



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 1103 Name Horatio Turner Corp Meth

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

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Horatio Turner</u>                    |
| 2. What is your full Address? .....  | 2. <u>Lower Cove</u><br><u>P.O. V. Dept</u> |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                               |
| 4. What is your age? .....   | 4. <u>20</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, Horatio Turner 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.

Horatio Turner SIGNATURE OF RECRUIT.  
J. W. P. Pittman Signature of Witness.

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

I, Horatio Turner 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 17 day of May 1915.

Signature of Attesting Officer Chicks

### †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.....191..... } 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).....



RECORDED  
C.R. 5103

Extract from Daily Orders part II Coy. 1 Newfoundland Regt.  
Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilisation has  
been CONFIRMED by Officer i/c Records from noted date  
6-8-19.

5103, Pte. H. Turner.

C.R. 5103

Extract from Daily Orders part II, Unit the Royal Newfoundland  
Regiment dated July 21st. 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O. C. Discharge Depot on noted date.

5103 Pte. H. Turner. 21-7-19.

C.R. 5103

Extract from Daily Orders Postmill Unit The Royal Field,  
Regt. St. John's, July 2nd, 1919.

5103 Pte. B. Turner.

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

G.R. 5703

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

The following man embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#5103 Pte. Heratio Turner

C.R. 5103

Extract from Daily Orders part 11, from Unit The Royal  
Mfld. Regt. St. JOHN'S Mfld. dated May 18, 1918

#5103 Pte. H. Turner.

Attested for General Service with the Royal Mfld. Regt. from  
17.5.18

H. Turner

C.R.

5103

~~SRD~~



No. 4155 A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Horatio Turner, Regl. No. 5103

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 July 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4133	mother	Susie Turner	Lower Island Cove C.B.	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.) \_\_\_\_\_  
 \_\_\_\_\_  
 Officer Commanding  
 \_\_\_\_\_  
 Company  
St John's  
June 18/18  
 191

(Sig.) Horatio Turner  
 \_\_\_\_\_  
 (Rank) Pte  
 \_\_\_\_\_

No. 4154/616

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & C. i/c Records,  
Newfoundland Contingent,  
Pay & Records Office,  
54, Victoria Street,  
London, S.W. 1.

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

*P.D. 14/3/19*  
14th. March 1919

*March 12th* 1919

5103 Pte. Turner H.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / ( 77 )

*[Signature]* LIEUT. COLONEL,  
COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT.  
*H. N. N.*

"Pay to- 5103 Turner,  
£ 6:0:0

Received the sum of £ 6:0:0

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

\_\_\_\_\_ in respect of telegraphic remittance from the Minister of Militia.

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

*H. Turner*  
No. 5103 Rank Private

Witness [Signature]

No. 19215/2152

665-502  
FR

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Wunchester, Hants.



25th November 1918

Nov. 28th 1918

Subject: 5103, Pte. H. Turner B

With reference to the following telegram (10080) from the Hon. Minister of Militia, received

Receipt hereunder.  
*Charu* <sup>Capt</sup> **LIEUT. COLONEL.**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**  
Officer Commdg. 2nd Batt'n  
Royal Newfoundland Regiment

pay to 5103 Turner £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.

*A. A. Minnell*  
Chief Paymaster & O. 1/c Records.

H Turner  
No. 5103 Rank Pte.

*W Power Pte*

No. 2391/351.



N.F.P./79.

FROM: NEWFOUNDLAND CONTINGENT

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

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

*067 14/19*  
11th February 1919

*February 14th 1919*

*P.D. 5103*  
5103. W. H. Turner.

Receipt hereunder

With reference to the following telegram from the Minister of Militia ( 11 )

*W. H. Turner*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to 5103. Turner.

£8.0.0.

Cheque £8.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Eight Pounds in respect of

telegraphic remittance from the Minister of Militia.

*W. H. Turner*  
Chief Paymaster & O. i/c Records.

*H. Turner*  
No. 5703 Rank Private  
Witness M. Rockett

Turner, H

5103

Hay Sept.

August 4th 1919.

# 5103. Pte.H.Turner  
Lower Isld.Cove.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3492.

Yours truly,

Capt.& paymaster.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 57103 Rank Pvt Name Turner H  
 Intended place of residence Lower Old Cove

2. Occupation Fisherman  
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 7 1919

*H. M. Smith*  
 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 7 1919

*H. Turner*  
 Signature of soldier

*J. A. Snow*  
 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 7 1919

*H. Turner*  
 Signature of soldier

*James Newman*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 17-5-18 No. of days on Military  
 Discharged from service 21-7-19 Plus 14 days Service 445

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

*N.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 4 1919

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

15  
20  
31  
4  
80

*CRB 2079/2492*

# The Royal Newfoundland Regiment

Class for Demobilization:

7/6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 11.7.19

Regimental No. 5103

Name Turner Herbert Rank Pte

Address Lower Island Cove C. B.

