

4330

FIRST NEWFOUNDLAND REGIMENT

40.4330 Name Stanley	worford Corps D.a.
Questions to be put to the	Recruit before Enlistment
I. What is your name?	Debles Solan a
2. What is your full Address?	2/
3. Are you a British Subject?	3. nes
4. What is your age?	4 21Years
5. What is your Trade or Calling?	5 takerman
6. Are you Married?	6. 70
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which?	7. 760
8. Are you willing to be vaccinated or re-vac-	8. Nes
9. Are you willing to be enlisted for General Ser-	, tylo
10. Did you receive a Notice, and do you under- stand its meaning, and who gave it to you?}	Name
11. Are you willing to serve upon the conditions as em to be signed by you if you are accepted?	
25-1-18 Jan	SIGNATURE OF RECRUIT.
. Stanle wasford	ECRUIT ON ATTESTATION. do make oath, that I will be faithful and His Heirs and Successors, and that I will, as in duty lirs and Successors, in Person, Crown and Dignity against
	TE OR ATTESTING OFFICER.
he would be liable to be punished as provided in the Army	
The above questions were then read to the Recruit	
	and that his answer to each question has been duly entered
as replied to, and the said recruit has made and signed the on this. 25day of	declaration and taken the cath before me at
Signature of Attesting	Officer
†CERTIFICATE OF A	APPROVING OFFICER.
	ecruit is correct, and properly filled up, and that the re-
quired forms appear to have been complied with. I accou	
If enlisted by special authority, such will be attached	to the original attestation.
Allmall	
Plate Date 1918	Approving Officer.

pparent age	anley	woo	food		(10
pparent age	years years	4 mon		Heigh	t	feet	U inch
hest Measure	ment { Girth when to Range of exp		ded 4	inches	ches		
stinctive ma	rks						
Structive ma		-		/			
	32.45.62.30.4			·····y			
	INFORM	ATION S	UPPLIE	D BY R	ECRUIT	5	
me and Add	ress of next of kin)		len	ia w	orto	ord	er, entre
Jee	llensos	land		onship		the	<u></u>
		Dortionle	rs as to M				
(a) Christ	ian and Surname of Woman				(A) Pl		
(a)	ian and Surname of Woman (c) Pre	sent address. (d) Initials of O	fficer verifying e	ntry.	e and date of	
			12	(6)	, mis		(d)
	WAY ST					1	
•							
		Particula	ars as to C	hildren			
Chr	istian Names	STEEL STATE			Date and	Place of Bi	rth
				100			
i							
	STAT	EMENT	OF THE	SERVIC	CES		
orps in Rgt. or	Promotion, Reductions		17			te- low- Signatu	are of Officers certi
orps in Rgt. or ch served Depot		EMENT Army Rank	OF THE	Service not al- lowed to reckon for fixing the rate of pension	Service in I serve not al ed to reckon wards G. C.	_	are of Officers certi g correctness of entries
ch served Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates		Service in I serve not al ed to reckon wards G. C.	Signatu to- pay ays	g correctness of
rice towards limit	Promotion, Reductions	Army Rank	17	Service not al- lowed to reckon for fixing the rate of pension	Service in I serve not al ed to reckon wards G. C.	_	g correctness of
rice towards limit	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not al- lowed to reckon for fixing the rate of pension	Service in I serve not al ed to reckon wards G. C.	_	g correctness of
ch served Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not al- lowed to reckon for fixing the rate of pension	Service in I serve not al ed to reckon wards G. C.	_	g correctness of
rice towards limit	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not al- lowed to reckon for fixing the rate of pension	Service in I serve not al ed to reckon wards G. C.	_	g correctness of
rice towards limit	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not al- lowed to reckon for fixing the rate of pension	Service in I serve not al ed to reckon wards G. C.	_	g correctness of
rice towards limit	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not al- lowed to reckon for fixing the rate of pension	Service in I serve not al ed to reckon wards G. C.	_	g correctness of
rice towards limit	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not al- lowed to reckon for fixing the rate of pension	Service in I serve not al ed to reckon wards G. C.	_	g correctness of
rice towards limit	Promotion, Reductions, Casualties, &c.	Army Rank	Dates - 1-18 1918 - 9	Service not al- lowed to reckon for fixing the rate of pension	Service in I serve not al ed to reckon wards G. C.	3	g correctness of entries
rice towards limit	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not al- lowed to reckon for fixing the rate of pension	Service in I serve not al ed to reckon wards G. C.	3	g correctness of entries
rice towards limit	Promotion, Reductions, Casualties, &c.	Army Rank	Dates - 1-18 1918 - 9	Service not al- lowed to reckon for fixing the rate of pension	Service in I serve not al ed to reckon wards G. C.	3	g correctness of entries
rice towards limit	Promotion, Reductions, Casualties, &c.	Army Rank	Dates - 1-18 1918 - 9	Service not al- lowed to reckon for fixing the rate of pension	Service in I serve not al ed to reckon wards G. C.	3	g correctness of entries
rice towards limit	Promotion, Reductions, Casualties, &c.	Army Rank	Dates - 1-18 1918 - 9	Service not al- lowed to reckon for fixing the rate of pension	Service in I serve not al ed to reckon wards G. C.	3	g correctness of entries
rice towards limit	Promotion, Reductions, Casualties, &c.	Army Rank	Dates - 1-18 1918 - 9	Service not al- lowed to reckon for fixing the rate of pension	Service in I serve not al ed to reckon wards G. C.	3	g correctness of entries
contact before the served beyond the served beyo	Promotion, Reductions, Casualties, &c. All engagement reckons from the control on the control on the control of the control o	Army Rank 15-1-1 Trans Trans Lina Lin	Dates - 1-18 1918 - 9	Service not al- lowed to reckon for fixing the rate of pension	Service in I serve not al ed to reckon wards G. C.	3	g correctness of entries
contact before the served beyond the served beyo	Promotion, Reductions, Casualties, &c.	Army Rank 15-1-1 Trans Trans Lina Lin	Dates - 1-18 1918 - 9	Service not al- lowed to reckon for fixing the rate of pension	Service in I serve not al ed to reckon wards G. C.	3	g correctness of entries

