



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6136 Name John Touching Corps Col E

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

1. What is your name? ..... 1. John Touching
2. What is your full Address? ..... 2. Pass Island Fort Det
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 24 Years 0 Months
5. What is your Trade or Calling? ..... 5. Fisherman
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. ....
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? .. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, John Touching 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.

John Touching SIGNATURE OF RECRUIT.

5-9-18

West Moulton Signature of Witness.

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

I, John Touching 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 clearly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Pass Island on this 5-9-18 day of Sept 1918.

CB Dicks Lieut Signature of Attesting Officer

### †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 6-9-1918 .....  
Place St. John's ..... } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Fouching  
 Apparent age 24 years      months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 39 inches  
 Range of expansion 4 inches  
 Distinctive marks     

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Fouching  
Pass Island Fort Det. Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
 " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_



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No. 6136 Name John Touching Corps Col E

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

I, John Touching 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.

John Touching SIGNATURE OF RECRUIT.  
P. H. Moulton Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Touching 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 5 day of Sept 1915.

Signature of Attesting Officer P. B. Dicks Lieut

† CERTIFICATE OF APPROVING OFFICER.

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

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

Date 6-9-15 1915 } Approving Officer.  
 Place St Johns } John Touching

† 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

6136

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

Name John F Touching

Apparent age 24 years        months. Height 5 feet 5 inches

Chest Measurement { Girth when fully expanded 39 inches  
 Range of expansion 4 inches

Distinctive marks       

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Touching  
Pass Island Fort Det Relationship Father

Particulars as to Marriage

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

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension.		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<u>Discharged Feb 21<sup>st</sup> / 1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ (date of discharge) \_\_\_\_\_ years \_\_\_\_\_ days

" " Pensions " [ " " ] " " "

C.R. 6136

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland  
Bwgiment, dated October 12th 1918.

**SPECIAL DUTY.**  
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THE UNDERMENTIONED RETURNED FROM SPECIAL DUTY AT MT PEARL 10/10/18.

6136 Pte. J. Touchings.

CP 6136

Extract from Daily Orders part II, Depot St. John's  
dated Feb. 25th., 1919.

The discharge of the undersigned and demobilisation have  
been CONFIRMED by Officer i/c Records on 21-2-19.

6136 Pte. J. Touchings.

C.R. 6136

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's Nov. 4th 1918.

6136 Pte. J. Touchings,

Admitted to 21 Field St., 2-11-18.

MM.

C.R. 6136

Extract from Daily Orders part II, Depot St. John's  
dated Jan. 24th., 1919.

The discharge of the undernoted on demobilization  
have been APPROVED by Officer Commanding depot on  
noted date 24-1-19.

#6136 Pte. J. Touchings.



C.R. 6136

Extract from Daily Orders Part II Unit the Royal Newfoundland Regt.,  
St. John's Sept. 24/13.

The following man proceeded on Special Duty at Mount Pearl.  
10-9-13.

6136 Pte. J. Touchings.

C.R. 6136

Extract from Daily Orders Part 11 Unit, St. John's  
Dated September 7th 1918.

#6136 Pte. John Touchings.

ATTESTED FOR GENERAL SERVICE WITH THE ROYAL NEWFOUNDLAND  
REGIMENT 5 - 9 - 18

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U.

Touching J

6136

May Sept.

February 21st., 1919

#6136 Pte. John J. Touchings,

Pass Island,

Fortune Dist.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 940."

