

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5615 Name Harold Toms Corps C of C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------|
| 1. What is your name? | 1. <u>Harold Toms.</u> |
| 2. What is your full Address? | 2. <u>La Scie</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 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, Harold Toms 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.

Harold Toms SIGNATURE OF RECRUIT!

Pte R Power Signature of Witness.

Harold Toms OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Harold Toms 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 correctly answered 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 7 day of June 1918.

Signature of Attesting Officer P. B. Dickson

† CERTIFICATE OF APPROVING OFFICER.

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

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

5615

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

Name Harold Lorns
 Apparent age 19 years months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Lorns
La Scie | Relationship Father

Particulars as to Marriage

<small>(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.</small>			
<small>(a)</small>	<small>(b)</small>	<small>(c)</small>	<small>(d)</small>

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards longest engagement reckons from <u>7-6-18</u>									
Joined at <u>St. John's</u> on <u>Jan 7th 1918</u>									
Discharged August 9th 1919									
Embarked <u>St. John's N.S. Colchester to Halifax N.S.</u> <u>22nd 7th</u>									
Left for demobilization <u>24-6-19</u> Arrived <u>St. John's</u> <u>7-7-1919</u>									
Demobilization <u>St. John's</u> <u>7-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 9-8-1919 (date of discharge) 1 years 64 days
 " " Pensions " " " " " " " " " " " "

Toms, W. E.

C.R. 5615.

P.R.O.

Reg. No. 5615 Rank *4th* Name *Tom. H. F. Bay*
Attested *7/6/18* Address *La Pele W. Bay*
Allotment *60* Allottee *Wm Andrews Tom's Father*
Date of Allotment *1-7-18* Returned from Overseas.....
Embarked for Overseas *JUL 22 1918* Cause.....

8/18 Vac. 1st Dec 11-7-18 2nd Dec 20-7-18

R.L. 15/8 - 20/8 R.L. 4-7-18.

24/8. Leave extended report 1st Opportunity.

C.R. 5615-

Extract from daily orders part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from noted date 9-8-19.

5615 Pte. H. Toms.

C.R. 5615

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, July 15-1919.

The discharge of the Undermetal on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 25-7-19.

5615 Pte. H. Thoms.

C.R. 5615

Extract from Daily Orders Postmail Unit The Royal Nfld.

Regt. St. John's, July 5th, 1919.

5615 Pte. H. Thomas.

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

C.R. 5615

Extract from Daily Ord. no. part 11, from Unit The
Royal Field, Reg. St. John's, dated July 25, 1918.

The following men are embarked for overseas on H.M.S.
"Columbella" July 25, 1918.

#5615 Pte. Harold Toms.

C.R. 5615

Extract from Daily Orders Part B, from Unit, The Royal Highland
Regiment, St. John's, dated June 24th 1918.

5615, Pte. H. Jones.

Attested for General Service with The Royal Highland Regt.,
from 7/6/18.

No. 21055/2589

066264

N.F.P./79.

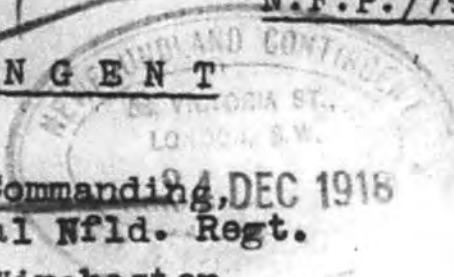
NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding, 4 DEC 1918
2/Bn Royal Nfld. Regt.
Winchester.



18th December 1918

1918

Subject: 5615, Pte. H. Toms,

Receipt hereunder.

With reference to the following telegram (10988) from the Hon. Minister of Militia, received

Cham
LIEUT. COLONEL,
OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Pay to 5615 Toms £6:3:0

Received the sum of Six

Draft £ 6:3:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Saved three shillings on account of cable remittance from Newfoundland.

A.A. Maxwell Maj.
Chief Paymaster & O. i/c Records.

No. 5615 Rank Private

Witness *R Kennedy*

B

Froms. H

5615

Hay Sept.

August 9th 1919

#5615, Pte.H.Toms,
Lancs.

Dear Sir:

Enclosed please find discharge Certificate
#3599.

Yours truly,

Capt. O.I/s Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5615 Rank Pte Name Toms H
 Intended place of residence La Scie

2. Occupation Fisherman
 Classification of soldier E Medical Category A L

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 11 1919

L. M. Swift
 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 11 1919

H. Gomb
 Signature of soldier

J. A. Knowlton
 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 12 1919

H. Gomb
 Signature of soldier

W. Beaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7-6-18 No. of days on Military
 Discharged from service JUL 26 1919 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~~ ^{fourteen} days from date.

Place, ST. JOHN'S

Date JUL 25 1919

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

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 9/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

Ans B 20 29/2599

The Royal Newfoundland Regiment

Class for Demobilization:—

6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 11/19

Regimental No.

5615

Name

Loms Harold

Address

La Sei

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

O.C. Discharge Depot.