C.R. 4330

Extract from paily orders Part II Royal Newfoundland Regiment Depot at. John's dated 17-719

The discharge of the undernoted on demobilisation has been CONFIRMED by Officer i/c records from noted date.

15-7-19.

4330, rte. stanley warford.

C.R. 4330

Ambract from Reily Orders Part 11 Unit the Royal Hills. Regt. St. John's, June 20th, 1918.

The discharge of the undernoted on demobilization has been APPROVED by 0.0. Discharge Depot with offert from LaV-19.

4330 Pte. Stanley Warford.

CR. 4330

Extract from 0 R D E R S by Lt. Col. G. Mathias, D.S.O. Commanding 1st Battalion Royal Newfoundland Regiment. Dated 5/9/18.

The following arrived to-day and is posted to the undermentioned Company.

D. COMPANY.

4330, Pte. Warford, S.

Colk. 4330

Extract from Nominal Roll 1st, Battalien Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st.Battalion left Rouen Camps 22/4/19, embarked at Havre 22/4/19; disembarked at Southampton 23/4/19 and reached Hezeley Down Camp 23/4/19.

#4330 Pte. S. Warford.

C.R. 4330

Extract from Hominal Roll Embarked Folkestone, Draft #51, to B.E.F. 51-8-18.

4330 Pte. Warford S.

Extract from Neminal Roll Embarked St. John's For Overseas, Mar. 28th, 1918.

4330 Pre. Warford S.

Extract of Baily Orders port 11. from Unit 4/1st Royal Rowfoundlend Rogiment, Hendquarrers, dated Janu-ry 25,1918.

#4330 Pte. S. Waffer.

ttested for Gener 1 fervice with the let newfoundland Regiment, with effect from 25/1/18. Darford C.R. 4330 PHO

Medical Report on an Invalid.