Yours truly,

Captain,  
Paymaster & O.i/c Records

Enc'l 1.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 6136 Rank Private Name John Louchings  
 Intended place of residence Paseo Calle Fortune Street

2. Occupation Johnson  
 Classification of soldier C Medical Category A 11

3. The above named man is discharged in consequence of Demobilization

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 JAN 20 1919  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date St. John's 20-1-19  
 Signature of soldier John Louchings  
 Signature of witness Edwards Capt

## 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 St. John's Jan 20 1919  
 Signature of soldier John Louchings  
 Signature of witness Edwards Capt

## STATEMENT OF SERVICE

7. Enlisted for service 5-9-18 No of days on Military  
 Discharged from service 24-1-19 plus 28 days Service 170 days

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S Date JAN 24 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

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

Place St. John's Nfld Date February 21/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

26  
31  
30  
31  
31  
31  
70

Edwards

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. L 136 Rank Pte Name Louchings John  
 Date of Enlistment 5-9-18 Address Pass Island District Fortune  
 Occupation Fisherman Classification for Discharge C Medical Category AT  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	1. D 400A.....	1. B 1915.....	2	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....	1			

Date 20/12/18.....

Monley Cap  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

J Louchings

Particulars passed to Vocational Officer for information and action.

Date.....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) Clothing supplied.....

20-1-19  
Date.....

Joseph H. Chase  
O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 527 R to his home at Pass Island and Release Certificate No. 856 issued.

Date 20.1.19 OB Dickes Capt.  
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 21-2-19

Date 20-1-19 Whalley Capt.  
Depot Paymaster.

Discharge approved for 20.1.19

Forwarded with following documents to O.C Discharge Depot.

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	1	
B 178a	1 D 400A	1 B 1915	2	do 2nd	" 3	2	Form B
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	1	do 4th	" 5		
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 93	1				

Date 21.1.19 OB Dickes Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**JAN 24 1919**

Date ..... R.H. Jait Capt.  
O. C. Discharge Depot.

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

Date .....

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

# MEDICAL HISTORY

OF

Surname

*Toaching*

Christian Name

*John J.*

## Table I.—GENERAL TABLE

Birthplace:—Parish

*Paro Island*

County

*Redfoundland*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined .....	<i>5</i>	<i>Sept</i>		<i>191</i>
	at	<i>St John's</i>	at	

Declared Age ..... *24* years days years days

Trade or Occupation ..... *Yokerman*

Height ..... *5* feet *5* inches feet inches

Weight ..... *146* lbs. ll s.

Chest Measurement { Girth when fully expanded ..... *39* inches inches

{ Range of Expansion ..... *4* inches inches

Physical Development .....

Vaccination Marks {	Right		Left	
	Arm	Number	Arm	Number

When Vaccinated .....

Vision..... R. E.—V= *6/6* L. E.—V= *6/6* R. E.—V= L. E.—V=

(a) Marks indicating congenital peculiarities or previous disease.....

(b) Slight defects but not sufficient to cause rejection .....

Approved by (Signature)

*Lammie Paterson*

(Rank)

Medical Officer

Medical Officer

Enlisted .....

at *St John's* on *0* day of *Sept* 191*8*

Joined on Enlistment.....

*Regt 11552* *6136*  
*Regiment*

Transferred to .....

Became non-effective by.....

on day of 191 on day of 191

(Signature)

(Rank)





st in case of Warrant Officers treated in quarters

cause, nature or treatment of the case likely to be of interest or of future use. In case of re-admissions to hospitals will be shown. The subsequent progress, including particulars out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

*L. Paterson*



## 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 work at Fishing*

*John Louching*

Signature of Man.

Reg. No.

*6136*

*C. B. Dickel*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*20/1/19*

191

Fortune

400A

# The Royal Newfoundland Regiment

Class for Demobilization:—  
C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 28-11-18

Regimental No. 6136

Name Luchings John (9 Plt)

Address Pass Island Fortune Bay

Present Medical Category A II

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

Members of Board { R.H. Lant Capt  
O.C. Discharge Depot.  
J. Paterson  
Senior Medical Officer  
J.W. Burden  
M. O. Depot



## 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 *Tauchings, John Joseph.*  
Regiment from which discharged *1st. Newfoundland*  
Regimental number *6136.*  
Intended address *Sass Island, Fortune Bay.*

Height on discharge                      Feet  
Color of hair on discharge *Dark brown.*

Complexion *Fair.*

Color of eye *Blue.*

Descriptive Marks *Vaccination left arm.*

Figure on discharge *Normal.*

Christian name of Father *John.*

Christian name of Mother *Elizabeth.*

Wife's maiden name in full

Date and place of marriage } *not married.*

Christian names of children

Place and date of soldier's birth. *Sass Island, P.L. Jan. 2/1894*

Nature and locality of civil employment required

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

(Soldier's signature in full)

*John Joseph Tauchings*

(Rank) *Pte.*

Station

*Prince's Link*

Date

*11/12/18.*

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.



