. Tilly<sup>OR</sup>.

MP.

C.R. 4841

Extract from Daily Orders part 11, from Unit The Royal <sup>h</sup>ff. <sub>e</sub> <sup>h</sup>ff.  
Regt. St. John's, dated May 2nd 1918.

#4841 Pte. Tilley

Attested for General Service with the Royal Nfld. Regt. from  
1/5/18.

C.R. 4841

Extract from Daily Orders part 11, 2nd Unit The Royal 22nd  
Regiment, St John's, dated June 14, 1918.

#4841 Pte. R. Tilley.

Embarked for Overseas with Craft 11-6-18

Report 4841  
 The Royal Med. Regt. of  
 Army Form B. 178A.

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

## MEDICAL HISTORY

OF

Surname

Lilly

Christian Name

Ralph

Table I.—GENERAL TABLE.

Birthplace:—Parish

Newman Cove

County

Aberdeen

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	May	1918	191
	at	St Johns		at
Declared Age	26	years	days	years
Trade or Occupation	Fisherman			
Height	5	feet	7	inches
Weight	150		lbs.	lbs
Chest Measure- ment	38		inches	inches
	3		inches	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm	Number	1 Scar	
When Vaccinated	9 yrs ago			
Vision	R.E.—V= 6/10		R.E.—V=	
	L.E.—V= 6/5		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)	Samuel Peters			
(Rank)			Surgeon	Medical Officer.
Enlisted	at	St Johns		at
	on	1	day of May	1918
		Corps.	Regtl. No.	Corps
Joined on Enlistment	The Royal		4841	
	Aberdeen		Aberdeen	
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				day of
(Rank)				191





*live* ~~XXXX~~  
**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 New York*  
 2. Regt. No. *484th* 3. Rank. *Corps*  
 4. Name *Hiley* *Ralph*  
 (Surname) (Christian Name)  
 5. Age last birthday. *27*  
 6. Posted for duty on *May 1-18* at *St John's*  
 in category (or grade).....  
 7. Former Trade or Occupation } *Fisherman*  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regt. Nos.  
 (b) Date of Discharge;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state:—  
 (a) When  
 (b) Where  
 (c) Opinion of Court  
 (d) Particulars of Pension or Gratuity (if any)

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 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 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. *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
- |                                                            |                     |                   |
|------------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | (a) attributable to | (b) aggravated by |
| (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*  
*He Complains of no*  
*Disability*

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

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

16. Was an operation performed? If so, when and what was its nature?

17. If not, was an operation advised and declined?

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

*no*  
*no*  
*no*  
*no*

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.A.M.*  
 Medical Officer in charge of case.

Station *Headquarters*

Date *20/5/19*

\* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

- (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 part of the soldier .. ..

(a) Attributable to

(b) Aggravated by

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

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. ..

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Harley* ..... } President or Chairman.  
 Date ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... } Only applicable in cases of Patients in Hospital.  
 Date ..... } Officer in charge, Central Hospital.

OR  
 Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....  
 Date ..... O.C. Discharge Centre.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet 1

Regiment of Royal Newfoundland

Signature of O. C. Company C. James

Regimental Number and Name  
No. 4511 Tilly Ralph  
Joined Date  
Joined Date  
Joined Date  
Joined Date

Enlistment  
Age on 26 years 0 months  
Place and Date of Enlistment St. John's  
1.5.18  
Period of } with Colours years.  
                  } with Reserve years.  
Trade Bookbinder  
Religion CofE  
Place of Birth Newman Cove

Good Conduct Badges, Service pay or proficiency pay

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
<del>H. Co. C.</del>	<del>25.11.18</del>	<del>Pte</del>		<del>Overstepping leave</del>	<del>H. M. Newman</del>	<del>21. C. Co.</del>		<del>Capt. Cannon</del>	<del>Profits: days pay</del>
H. Co. C.	24.11.18	Pte		Interfering with house quarters about 21.4.5. Refusing to obey an order given on 10.08.	H. M. Newman H. B. Breyer	21. C. Co.		Capt. Cannon	Profits: days pay By Rev. J. M. E.

To be carried over

Army Form B. 121.

C.R.

4841.

P. Tilley.

P. + P. Q

No 4350



## 1ST. NEWFOUNDLAND REGIMENT

### ALLOTMENTS

I, Ralph Tilley, Regl. No. 4841  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
         Dollars and Sixty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

*Allotment begins*                  6-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4117	Mother	Mrs William (Mary) Tilley.	 Newmans Cove, B. Bay	60
			Total Allotment, \$	60

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

Sig.)

*J. M. ...*  
 Officer Commanding  
 A Company  
S. A. Johns.  
6-6 1918

(S.)