		Station Hazely Down.
		Date / 3 /9
1.	Unit Royal hurfor	7. Former Trade or Occupation
2.	Regimental No. 4 3	7a. If with previous service in Army, state-
3.	Rank Ple	(a) Former Unit:
	Name Warford .	(b) Regimental No.;
5.	Age last birthday 98	(c) Date of Discharge;
	Enlisted on 17 th fan.	1918 (d) Cause of Discharge.

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

Statement of Case.

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

9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

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

Tra

He complain of no disability 13. What is his present condition? Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. 14. If the disability is an injury, was it (a) In action? (b) On field service? (c) On duty? (d) Off duty? 15. Was a Court of Inquiry held on the injury? If so-(a) When? (b) Where? (c) Opinion? 16. Was an operation performed? If so, what? 17. If not, was an operation advised and declined? 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? 19. Give particulars of any other disabilities to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present 20. Do you recommend-(a) Discharge as permanently unfit, or (b) Change to England?

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

Station Haze ley Down. 1-5-19.

Date_

Officer in charge of Hospital.

Officer in medical charge of case

*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.

FORM K

Nº 3902



1st. NEWFOUNDLAND REGIMENT

hether Wife, Child, other Relative or Friend	Name (in full	, /	Address	AMOUNT (each pers
y Name Self and	Banka	11	Sohero	(cach pers
mother	and	ae i	Or .	0
William I	Mrs low/6	elena)	Kelle,	
	Haekn	rosé	Island	1867 S
47% E 7 Aug				
		•		
			Siz That are tag	
			Total Allotment, \$	
	form must be co	form must be completed by the Officer C	form must be completed by the Officer Commanding Co	form must be completed by the Officer Commanding Company, signed by the Volume ded by the Officer Commanding Company, signed by the Volume ded by the Officer Commanding Company and handed to the Paymaster as authority ired navments on amplication.

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.

Sir;- "

Please charge the amounts set opnosite my name to my account and pay it to the N. ". "A. "Prisoners of "ar Fund" in quarterly instalments for the period of one year.

Contronging on 1st July 1916.

Regtl. No.	Rank,	Name	Amount	Signature.
4330	As	Darford.	8. \$2.50	

I have the honour to be; Sir,

Your obodient servant.

& Warford

Pate Jane 26 48

Warford, S Aay Laups

4330

July 15, 1919

#4330 Pte Stanley warford,

Pilley's Island

Degr Sir-

Please find enclosed Discharge Certificate #3053

Yours truly

Captain,

The Royal Newfoundland Regiment

	PROCEEDINGS ON DISCHARGE
1.	No. 4.3.3.0. Rank Mr. Name Warfort Stautey Intended place of residence. Pulleys Soland
2.	Occupation Ashermen Classification of soldier E Medical Category AI
3.	The above named man is discharged in consequence of DEMOBILIZATION?
	Eligible for War Service Gratulty
4.	His accounts are correctly balanced and I have impartially inquired into all matter brought before me, in accordance with Regulations.
	Place ST. JOHN'S: Date JUN 17 1919. Comanding Discharge Depot The Royal Newfoundland Regiment
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 Newtoundland Regiment, of all financial responsibility in my connection. Place and date
6.	CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER I hereby certify that I am in a position to resume civilian occupation immediately on discharge. Place and Date S.T. JOHN'S Signature of soldier Signature of wilness
	STATEMENT OF SERVICE Enlisted for service 251181 No of days on Military Discharged from service 1-7-19. PLUS 14 DAYS Service 537
8.	APPROVAL OF DISCHARGE The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer is Records, The Royal Newfoundland Regiment, twenty-eight days from date. Place Officer Commanding Discharge Depte The Royal Newfoundland Regiment. Date JUL 1
	The discharge of bove mentioned policy is hereby confirmed. How ley bath Place July 15/1919. The Royal News and and Regiment
200	a JB 20 19/30+3