P. Paterson

Senior Medical Officer

J. W. Burden

M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 625 Rank Pls Name James A
 Date of Enlistment 7 6 18 Address Lafayette District St. John's
 Occupation Fisherman Classification for Discharge E Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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 11 7 49

O. C. Discharge Depot.

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.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied 1 new cap

Date 12 7 49

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2420 to his home at Sabie and Release Certificate No. 3500 issued.

Date 11-7-19 *J.A. Snowdoff*
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 9-8-19

Date 11-7-19 *H. M. Wash*
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

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

2 Fam B

Date 11-7-19 *J.A. Snowdoff*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 25 1919 *N.R. Cooper Capt*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

H Jones

Signature of Man.

J. H. Shawcraft

Signature of the Vocational Officer or his Representative.

Reg. No. *3-115*

ST. JOHN'S.

Place

Date *12-7-19*

191

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

MEDICAL HISTORY

OF

Surname

Loms

Christian Name

Karola

Table I.—GENERAL TABLE.

Birthplace:—Parish

Lascie Stabe

County

Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	7 day of <i>June</i> 1918	<i>Sydney</i>	10 day of <i>—</i> 191	<i>—</i>
Declared Age	19 years	— days	years	days
Trade or Occupation	<i>Fishermen</i>			
Height	5 feet	✓ inches	feet	inches
Weight	129	lbs.		lbs.
Chest Measurement	Girth when fully expanded	35 inches		inches
	Range of Expansion	4 inches		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>4/6</i>	R.E.—V=	
	L.E.—V=	<i>4/6</i>	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)	<i>Lynn Peterson</i>			
(Rank)	<i>Major</i>		Medical Officer.	Medical Officer.
Enlisted	at <i>Sydney</i>	on 7 day of <i>June</i> 1918	at	on day of 191
Joined on Enlistment	Corps.	Regtl. No. <i>Royal Nfld 16/15</i>	Corps	Regtl. No.
Transferred to	<i>Regiment</i>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i 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

Tom. Harold

Regiment from which discharged **Royal Newfoundland**

Regimental number

5615

Intended address

La Vie. M. Barbe.

Height on discharge

5 feet 6.

Color of hair on discharge

Black.

Complexion

Dark.

Color of eyes

Brown.

Descriptive Marks

Figure on discharge

M.D.

Christian name of Father

William.

Christian name of Mother

Emma

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

La Vie. 20-1-1899

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)

Harold Tombs

(Rank)

Pr.

Station

M. Barbe

Date

8-7-19

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

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

Station

Date

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

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

1. Unit and Corps... *Royal Newfoundland*
2. Regtl. No. *5615* 3. Rank... *Pvt*
4. Name *James* *Howell*
(Surname) (Christian Names)
5. Age last birthday... *20*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Intermittent*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 (b) Date of Discharge ;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

No Complaints of No Disability

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

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

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

Repatriation

W.E. Proemias. Capt. Rame.
Medical Officer in charge of case.

Station *Hazeley Down*

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

August 19, 1919

Mr. Harold Toms,
LaSalle,
St. Barbe Dist.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

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

.....
..... *No*

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

.....
.....

15. Have you been issued with a War Service Badge?..... *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.?..... *No* If not give? - (a) Date of discharge *July 11/19* (b) Reason for discharge *Re-employment*

.....

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.

..... *No*

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:

Place of Residence:

Declared before me at:

This

W. Scie. H. Bate,
M. John's, N.Y.C.,
11th day of *July* 19*19*.

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

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

C.R. 5615

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name... *Harold Jones*..

Date ^{*the*} *Dec 1*.....

Place... *La. Beie*.....

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5615 Rank Pr Name James A.
 Date of Enlistment 7-6-18 Address Leaside District St. John's
 Occupation Fisherman Classification for Discharge By Medical Category A1
 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.....	1	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 11-7-19

O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

★ Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) ~~Clothing~~ Supplied [Signature]

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2420 to his home at La Brie and Release Certificate No. 3579 issued.

Date 11-7-19 *J.A. Snowcraft*
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 9-8-19

Date 11-7-19 *J.A. Snowcraft*
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19 *J.A. Snowcraft*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919 *N.R. Cooper Capt*
O. C. Discharge Depot.

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

Date Aug 7/19 *N.R. Cooper*

Reg. No. *5615* Rank *16* Name *Louis H*

Attested Address *La Scie*

Allotment Allottee *JUL 1 1919*

Date of Allotment Returned from Overseas

Returned on S.S. *Cassandra* Cause *Discharge*

11. 7. 19
26 4 19

PASSED TO DEMOBILIZATION OFFICERS
DISCHARGE APPROVED ON DEMOBILISATION.

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

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

- 1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation } *Fisherman*
- 2. Regtl. No. *5615* 3. Rank. *pt* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Thom* *Harold* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
- 5. Age last birthday *20*
- 6. Posted for duty on at in category (or grade)
- 8. If the disability is an injury was it caused
 - (a) in action (b) on field service
 - (c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—
 - (a) When (b) Date of Discharge ;
 - (b) Where (c) Cause of Discharge.
 - (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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.)

He complains of no 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?

Repatriation

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

W. E. Proenier. Capt R.A.M.C.
 Medical Officer in charge of case.

Station .. *Mazeley Down*

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