(Rank)

*Ralph Tilley*  
 Pte

FORM K

No 4350 A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ralph Tilley, Regl. No. 4841  
hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Dollars and Sixty Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons  
concerned, viz.:

Allotment begins 6-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4117	Mother	Mrs William (Mary) Tilley,	Newmans Cove, B. Bay.	60
			Total Allotment, \$	60

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

Sig.) [Signature]  
Officer Commanding.  
A Company  
St. John's,  
6-6 1918

(Sig.) [Signature]  
(Rank) Pte.



No. 3406/130

From: NEWFOUNDLAND

Chief Paymaster & O.I/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

N.F.P./80.

CONTINGENT  
CHIEF PAYMASTER & OFFICER I/C RECORDS.  
NEWFOUNDLAND CONTINGENT,  
TO: 58, VICTORIA STREET  
List/Bn., Ryl., Mfid. Regt.  
B. BAND.

5th March 1919 191

4841. R. Tilley Pte.  
Pte.

With reference to the following  
telegram from the Minister of  
Militia, / / ( 57 )

"Pay to- 4841. R. Tilley  
£5. 0. 0.

Kindly advise whether this re-  
mittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

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

2 APR 1919 29-3-1919

4841 Pte R. Tilley

This man wishes this  
amount retained to the  
credit of his account please

*[Signature]*  
Warrant

CONTAINING 1st DR. ROYAL REGIMENT AND REGIMENT

Deposited  
2/3/19 *[Signature]*

No. 14825/1513. ✓

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn. Royal Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.

September 16th, 1918

Sept. 16 1918

Subject: 4841, Pte. R. Tilley,

With reference to the following telegram (8099) from the Hon. Minister of Militia, received

Receipt hereunder.

*J. J. Barton*

LT. COLONEL

~~COMMANDING 2ND BATTAL~~ ROYAL NEWFOUNDLAND REGT.  
Royal Newfoundland Regiment

"Pay to 4841, Pte. R. Tilley, £4:0:0.

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

Received the sum of four pounds on account of cable remittance from Newfoundland.

R. Tilley  
No. 4841 Rank Pte

Chief Paymaster & O. i/c Records.

Witness

*4693 Pte. R. Weaving*

7/11

To:- The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4841	Lt	Sillies R.	\$250	R. Sillies

I have the honour to be, Sir,  
Your obedient Servant,

*Ralph Sillies*

Date

*July 1/18*

Willey, L.

4841

Ray Dept

July 3, 1919

#4841 Sgt. Ralph Tilley,

Newman's Cove, N.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 the War  
Service Gratuity.

Yours truly

Captain  
Paymaster & Officer i/c Records.

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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 & RECORDED OFFICE, ST. JOHN'S.

1. Christian name..... *Ralph Tilley* ..... 2. Surname.....  
3. Rank..... *Cpl.* ..... 4. Regtl. No..... *4841*

5. Address in full to which future payments of gratuity are to be forwarded..... *Newman's Cove, P.B.*

6. Date of enlistment in the Regiment..... *May 1/18*

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?..... *No*

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.....  
*From May 1/18 to June 5/19 date of temporary discharge*

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

*No.*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

*Clothing allowance back pay 88.09*

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?

19. Are you now serving in the Regt.? If not give - (a) date of discharge

*June 5, 1919*

(b) Reason for discharge

*Reinstatement*

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.

*France, Belgium & Germany - From Oct. 1918*  
*No Apt. 1919 -*

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.

Signature of Applicant: *R. Tilly*  
 Place of Residence: *Newman's Cove, P.B.*  
 Declared before me at: *A. John, used*  
 This *5<sup>th</sup>* day of *June* 1919.  
*John M. Easthy*

Signature of Barrister of the  
 Supreme Court, 2nd Military Legis-  
 trate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.				
Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent	Gratuity.	due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster



July 3, 1929

#4841 Cpl. Ralph Tilley,

Newman's Cove, B.B.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2324.