The Royal Newfoundland Kegiment

DEMOBILIZATION OF
Reg. No. 438 Okank Thy Name Warford Hounly
Date of Enlistment 20-1-18 Address Lley Descrict Just
Occupation Turkerman Classification for Discharge Ty Medical Category H.
The Company of the cast project and all a street show and continued and the continue
Recommendation S.M.B. Disability Rating
Passed to Demobilization Officer with following documents:—
N.F. 1 B 268 B 121 N.F. Med D.F. 1
N.P. P 36 B 268 B 121 N.F. Med D.F. 1 B 178 W 3494 B 122 Board.lst. "2"
B 178a
B 179
B 179a D 400C Form K do 4th
B 179b B 103
В 179с
·/ / HILLALL
Date 16-6-19 G. C. Dischlarge Depot.
PARTICULARS FOR DEMOBILIZATION
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.
I amin a position to resume civilian occupation.
& A Low March
Warford.
positive (C. 1)
Particulars passed to Vocational Officer for information and action, i
Date
Date
2. Clothing. Certified that Clothing Regulations have been complied with:—
2. Clothing.
2. Clothing. Certified that Clothing Regulations have been complied with:—
2. Clothing. Certified that Clothing Regulations have been complied with:— (a) Clothing Allowance payable

3. Transportation and Release Certificate. The above named has been provided with Travelling Warrants No. 11945 to his home at 11199814 and Release Certificate No. 2859 issued.
Date 19-6-19 Demobilization Officer
4. Pay and Allowances. The herein named soldier's accounts have been correctly balanced and off matters in connection therewith settled. He has received pay and allowances to
Discharge approved for
N.P. P 36
Date 17-6-19 J. H. Word Off O. C. Discharge Depot.
APPROVED. Documents as above forwarded to: Officer ile Records. Board of Pension Commissioners. with following additional documents. Pagible for War Service Gratuity 1919
O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.

The Royal Pewfoundland Regiment

Class for Demobilization:—	Report of Demobilization Travelling Board, held on soldier for discharge.
Discharge Depot: Headquarters The Royal No.	ewfoundland Regiment
	Date
Regimental No 4330	
Name Warford Stanly Address Pilleys Island	Rank Off-
Address Pilly Schand	N.D. B
	70.70
Present Medical Category	
Recommended for :—	(a) Immediate djscharge (b) Standard Medical Board
	O.C. Discharge Depot.
Members of Board	Senior Medical Officer
	M. O. Depot

Civil Re-establishment Committee

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

To resume former Occupation.

& Warford Signature of Man.

