



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1358 Name Simon Turner Corps Co R

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------------|
| 1. What is your name? | 1. <u>Simon Turner</u> |
| 2. What is your full Address? | 2. <u>King's Cove</u>
<u>A.P.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u>0</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> |

Simon 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.

Simon Turner.....SIGNATURE OF RECRUIT.

Jas W. Pittman.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Simon 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.....
on this 12 day of May.....1918

Signature of Attesting Officer C. S. Dick 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.....

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

Date.....191.....
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

5559

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

Name Simon Lerner
 Apparent age 24 years months Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Martha Lerner's
Kings Cove | 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 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 <u>23-5-18</u>									
Joined at <u>St. Helier</u> on <u>23-1-18</u>									
<u>to Canterbury August 9/1919</u>									
<u>Embarked St. Helier St. Columba to Halifax N.S. 22-7-18.</u>									
<u>to H.Q. for demobilization 24-6-1919</u>									
<u>Arrived to Newfoundland 1-1-1919</u>									
<u>Demobilization St. Helier 9-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-8-1919</u> (date of discharge) <u>1</u> years <u>79</u> days									
" " Pensions " " " " " " " " " " " "									

C.R. 5358

Extract from Daily Orders Part II Royal Newfoundland
Regiment 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.

5358, Pte. Simeon Turner.

C.R. 5358

**Extract from Daily Orders Part 11 Unit The Royal Rifles.
Regt. St. John's, July 15th, 1919.**

**The discharge of the undernoted on demobilization has been
APPROVED ^{by} O.C. Discharge Depot, with effect from 26-7-19.**

5358 Pte. S. Turner.

C.R. 5358

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

5358 Pte. S. Turner.

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

C.R. 5358

Extract from Daily Orders Part 11, from Unit, The Royal
Nfld. Regt. St. John's, dated July 28th, 1918.

The following man reported for over seas on H.M.S.
"Columella" July 22, 1918.

#5358 Pte. Simeon

C.R.

5358

Extract from Daily Orders part 11, from Unit The Royal
Hfld Regt. St. John's, dated July 22 25th, 1918.

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

#5358 Pte. Simeon Turner.

C.R. 5358

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

#5358 Pte. Simon Turner.

Attested for General Service with the Royal Wfld. Regt.
from 23.5.18

S Turner

C.R. 5358

11/10

FORM K

No. 6268



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Simon Turner, Regl. No. 5358

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 ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins

August 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4670	Aunt	M ^{rs} William (Emily) Turner	Happy Adventure B.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.) Watson Lieut

Officer Commanding

Company

St Johns
July 6th 1918

(Sig.) Simon Turner

(Rank)

Pte

No. 8612/1621

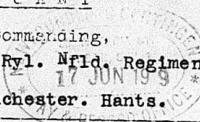
P.D. 100204 *Sh*

N.F.P. /76.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment
Winchester. Hants.



13th June 1919

14th June 1919

5358 Pte. S. Turner

With reference to the following telegram from the Minister of Militia / / 19 (232:

Receipt hereunder.
Seymour
LIEUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2nd Batt n.

"Pay to- 5358 S. Turner
£4.2. 0.

R. H. K.

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

Received the sum of Four Pounds
two shillings in respect of telegraphic remittance from the Minister of Militia.

W. M. ...
Chief Paymaster & O. i/c Records.

S Turner
No 5358 Rank Pte

Witness: W. H. ...

Turner, S

5978

Ray Sept.

August 14, 1919

#5358 Pte. Simon Turner,
Happy Adventure.

Dear Sir:-

Please find enclosed Discharge Certificate #3679.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5358 Rank Pvt Name Turner S.
 Intended place of residence Happy Adventure
 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 12 1919

Mrs H
 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 12 1919

S. Turner
 Signature of soldier

J. H. 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

S. Turner
 Signature of soldier

James O'Riordan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 424

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 26 1919

A. 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

2713 20791 3679

9
20
31
9

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

July 11/19

Regimental No. *5358*

Name *Turner* *Simon*

Address *Happy Adventure*

Present Medical Category

A7

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

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

Members of Board

H. Watson
Senior Medical Officer

D. W. Borden
~~M.O.~~ Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

 Reg. No. 5558 Rank Plt Name Turner, J.

 Date of Enlistment 23.5.18 Address Happy Adventure District Pemegan

 Occupation Insularman Classification for Discharge By Medical Category H.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 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

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

S 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 W. L. ...

 Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2429 to his home at Happy Adventure and Release Certificate No. 3545 issued

Date 12-7-19 *J. H. Snowcroft*
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 12-7-19 *J. H. Snowcroft*
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.	2 Form B
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 12-7-19 *J. H. Snowcroft*
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 26 1919 *A. 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.

S. Turner

Signature of Man.

J. A. Snowcraft

Signature of the Vocational Officer or his Representative.

Reg. No. 5338

Place

ST. JOHN'S

Date

12-7-19

191



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 Office 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 *Simon Turner*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5358*

Intended address *Sea Happy Adventure, N.B.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Thomas*

Christian name of Mother *Martha*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Happy Adventure, Jan 25th 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) *Simon Turner*

Pte.
(Rank)

Station *St John's*

Date *8-2-19*

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 of 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* } Former Trade or Occupation } *Fischerman*
2. Regtl. No. *1358* 3. Rank *Pvt.* } 7a. If the soldier claims previous service in Army, he should state—
4. Name *Lurner* } (a) Former Regts. or Corps ;
(Surname) } (Christian Names) } with Regtl. Nos.
5. Age last birthday *25*
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

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

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

15. What is his present condition?

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

The complainant 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. S. Proemier, Capt R. R. M. C.