Yours truly

Pymaster - Officer i/c Records. <sup>Capt.</sup>

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4841 Rank Sgt Name Pilly Keefe  
 Intended place of residence Newman Cove B. B.
2. Occupation Fisherman  
 Classification of soldier F Medical Category A'
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 JUN 5 1919
- H. Marshall  
 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 and date ST. JOHN'S  
JUN 5 1919
- P. Pilly  
 Signature of soldier  
Am. 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 and Date 5-6-19  
ST. JOHN'S
- P. Pilly  
 Signature of soldier  
J. O. Newman  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 1-3-18 No of days on Military  
 Discharged from service 19-6-19 plus 14 days Service 429

## 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 JUN 19 1919
- R. H. Last 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, Nfld.  
 Date July 3/1919
- J. H. Bowley Capt.  
 Officer in Charge  
 The Royal Newfoundland Regiment

24 B 2079/2524

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No 4841 Rank Pte Name Ralph Jilly  
 Date of Enlistment 1/5/18 Address Newman Ave District B B  
 Occupation F. Isherman Classification for Discharge E Medical Category A I  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 2494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 4/6/19
 O. C. Discharge Depot. H. J. Jilly

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action. R. Jilly

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$ 60.00

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

Date 5-6-19

O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1419.9.560* to his home at *Hennings Co. P.B.* and Release Certificate No. *2281* issued.

Date *5-6-19*

*J. M. Conster*  
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 *3-7-19*

Date *5-6-19*

*H. M. West*  
Depot Paymaster.

Discharge approved for *19-6-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *5-6-19*

*J. A. Shaw Capt.*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 19 1919*

*R. H. Sait Capt.*  
O. C. Discharge Depot.

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

Date

# 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 ..... 4.6.19 .....

Regimental No. *4. S. H. 1.* .....

Name ..... *Siddons Ralph* .....

Address ..... *Newman's Cove* .....

Present Medical Category ..... *A-1* .....

Recommended for:— { (a) Immediate discharge .....  
(b) ~~Standing~~ Medical Board .....

Members of Board {

*R. H. East Capt*  
O.C. Discharge Depot.

*L. Peterson*  
Senior Medical Officer

*R. W. Burden*  
~~M. O. Depot~~

## 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

Signature of Man.

Reg. No.

R. Jilly

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

5-6-19

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## 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. & 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 *Silly, Ralph.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4841.*

Intended address *Newmans Lane. B.B.*

Height on discharge *5 Feet 8.*

Color of hair on discharge *Light.*

Complexion *Ruddy.*

Color of eyes *Light Blue.*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Tall*

Christian name of Father *William.*

Christian name of Mother *Mary.*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Newmans. B.B. March 6. 1892.*

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)

*Ralph. Silly*

(Rank)

*Pls.*

Station **ST. JOHN'S.**

Date JUN 4 1919

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 Unit, of



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 Newfleet*.....
2. Regt. No. *48841* 3. Rank..... *Cpl*.....
4. Name *Jilley* *Ralph*.....  
(Surname) (Christian Names)
5. Age last birthday.. *27*.....
6. Posted for duty on *May 1/18* at *St. Johns*.....  
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regt. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

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

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



14. State whether the disabilities are
- |                                                                 |                             |                           |
|-----------------------------------------------------------------|-----------------------------|---------------------------|
| (i.) Service during the present war .. .. .                     | (a) attributable to .. .. . | (b) aggravated by .. .. . |
| (ii.) Previous active service .. .. .                           | } <i>nl.</i>                | } .. .. .                 |
| (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? } *nl.*

In all cases such as facial injuries, eye, ear, nose and throat, discharges, 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? *He complains of no disability.*
- (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? *nl.*
17. If not, was an operation advised and declined? *nl.*
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? *nl.*
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? *nl.*

*Repatination*

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.

*B. J. Goswami* *Capt R.A.M.C.*  
 Medical Officer in charge of case.

Station *Harley, D. Camp*

Date *20/5/19*

\* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz.: (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—
- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier .. .. . | .. .. .                     | .. .. .                   |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation, was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Wazley Camp*

Date .....

President or Chairman.

Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station .....

Date .....

Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

OR  
Discharge Approved under Para. 392 ( ) King's Regulations.  
or Transfer Approved to Class of the Reserve.

insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T).

Station .....

Date .....

O.C. Discharge Centre.

## Medical Report on an Invalid.

Station Hazel Dewey CampDate 1 - 5 - 19

1. Unit Royal Newfoundland
2. Regimental No. 4841
3. Rank Platoon Sergeant
4. Name Teley Ralph
5. Age last birthday 27
6. Enlisted { on May 1/18  
at St John's
7. Former Trade } Tradesman  
or Occupation }
- 7A. II with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.***(Other disabilities should be reported upon in answer to question No. 19).*Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil  
nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- na

13. What is his present condition?

*He complains of no disability.*

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service? \*
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

- (b) Where?
- (c) Opinion?

16. Was an operation performed? If so, what?

*na*

17. If not, was an operation advised and declined?

*na*

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na*

*Reoperation*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*W. E. Crocker*  
*Sgt. M. D. L., Capt. R.A.M.C.*  
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazley Down*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *1-5-19*

\*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.

† Delete this word if no exceptions are to be made.