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

Seamined	Surname World	<u> </u>	Christian Nan	Show	eley	
Seamined on a 5 day of gar 101 on day of 101 at ON John Seamined at ON John Seam days years days years days years days years days of set be inches feet inches seam seam of Expansion. The Cliest Gurth when fully expanded the seam of Expansion. Secondation Marks Arm Secondated Number Right Left Right Righ	Birthplace:—Parish Pull	y Islaud	19D &Count	n ew f	riue S.	and
Finde or Occupation Fight	Examined	on a5 - day of	COLUMN TO THE STATE OF	on		191
Second S	Declared Age	21 12 years	days		years	days
Weight Chest Girth when fully expanded Measures Range of Expansion. Shysical Development. When Vaccination Marks Arm Number When Vaccinated When Vaccinated When Vaccinated Approved by (Signature) (Approved by (Signature) (Rank) Approved to a sufficient to a suf	Trade or Occupation	Jishem	an,			
Chest Girth when fully expanded Rauge of Expansion Physical Development Right Left Right	Height	U 5 feet	•		feet	inches
Cheek (Girth when fully expanded whoches ment) Range of Expansion Right Left Right Left Right L	Weight	143.	↓lbs.			lbs.
Right Left Right Left Right Left Right Left Recommendation Recommendati	Measure- }	40				inches
Approved by (Signature) Approved by (Signature) (Rank) Approved to Enlistment. (Rank) Approved to Enlistment. (Rank) (Rank) Approved to Enlistment. (Rank)	Physical Development		Left	Right	1.4	est.
Approved by (Signature) (Rank)	Vaccination Marks {					
Approved by (Signature) (Rank)	When Vaccinated					
a) Marks indicating congenital peculiarities or previous disease (b) Slight defects but not sufficient to cause rejection Approved by (Signature) (Rank) Approved by (Signature) (Rank) Medical Officer. At System (Rank) Medical Officer. at congenital peculiarities or previous disease (b) Medical Officer. Approved by (Signature) (Rank) Medical Officer. At Corps. (Corps. Oregal. No. Corps. Regtl. No. (SY ON OR of 191 on day of 191 on day of 191 [Signature] [Rank]	Vision					
a) Marks indicating congenital peculiarities or previous disease (b) Slight defects but not sufficient to cause rejection Approved by (Signature) (Rank) Approved by (Signature) (Rank) Medical Officer. at On 25 day of 201 1915 on day of 191 Corps. ISY ON ON ON ON Regtl. No. ISY ON	•	(a)		(a)		
Approved by (Signature) (Rank) Approved by (Signature) (Rank) Medical Officer. at On 25 day of 1915 on day of 191 Corps. Regtl. No. ISY ON JOR 97 da 3 3 3 0 Fransferred to (Bank) (Bank) (Corps. Regtl. No. (Corps. Regtl.	(a) Marks indicating congenital peculi- arities or previous disease					
Approved by (Signature) (Rank) Approved by (Signature) Medical Officer. Medical Officer. Medical Officer. Medical Officer. At Branch Patron At On As Associated Associat		A Secretary		(6)		- 1
Medical Officer. Inlisted	 b) Slight defects but not sufficient to cause rejection 					
Medical Officer. Inlisted	Approved by (Signature)	Se o	Oak			
Medical Officer. Medical Officer. at On 25 day of Regtl. No. Corps. Regtl. No. Corps. Regtl. No. ISY ON JOR Value Val		tamer	arcion			
at Bristed at Grand Street at		maj	Medical Officer		Medic	nl Officer
on 25 day of 30 1915 on day of 191 Corps. Regtl. No. Corps. Regtl. No. ISY ON TO Regtl. No. 191 on day of 191 [Signature]		at Q+Cohu	A CONTRACTOR OF THE PARTY OF TH	at		Omicen
coined on Enlistment Corps. Regtl. No. Corps. Regtl. No. ISY ON JOR qu' du 3 3 3 0 ransferred to on day of 191 on day of 191 [Signature]	Enlisted	1	^		day of	191
ransferred to						
ecame non-effective by on day of 191 on day of 191 [Signature]	oined on Enlistment	israyahar	4330			
on day of 191 on day of 191 [Signature]	ransferred to	{				
on day of 191 on day of 191 [Signature]	Secame non-effective by					
[Signature]			d 101			101
[Rank]		ou day o	. 191	on	Cay of	191
(Rank)	A A A A A A A A A A A A A A A A A A A				4.6	
	[Rank]	1	11049		•	Please State

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Bri	ief Details, and Signature
	2/ 10	property (see a second control of the second
26-1-18.	Vac. le	
19.3. 18	80. LP	
		A second

Less been by fire a Travelling Medion Brand and bus been c'assisted as tion. Medical category on bemobilisa-

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Pate of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
	A				
				P. 100 100 100	
				ON.	

Medical Report on an Invalid.

Station Hazeley & Careft

Date 1. 6: 19

1. Unit Royal Newfld 7. Former Trade or Occupation Tables Incare
2. Regimental No. 4330

7a. If with provious service in Army, state—
(a) Former Unit;
(b) Regimental No.;

5. Age last birthday 23,
6. Enlisted on fam 3,918

(c) Date of Discharge;(d) Cause of Discharge.

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

Statement of Case.

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

9. Date of origin of disability.

mil

10. Place of origin of disability.

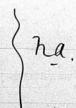
ril

 Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nil nil

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

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



13. What is his present condition?

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

- 14. If the disability is an injury, was it
 - (a) In action?
 - (b) On field service?
 - (c) On duty?
 - (d) Off duty?
- 15. Was a Court of Inquiry held on the injury?