*J R Steele*

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

Station

Date







Rev for 1913

# ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at to quarters on Sept 15 1918

1. Name John J. Doucning Age (a) Declared 24  
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

eyes Blue  
hair fair  
marked

6136

3. Height 5ft 5 Weight 146

4. Eyesight (a) Left 4/6 (b) Right 4/6

5. Physical Defects (Examine after strenuous exercise): ~

6. Examination of Lungs ~

Measurement (a) Expiration 35 (b) Inspiration 39

7. Examination of Heart ~

8. Examination of Urine \_\_\_\_\_

9. Examination of Mouth—(Defective Speech)

Teeth  
Throat  
Nose  
Ears (Otorrhea)  
(Deafness)

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin John John Passa Island  
Fortune Dist

REMARKS—

A 11

Arthur G. G. G.  
W. G. G.  
Medical Examiners.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland

Number of Sheet one  
Signature of O. C. Company J. A. Snow

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>136 John Jouching</u>	Age on <u>24</u> years <u></u> months	<u>Fishermen</u>		
Joined _____ Date _____		Place and Date of Enlistment } <u>St. John's</u>	Religion		
Joined _____ Date _____			<u>C of E</u>		
Joined _____ Date _____		Period of } with Colours <u>170</u> years.	Place of Birth		
Joined _____ Date _____	with Reserve <u>365</u> years.	<u>St. John's Island NB</u>			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St. John's</u>	<u>21</u>	<u>2/79</u>		

To be carried over.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 6136 Rank Pte Name Touching John  
 Date of Enlistment 5-9-18 Address Pass Island District Fortune  
 Occupation Fisherman Classification for Discharge C Medical Category ATI  
 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		Beard 1st	" 2	
B 178a	1 D 400A	1 B 1915	2	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93	1			

Date 20/12/18

*Monley Capt*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*J. Touchings*

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~~ *Joseph H. Snow*

Date 20-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 527 R to his home at Pass Island and Release Certificate No. 856 issued.

Date 20-1-19 ..... W.D. Dickes Capt.  
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 21-2-19

Date 20-1-19 ..... W.D. Dickes Capt.  
Depot Paymaster.

Discharge approved for 24-1-19 .....

Forwarded with following documents to O.C Discharge Depot.

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

Date 21-1-19 ..... W.D. Dickes Capt.  
Demobilization Officer.

APPROVED.

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

Date JAN 24 1919 ..... R. J. Jait Capt.  
O. C. Discharge Depot.

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

Date Jan 25 1919 ..... W.D. Dickes Capt.

Reg. No. 6136 Rank St Name Touchings John  
Attested 5-9-18 Address Pass Islands  
Allotment 50 Allottee Mrs John Touchings (Mother)  
Date of Allotment 1-10-18 Returned from Overseas  
Embarked for Overseas Cause

<u>Dec 6-9-18</u>	<u>1st Dec 14-9-18</u>	<u>2nd Dec 25-10-18</u>
<u>19-9-18</u>	<u>Special duty Bell Islands; returned 10-10-18</u>	
	<u>Mount Pearl</u>	
<u>2-11-18</u>	<u>Admitted to 21 Field St</u>	
<u>22-11-18</u>	<u>Discharged from 21 Field St</u>	
<b>DEC 20 1918</b>	<b>PASSED TO DEMOBILIZATION OFFICER</b>	
<u>24-1-19</u>	<b>DISCHARGE APPROVED ON DEMOBILISATION</b>	