## Medical Report on an Invalid.

Station WazeleydownDate 15/19

1. Unit Royal Newfoundland
2. Regimental No. 4841
3. Rank Acting Cpl
4. Name Lilley Ralph
5. Age last birthday 27
6. Enlisted  $\left\{ \begin{array}{l} \text{on } \underline{29/1/18} \\ \text{at } \underline{2/7/18} \end{array} \right.$
7. Former Trade } Fisherman  
or Occupation }
- 7A. If with previous service in Army, state—  
(a) Former Unit ;  
(b) Regimental No. ;  
(c) Date of Discharge ;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nil

nil

nil

nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na.

Bret

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

*He complains of no disability*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

*na.*

17. If not, was an operation advised and declined?

*na.*

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*na.*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na.*

*Repatriation*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

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

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazeley Down*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *15/19*

\*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.

† Delete this word if no exceptions are to be made.

FORM K

No. 4350



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ralph Tilley, Regl. No. 4841  
hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Sixty Dollars and Sixty Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
concerned, viz.:

Allotment begins 6-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4117	Mother	Mrs William (Mary) Tilley,	Newmans Cove, B. Bay	60
			Total Allotment, \$	60

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

Sig.) J. [Signature]  
Officer Commanding  
A Company  
S. O. Johns,  
6-6 1918

(Sig.) R. [Signature]  
(Rank) Pte.

ST. JOHN'S, June 10<sup>th</sup> /17

# Royal Newfoundland Regiment.

Billeting Account,

To M<sup>rs</sup> J. Tilley  
36. Colonial Street

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 8<sup>th</sup> /19

4841 Cpl. R. Tilley 7 20

ACCOUNT

CH. NO.

INITIALS

IND. LEDGER

INIT. ALC.

PAY LEDGER

INIT. LG.

GEN. LEDGER

INIT. LG.

Certified correct for \$

7 20

W. J. [Signature]

Billeting Officer.

R. J. James Tilley



Receipt for ARMS Book 64

No. 4841 Name R. Lilley

To Certify that I have received the AB 64 of the above  
named soldier.

Date August 20/20

Name R. Lilley

Place Montreal Canada - 120 Gordon Ave. Verdun

N.B. For completion and return to the Department of Militia  
Insert in corner of envelope "AB 64"

*20*

*Tilly*

**Casualty Form—Active Service.**

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pvt. Surname Tilly Christian Name Ralph

Religion C. Age on Enlistment 26 years 1 months

Enlisted (a) 1/8/18 Terms of Service (a) DURATION Service reckons from (a) 1/8/18

Date of promotion to present rank  Date of appointment to lance rank

Extended  Re-engaged  Qualification (b)   
or Corps Trade and Rate

Occupation Fisherman Signature of Officer J. A. Cannon

*RFR*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 115, Army Form A. 34, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 115, Army Form A. 34, or other official documents
Date	From whom received				
		Embarked ...		<u>26 OCT 1918</u>	
		Disembarked...		<u>3 NOV 1918</u>	
		Joined Battalion			
	<u>6th class</u>	<u>App'd 2 Corp</u>		<u>13/5/19</u>	<u>B213</u>
		<u>To be 6/cpl</u>		<u>7/4/19</u>	<u>B45</u>

*Steele*

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, etc. (1750) L. W. 1897 - P. 1134, 1200, 2/18, D & S. Form B. 103. (R. 1206) (P. T. O.)  
*Next of kin Mother, Mrs. William Tilly Newmans Cove N.S.*

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4841 Rank Pte Name Ralph Lilley  
 Date of Enlistment 1/5/18 Address Newman Lee District B. B.  
 Occupation Fisherman Classification for Discharge E Medical Category A. I.  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P38	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 4/6/19for O. C. Discharge Depot. H. W. S. H.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action. R. Lilley

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$ 60.00

(b) Clothing Supplied .....

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1414.9.560 to his home  
at Yemenia Co. O.B. and Release Certificate No. 2281 issued.

Date 5-6-19

*[Signature]*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
therewith settled. He has received pay and allowances to 3-7-19

Date 5-1-19

*[Signature]*  
Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 19-6-19

*[Signature]*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records,  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 10 1919

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

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

Date June 21 1919

*[Signature]*

Reg. No. *4841* Rank *Plt* Name *Folley R*

Attested ..... Address *Newman's Cove*

Allotment..... Allottee .....

Date of Allotment..... Returned from Overseas *29-5-19*

Returned on S.S. *Corucan* Cause *Discharge*

*4619*  
*19-6-19*

PASSED TO DEMOBILIZATION OFFICER  
DISCHARGE APPROVED ON DEMOBILIZATION.