If so-(a) When?

- (b) Where?
- (c) Opinion?
- 16. Was an operation performed? If so, what?
- 17. If not, was an operation advised and declined?
- In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?
- 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present

be conflains of no disability.

na

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

(epatriation

Officer in medical charge of case,

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

Station 4 . D. Camp

Officer in charge of Hospital.

⁶Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

A PAGE TO STATE OF THE PAGE TO	hoet }		10,000	date Period not reckoning towards freedom from extra fine	Sheet No.	Signature O.C. Company, etc.	marie	Co Capse Ohar	Covo
Place	Date of offence	Rank	Cases of Drunken- mess	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial		Remark
		*******	1.5				148		-17
	10.72				- 5 2 1 1 1 1 2 2 2		24.00	and the second	
		elineline i			1.71 1.72.		decare.		
T T									
					3773	CONTRACTOR OF THE STATE OF THE			
10 10 10 10					hall a second				
			1				7.5		37.
	-	The state of the s							
			-	the state of the s					
				The state of the s			100 CAR		
			Immunici.	The state of the s	ALC: HE SHOW THE SHOW	7415F 75 4			
						A CONTRACTOR OF THE PARTY OF TH			
					AND COLUMN		100	1. 4	2.5
			1						Tana and Dates
			1					a tell mag.	· · ·

The Koyal Mild. Kegiment

DEMOBILIZATION

No. 4 3 30 Rank

Name Warford
Warned for demobilization on

JUN 17 19



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 occuring in the description subsequent to the date of admission to pension should be noted in red ink. Name in full Warford Stanley Regiment from which discharged Royal Dewfoundland Regimental number 4330 Intended address Pelly's Foland n. D.B. Height on discharge 5 Feet 6 Color of hair on discharge Blank Complexion Fair Color of eyes /Slue Descriptive Marks -Figure on discharge medu Christian name of Father Christian name of Mother Selen Wife's maiden name in full ~ Date and place of marriage -Christian names of children-Place and date of soldier's birth Pilley 5 Island april 25 1896 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 fuli) Starley & Warford

Withers Wohnduckery

Station Styles Date 16 Ten 9

Date

Medical Officer Le Rospital. Unit, or Command Depot.

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.

	romotion to preser	Terms of Service (a) Daniel to an at rank	Service reckon	s from (a)	125.1.16
Extended Occupatio	{	Re-engaged Q	ualification (b) Corps Trade a	nd CateX.	およ
Date	Report From whom received	Record of promotions reductions, transfers, casualties, &c., ducing active series, as reported on Army Form B 213, Army Form A. St. The authority to be quoted in each case	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 3 or other official documents.
6. 8.18	MR	AI Embarked		.3 1. AUG	1918
		Disembarked		3 1 AUG	1910
	10 Cm	ARRIVED T	SIPD.	a. p Gr	
V. V		O desired liableston		5 SEP.	9.8
		urrived in W.	<u> </u>	13/+/19	A.,
				,,	
			E-1-181-Y-4	P	
/					
No Res		A FOR THE REST OF THE PARTY.			
	Next of Kin.	Mon Sel Or en	Diec - 9	0	Unfor ste.

July 21,1919

#4330 Pte. Stankey warrord.

Pelley's Island, N.D.B.

Dear Sir :-

Referring to your application I enclose chaque for seventy dollars (\$70.00), being amount of first payment due you on account of the war service Gratuity.

Yours truly,

vaptain & Paymaster.

July 21,1919

#4330 Pte. Stankey warrord.

Pelley's Island, N.D.B.

Dear Sir :-

Referring to your application I enclose chaque for seventy dollars (\$70.00), being amount of first payment due you on account of the war service Gratuity.

Yours truly,

vaptain & Paymaster.