Present Medical Category A1

Recommended for: (a) Immediate discharge \_\_\_\_\_  
(b) Standard Medical Board \_\_\_\_\_

Members of Board

R. H. M. Major  
O.C. Discharge Depot.

W. Paterson  
Senior Medical Officer

See Gardner  
M. O. Depot



# The Royal Newfoundland Regiment

## DEMOLIBIZATION OF

Reg. No. 5103 Rank pte Name James A  
 Date of Enlistment 17-5-18 Address Lower Drive District B.D. 1  
 Occupation Fisherman Classification for Discharge E Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	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 4-7-19

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

### PARTICULARS FOR DEMOLIBIZATION

#### 1. Civil Re-Establishment.

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

*4 Turner*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. *#60*

(b) Clothing Supplied. *[Signature]*

Date 7-7-19

O. i. c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. *P2201* to his home at *Lower Hill Lane* and Release Certificate No. *3220* issued.

Date *7-7-19**J.A. Howlett*  
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 *4-5-19*

Date *7-7-19**J. M. Howlett*  
Depot Paymaster.

Discharged approved for

*21-7-19*  
Forwarded with following documents to O. C. Discharge Depot.

N.F. P36	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
B179c	B 120	M 93		

*3 Form B*

Date *7-7-19**J.A. Howlett*  
O. C. Discharge Depot.**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 21 1919**L.R. Coope Capt*  
O. C. Discharge Depot.

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

Date

*21-7-19*

## 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 Turner*

Signature of Man.

Reg. No. 5103

*J. H. Knowlton*  
Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*7-7-18.*

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

# MEDICAL HISTORY

Surname Jarner

OF

Christian Name Horatio

Table I.—GENERAL TABLE.

Birthplace:—Parish Lower Love Cl. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>17</u> day of <u>May</u> 191 <u>8</u>	on <u>17</u> day of <u>May</u> 191 <u>8</u>	on <u>17</u> day of <u>May</u> 191 <u>8</u>	on <u>17</u> day of <u>May</u> 191 <u>8</u>
	at <u>S. Johns</u>	at <u>S. Johns</u>	at <u>S. Johns</u>	at <u>S. Johns</u>
Declared Age	<u>30</u> years — days	<u>30</u> years — days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>7</u> inches	<u>5</u> feet <u>7</u> inches	feet	inches
Weight	<u>121</u> lbs.			lbs
Chest Measurement	Girth when fully expanded <u>37</u> inches			inches
	Range of Expansion <u>6</u> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>	R.E.—V= <u>6/6</u>	R.E.—V= <u>6/6</u>	R.E.—V= <u>6/6</u>
	L.E.—V= <u>6/6</u>	L.E.—V= <u>6/6</u>	L.E.—V= <u>6/6</u>	L.E.—V= <u>6/6</u>
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)	(a)	(a)
(b) Slight defects but not sufficient to cause rejection	(b)	(b)	(b)	(b)
Approved by (Signature)	<u>Samuel Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>S. Johns</u>	at <u>S. Johns</u>	at <u>S. Johns</u>	at <u>S. Johns</u>
	on <u>17</u> day of <u>May</u> 191 <u>8</u>	on <u>17</u> day of <u>May</u> 191 <u>8</u>	on <u>17</u> day of <u>May</u> 191 <u>8</u>	on <u>17</u> day of <u>May</u> 191 <u>8</u>
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>The Royal Newfoundland</u>			
	<u>5103</u>			
Transferred to				
Became non-effective by				
(Signature)	on	day of	191	on
(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 *Turner, Horatio*  
Regiment from which discharged *Royal Newfoundland*  
Regimental number *5103*  
Intended address *Lower Is. Cove B. B. Bds No. 4000 Dist.*  
Height on discharge *5 Feet 3*  
Color of hair on discharge *Brown*  
Complexion *Fair*  
Color of eyes *Blue*  
Descriptive Marks *—*  
Figure on discharge *Short*  
Christian name of Father *Charles*  
Christian name of Mother *Susan*  
Wife's maiden name in full *—*  
Date and place of marriage *—*  
Christian names of children *—*

Place and date of soldier's birth *Lower Is. Cove, Feb. 2, 1898*

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) *Horatio Turner*

(Rank) *Rt*

Station

Date *4-7-19*

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 (vi.) or (vii.), 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 Land Former Trade or Occupation } Fisher
2. Regt. No. 5103 3. Rank Pls. 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regt. Nos.
4. Name Lerner Korakia  
(Surname) (Christian Name)
5. Age last birthday 21
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 (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court
- NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

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

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

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

*No complaints of no disability*

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

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

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

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

*Reprobation*

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

*W. S. Proctor. Capt. R.A.M.C.*

Station *Hazley Brown*

Medical Officer in charge of case.