Medical Officer in charge of case.

Station *Hazelay, L. S. S. V. V.*

Date *2/4/19*

* 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.

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.

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

MEDICAL HISTORY

OF

Surname Jurnes

Christian Name Simeon

Table I.—GENERAL TABLE.

Birthplace:—Parish Kings Cove County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	23 day of May 1918	St Johns	day of	191
Declared Age	24 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet	5 inches	feet	inches
Weight	151 lbs.			lbs.
Chest Measurement	Girth when fully expanded	37 inches		inches
	Range of Expansion	3 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V = 6/6		R.E.—V =	
	L.E.—V = 6/6		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)	<u>Samuel Peterson</u>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at	St Johns	at	
	on	23 day of May 1918	on	day of 191
	Corps		Corps	Regtl. No.
Joined on Enlistment	<u>The Hope 1258</u>			
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

August 18, 1919

Mr. Simon Turner,
Happy Adventure.

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.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

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

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

Christian name... *Simas* 2. Surname... *J. Jurnes*

3. Rank... *Pte* 4. Regtl. No... *5358*

5. Address in full to which future payments of gratuity are to be forwarded... *Happy Adventure*

6. Date of enlistment in the Regiment... *May 22nd*

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

Mrs. Emily Jurnes *No*

8. Relationship of such dependents..... *M*

9. Address in full of such dependents... *Happy Adventure* *No*
Bonaville Bay

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 Nfld. If so, give dates and particulars of such service... *England only*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *1 1/2* 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?

No.

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.

No.

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?

No.

19. Are you now serving in the Res.? If not give - (a) date of discharge, (b) Reason for discharge.

July 12, 1919. Keep

Demot

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 only.

21. (c) 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: *Simon Turner*
 Place of Residence: *Happy Adventure*
 Declared before me at: *St Johns*
 This *12* day of *July* 19*19*....

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

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

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 20 1921

1921.

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

Simon Turner

in respect of his service as No. 5358 Rank Pt. a.

Name S. ~~Sticker~~
Turner Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received Nov 21st

Signature Simon Turner

Date Dec 12 1921.

Address Happy Adventure B.R.

[P.T.O.]

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 *C. D. Dickson*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
<i>5358</i>	<i>Kurner, Sweeney</i>		<i>24</i>		<i>7</i>
Joined	Date	Place and Date of Enlistment	Trade		Religion
Joined	Date	<i>St. John's</i>	<i>Tradesman</i>		
Joined	Date	Period of	with Colours	years.	Place of Birth
Joined	Date		with Reserve	years.	
			<i>119</i>	<i>365</i>	<i>St. John's</i>

Place	Date of Offence	Rank	Case of Discharge	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St. John's</i>	<i>9 5/19</i>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

85358

DEMOBILIZATION OF

Reg. No. 05528 Rank Plt. Name Turner J
 Date of Enlistment 3-3-18 Address Hopple Bay, Bonaville District Bonaville
 Occupation Postman Classification for Discharge F Medical Category H.I.
 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 11-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

S. 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 _____

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2429 to his home at Happy Adventure and Release Certificate No. 3346 issued.

Date 12-7-19 J. R. Cooper
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 1-8-19

Date 12-7-19 J. R. Cooper
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.	2 Form B
F 178.	W 3494	B 122.	Board 1st.	" 2.	
F 178a.	D 400A.	B 1915	do 2nd.	" 3.	
H 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 12-7-19 J. R. Cooper
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

JUL 26 1919

Date 12-7-19 J. R. Cooper
O. C. Discharge Depot.

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

Date Aug 7 1919 J. R. Cooper

Reg. No. *5368* Rank *96* Name *Turney, S.*
Attested Address *La Scie King's Cove.*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S.S. *Cassandra* Cause *Discharge*

12.7.19
26.7.19

PASSED TO DEMOBILIZATION OFFICER
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 Corps* } Former Trade } *Fisherman*
or Occupation
2. Regtl. No. *4388* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Jurned* *Yemson*
(Surname) (Christian Names)
5. Age last birthday. *25*.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service. | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *He Compains of no disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilites, &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.)

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. Proctor *Cap Rawe*
 Medical Officer in charge of case.

Station *Hazley Barr*
 Date *2/4/19*

* 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

5358

Happy Adventur
Dec 12th 21

Dear Sir

The undersigned
would like to know the
right reason why some
of us are exempted from
The Victory Medal Hoping
for a favourable reply

I remain yours truly

Simon Turner
Happy Adventur
Bonavista Day

am enclosing receipt of
British War Medal

C.R. 5358

Dec. 19/21.

#0358 Ex Pte. Simon Turner

Happy Adventure, B.B.

Dear Sir:-

Receipt for British War Medal received, also
note your enquiry regarding 'The Victory Medal',

This medal is issued only to those who have
approved service in a theatre of war previous to Nov.11/18
(Armistice Day). As you have not rendered any service
in a theatre of war, we regret to inform you that you are
not entitled to the Victory Medal.

Hoping the above will prove satisfactory,

Faithfully Yours,

Lieut.

O/c. Records.