DEPARTMENT OF MILLIPIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

defen aminera pomisaria	The state of the s
accomplete reply rust be 31	ven to every question in this Decleration in a Cramos, If any questions are not pp. 13812 nust be written out.
There must be no blanks and	PPLICABLE Lust be written out.
applicable, the words "NOT A	tion is to be returned to THE OFFICER I/C
RECORDS, PAY & RECORD OFFICE	S, ST. JOHN'S.
Christian name. Stante	2. Summe har ford 4. Regt2. No. 43 36
3. Ronk	to he
5.Address in full to which	future payments of gratuity are to be
forwarded eller	Island Or XIP
	ie Regiment. Movement is being
6. Date of enlistment in the	e Regiment
a demandant if any	r to whom soperation interest
issued, or was being issue	ed, impediately prior to your discharge
issued, or the boling issued	<u>_</u>
8. Relationship of such de	ponden to
o diress in full of such	dependents
	tony tire in macip
10.1s said dependent, now,	or was said dependent at my time in resciption account of mother saldiers
of Someration Allowence o	W weed and of the owner.
	and are the life in the sound of the sound o
porticulars of such servi	isc. Overses
	on octive Service
whether in Ffld.or Over:	scas. Seven teen months
and 2	We Ro

13. Have you had more than one enlistment? If so, give rarticulars
of discharge and re-calistments, and under what regimental numbers,
ratapplicable
14. Have you already received any payment of Post Discharge pay or
War Service Gratuity? If so, stars amount you and your dependents
have already received and by whom paid.
15. Have you been issued with a War Service Badge?
16. Have you, during the present war, served in the Imperial Derces. M.
17.Are you entitled to receive, or have you received any Gratuity
in the nature of Pest Discharge Pay from the Imperial Forces? If
so, state amount received or to which you are entitled. Two
18. Did you revert Overseas to a rank lower than the substantive
renk 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 Rost.?
of discharge . M. 1/1. S. (b) Roosen for discharge
bemobelington
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
Trance Beldun & Sarman
· · · · · · · · · · · · · · · · · · ·
21. (c) / re you require the think
21.(c) Are you receiving treatment from the Wavil Re-Establishment
Com.(b) If so are you in receipt of full pay and allowences from that Committee
建物的 PROCESSER EXCENSES 14、公司和基本企业是不进行的。 主要企作了 50000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000
And I take this solumn 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: S Warford

Place of Residence: Pulley Deland, nors

Declared before me at: Or John new

This (17 day of June 19.1.9...

Signature of Berrister of the

Supreme Court, Stipendiary Media-

Signature of Berrister of the Supreme Court, Stipendiary Registrate; Hotary Public, Mustice of the Pocce, or Commissioner of affidewits.

Da te	POST DISCHARCE PAY. paid weid Soudier. Dependent	Mar Salvice	Not amount due
····			
••••			
• • • •	Cortified correct.	Faynci	stor

FORM K

Nº 3902



1ST. NEWFOUNDLAND REGIMENT

No.	Whether Wife, Child, other Relative or Friend	NAME (in	a full)	ADDRESS	AM (each	pers
781	of Self	Bank	dell real	Stokeno		e
	mother	Gn.	d	0.00		
		Molow	(Delena)	relle		+
		- Maci	mare	oslands		-
						-
	- 11	4			-	\vdash
						-
*						
			- Dr 1	Total Allotment, \$	100	

Nº 3902



1ST. NEWFOUNDLAND REGIMENT

Identity Whether Wife, Child, Other Relative or No. NAME		NAME (in full)	ADDRESS	AMOUNT (each perso	
781	my name	Bunkall	the feeking		
	I Elma	morteas		2	
	The Thirty	6-4	A Constant		
		How town Relevan	Letter		
		Phastinon	1207 x 2 11 2		
V					
	Sona in the second				
11 72 74 5			Total Alleimant 6		
MANAGER STATE	UNITED ASSESSMENT		Total Allotment, \$		

Nº 3998



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

Identity Pertificate No.	Whether Wife, Child, other Relative or Friend	Name (in full)	Address	AMO (each 1	OUNT person
257	Mother	Mrs day Jon	do Port an for	+	5
				1.08	
		126, 4			
			Total Allotment, \$.0
8	This form must be of igned by the Office equired payments of	ompleted by the Officer Commandin Commanding Company and hand n application.	ng Company, signed by the Volun ed to the Paymaster as authority	teer, co to mak	unter ce the
ig.)	Monly	h- 1.			