Date *3/4/49*

\* 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 12, 1919

Mr. Horatio Turner,  
Lower Island Cove, C.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.

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 20th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *Horatio* ..... 2. Surname..... *Jarvis* .....

3. Rank..... *Pte* ..... 4. Regt. No..... *503* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Lower Beaus Cove* .....

6. Date of enlistment in the Regiment..... *Nov. 17/18* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependants..... *no* .....

9. Address in full of such dependants..... *no!* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no* .....

11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas* .....

12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Fourteen months* .....

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

*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.

*No*

15. Have you been issued with a War Service Badge?

*Yes*

16. Have you, during the present war, served in the Imperial Forces?

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

19. Are you now serving in the Regt? If not give - (a) Date of discharge. *July 18/19* (b) Reason for discharge.

*No*

*Demobilization*

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.

*England*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *H Turner*  
 Place of Residence: *Lower Dean Ave, C.A.*  
 Declared before me at: *St John's*  
 This *7* day of *July* 19..*19...*

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

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



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.

Number of Sheet One

Regiment of Royal Newfound Land

Signature of O. C. Company P. D. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5103 Turner Horatio</u>	Age on	20 years / months	Jesuit		
Joined	Date	Place and Date of Enlistment	<u>St. John's 17.5.18</u>	Religion		
Joined	Date	Period of	with Colours / 60 years. with Reserve / 30.5 years.	<u>Method</u>		
Joined	Date			Place of Birth	<u>Lower West Cove. C. B.</u>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Harby Down Camp 3/1/18</u>		<u>Pte</u>		<u>Duty on Parade</u>	<u>Sgt. Rogers</u>	<u>2 days Ck.</u>	<u>4/1/18</u>	<u>Capt. Piffy</u>	<u>1888</u>
				<u>Demobilized</u>	<u>St. Johns</u>	<u>4 1/2</u>	<u>19</u>		

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5705 Rank PLT Name Turner  
 Date of Enlistment 17-2-18 Address St. John's District B. 2  
 Occupation Fisherman Classification for Discharge E Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 122	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 93	ME 2		" 6
B 179c	B 120	M 93		

Date 4-7-19 O. C. Discharge Depot. H. G. Turner

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

H. G. Turner

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 \_\_\_\_\_

Al. K. [Signature]

Date 7-7-19 O. i. c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 112201 to his home at James Glen Cove and Release Certificate No. 3220 issued.

Date 7-7-19 *J.A. Knowlton*  
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 7-5-19

Date 7-7-19 *J.M. [Signature]*  
Depot Paymaster.

Discharge approved for 81-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 288	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board Ist	" 2	<i>3 Tomb</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	
B179c	B 120	M 93			

Date 7-7-19 *J.A. Knowlton*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—  
Officer in Records,  
Board of Pension Commissioners.

with following additional documents. **Eligible for War Service Gratuity**

Date JUL 21 1919 *A.P. Cooper Capt.*  
O. C. Discharge Depot.

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

Date August 15 1919 *[Signature]*



Reg. No. 103 Rank 1st Name Turner H.

Address Lower Isld Cove.

Alottee

Returned from Overseas JUL 1 1918

Retained by S.S. Pasandra Cause Discharge

7

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILIZATION.**

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi), 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. Regt. No. *5103*
- 3. Rank. *Pvt.*
- 4. Name *Lums* (Surname) *Horatio* (Christian Name)
- 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.
- 5. Age last birthday. *21*
- 6. Posted for duty on..... at..... in category (or grade).....
- 8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge; (c) Cause of Discharge.
- 9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

- 10. If brought forward for invaliding, disability in respect of which invaliding is proposed 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, disability, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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?

*Repatriation*

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

*W.E. Procmier, Capt. R.A.M.C.*  
 Medical Officer in charge of case.

Station *Harley, Devon*.....  
 Date *3/19*.....

\* 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