IND LEDGER THE ALS PAY LEDGER -0 GEN. LEDGER RIM

February 28th. 1918.

Royal Newfoundland Regiment, To Pte. 4330 S. Warford.

To Board and Lodging at Mrs. J.D. Coleman, Badger's Brook, (1/3 Cost of accompanying Bill while awaiting train from Friday to Tuesday P.M. incl.)

Depot, First Newfount, and Regim nt, 1-3-18.

- St. John's, Nfld.

\$6.00.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of Menoforce Lauf Forms B 121. Signature of O. C. Company Makey Regimental Number and Name Enlistment Good Conduct Badges, Service pay or proficiency pay years O months' Place and Date Joined Date Joined Place of Birth Joined Date Pelley Island Date Joined Date of award or of order dispensing with trial Cases of Drunk Date of Offence Names of REMARKS By whom awarded Rank OFFENCE Punishment awarded Pince Witnesses Demolities A Show's 15 79 To be carried over

The Koyal Pewfoundland Kegiment

DEMOBILIZATION OF
Reg. No 4880 Rank My Name Intarford Tourney
Date of Enlistment 20 1-18 Address Alland District Galy
Occupation Telesman, Classification for Discharge Medical Category H.
Recommendation S. M. B. Disability Rating
Passed to Demobilization Officer with following documents:—
N.F. Pl36 B 268 B 121 N.F. Med D.F. 1
B 178
B 1788 D 400A
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
o Allinstr
Date 16-6-19 0. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
1. Civil/Re-Establishment.
I amin a position to resume civilian occupation.
8 0/1/
& Warford
Particulars passed to Vocational Officer for information and action.
Date
2. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable of the Control of th
(0) Creating supplies
Date 19 Oilc. Re-clothing

3. Transportation and Release Certificate.
The above named has been provided with Travelling Wagrants, No to his hon
at and Release Certificate No. 1891ed.
0 0 011
Date Ja from Cafe
Demobilitation Officer
Management (William Control Co
4. Pay and Allowances.
The herein named soldier's accounts have been correctly balanced and gli matters in the
nection therewith settled. He has received pay and allowances to.
Date 17 - 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Depot Paymaster.
Discharge approved for
Forwarded with following documents to O.C. Discharge Depot.
Discharge Depot.
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 2 Tom R
B 179
B 179a D 4000 Form K do 4th " 5
B 179b
B179c B 120 M 93
Date 17-6-19 J. H. Knun & aff
O. C. Discharge Depot.
O. O. Dischage Depot.
APPROVED.
Documents as above forwarded to:-
Officer i c Records.
Board of Pension Commissioners.
with following additional documents.
AMPINIO IN HISTORIAN
Date
O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.
1 Mindleath 16
Date Miles #119 Crown Rdee &
Date Milly 11/19
The second secon

Jil. - 100 95-9-4 (WING) r Veterans Allowance

Name: Warford Stanley

No: 4330

- THEATRES OF SERVICE
 - (1) South African War

Date and port of disembarkation:

(2) World War I Mewfoundland, Lanada, U.K.

IF CANADA

AND
U.K. ONLY

Period(s) of desertion in U.K.

(3) World War II

Date of embarkation:

(4) Korsan War

Date of embarkation:

- 25 Jan 1918 St John's nofld Date and place of all enlistments:
- Date of all discharges and reason:

15 July 1919 - Wemob

Date and place of birth as per 25 April 1896 - Pelleys Island, Mfld. attestation paper:

Marital status: If married, name in full of wife:

Single

Any other military service: Mil

7. Decorations, if any.

Clerk's Initials: