



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6312 Name Jacob Warren Corps 6th

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Jacob Warren
- 2. What is your full Address? 2. Grey River Burn
- 3. Are you a British Subject? 3. yes
- 4. What is your age? 4. 22 Years Months
- 5. What is your Trade or Calling? 5. Interpreting
- 6. Are you Married? 6. no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no
- 8. Are you willing to be vaccinated or re-vaccinated? 8. yes
- 9. Are you willing to be enlisted for General Service? 9. yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. yes Name Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

I, Jacob Warren 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.

15/10/18

Jacob Warren SIGNATURE OF RECRUIT.
John Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Jacob Warren 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 15th day of Oct 1918

Signature of Attesting Officer John

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 Oct 16 1918 1918

Place S. J. JOHN

Robertson Capt Major
Commanding Officer
The Royal Newfoundland Regiment. } 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. John's, Nfld.

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Jarot Warren
 Apparent age 22 years months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mary Warren
Grey River Bay | 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

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



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ATTESTATION OF

No. 6312 Name Jacob Warner Corps 6th

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Jacob Warner
2. What is your full Address? 2. Grey Street
Burn
3. Are you a British Subject? 3. yes
4. What is your age? 4. 22 Years Months
5. What is your Trade or Calling? 5. fisherman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

I, Jacob Warner 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.

15/10/18 Jacob Warner SIGNATURE OF RECRUIT.
J. H. [unclear] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Jacob Warner 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 15th day of Oct 1918
Signature of Attesting Officer A. Dicks Kent

†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... Oct 16 1918 1918
Place... St. John's
Signature of Approving Officer Robinson

† 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: 6th

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Jarot Warren

Apparent age 22 years months. Height 5 feet 5 1/2 inches

Chest Measurement { Girth when fully expanded 36 1/2 inches
Range of expansion 3 1/2 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mary Warren

Grey River | Relationship Mother
Fortune Bay Particulars as to Marriage

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

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

Particulars as to Children

Christian Names

Date and Place of Birth

STATEMENT OF THE SERVICES

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

Total Service towards Engagement to [date of discharge] years days

" " Pensions " [" "] " "

C.R. 6312

Extract of Daily Orders Part II, dated Dec.27th 1918.

DEMOBILIZATION.

The undernoted man's discharge on Demobilization has been approved by O.C. Discharge Depot from noted dates. He is removed from Depot Strength and transferred to Discharge Depot pending confirmation by Officer i/c records.

6312 Pte. Jacob Warren

Discharged 24-12-18

C.R. 6312

Extract from Daily Orders part II, Depot St. John's dated Jan. 22/1911.

The discharges of the ... have been confirmed by officer
1/c records. on 11-1-11.

6312 Pte. Jacob Warren.

C.R. 6312

Extract from Daily Orders, Part 11, Unit: The Royal Newfoundland
Regiment, dated October 17th 1918.

Strength Increases.

6312 Pte. Jacob Warren.

Attested for General Service with The Royal Newfoundland
Regiment from 15/10/18.

Warren Jacob

6312

Hay sept.

January 21st., 1919

#6312 Pte. Jacob Warren,
Grey River,
Fortune Dist.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 590."

Yours faithfully,

Captain,
Paymaster & O.i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6312 Rank Plt Name Jacob Warren
 Intended place of residence Grey River, Fortuna
2. Occupation Fisherman
 Classification of soldier C Medical Category 9^{IV}
3. The above named man is discharged in consequence of DEMobilIZATION.
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place St. John's
 Date DEC. 20 1918 W. H. L. Capt.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date St. John's
Dec 21st 1918

Jacob Warren
 Signature of soldier
W. H. L. Capt.
 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 and Date St. John's
20-12-18

Jacob Warren
 Signature of soldier
W. H. L. Capt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15-10-18 No of days on Military
 Discharged from service 24-12-18 plus 28 days Service 99

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 DEC 24 1918

W. H. L. 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, Nfld.
 Date January 21 1919

W. H. L. Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6572 Rank Private Name Jacob Delarosa
 Date of Enlistment 15.10.18 Address Grey Road, District St. John's
 Occupation Wheelerman Classification for Discharge C Medical Category A.II
 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.	<u>51</u>
B 178	W 3494	B 122	Board 1st	" 2.	
B 178a	D 400A	B 1915	do 2nd	" 3.	<u>3</u>
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 19.12.18
Walter East
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$16.00

(b) Clothing Supplied Joseph Delarosa

Date 20.12.18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 360..... to his home
 at Gay House..... and Release Certificate No. 512 issued.

Date 20-12-18

R. B. Dicks Capt.
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 21-1-19

Date 20-12-18

M. B. Dicks Capt.
 Depot Paymaster.

Discharge approved for 24.12.18

Forwarded with following documents to O.C Discharge Depot.

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

Date 24.12.18

R. B. Dicks Capt.
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Date DEC 24 1918

R. H. Latford
 O. C. Discharge Depot.

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

Date Dec. 27/1918

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

MEDICAL HISTORY

OF

Surname

Warren

Christian Name

Jacob

Table I.—GENERAL TABLE

Birthplace:—Parish

Grey River NB

County

Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	15 th	Oct	1918	191
	at St John's		at	
Declared Age	27	years		days
Trade or Occupation	Fisherman			
Height	5	feet 5 $\frac{1}{2}$	feet	inches
Weight	131	lbs.		lbs.
Chest Measurement	Girth when fully expanded		36 $\frac{1}{2}$	inches
	Range of Expansion		3 $\frac{1}{2}$	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R. E.—V=	$\frac{6}{6}$	R. E.—V=	
	L. E.—V=	$\frac{6}{6}$	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)				
(Rank)				
Enlisted	at St John's Nfld		at	
	on	15 th day of Oct	1918	on
		day of		day of
			191	
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	Royal Nfld	6312		
	Regt.			
Transferred to				
Became non-effective by				
	on	day of	191	on
				day of
				191
(Signature)				
(Rank)				

[P.T.O.]

Civil Re-establishment Committee



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

To work as Fisherman.

Mr. W. J. E. ... etc
Jacob X. Warren
mak Signature of Man.

Reg. No. *6312*

Charles C. ...

Signature of the Vocational Officer or his Representative.

Place

St. Johns N. F. L. D.

Date

25/12/18

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 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 *Warren, Jacob*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6312*
 Intended address *Gray Street, Burgeo, District.*
 Height on discharge Feet
 Color of hair on discharge *dark brown*
 Complexion *Fair*
 Color of eye *Green.*
 Descriptive Marks *Scat under left eye.*
 Figure on discharge *Normal.*
 Christian name of Father *John.*
 Christian name of Mother *Mary.*
 Wife's maiden name in full
 Date and place of marriage } *not married.*
 Christian names of children
 Place and date of soldier's birth. *Gray Street, Burgeo. Sept. 15th 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 full)

Station *Prince's Point* *Jacob Warren* (Rank) *Sgt.*
Norman Ryan
 Date *13/12/18*

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

J. R. Steele / Lt.
 Medical Officer i/c Hospital.
 Unit, or Command Depot.

G. Loy.

Burgess
La Poerle

Demobilization Form 1

400A

The Royal Newfoundland Regiment

Class for Demobilization:—
C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 28-11-18

Regimental No. 6212

Name Warren Jacob (Pte)

Address Great Rivers Bridge

Present Medical Category A-1

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

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

Members of Board

H. Paterson
Senior Medical Officer

Geo. Borden
M. O. Depot

Reproducible 3418

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at *Halifax* on OCT 15 1918 191

1. Name *Jacob. Warren* Age (a) Declared *22*
(b) Apparent

2. Do you know of anything wrong with you? *No*

What severe illnesses have you had? *No*

3. Height *5-5 1/2* Weight *131*
4. Eyesight (a) Left *4/6* (b) Right *4/6*
5. Physical Defects (Examine after strenuous exercise) *~*

6. Examination of Lungs *~*

Measurement (a) Expiration *33* (b) Inspiration *36 1/2*

7. Examination of Heart *~*

8. Examination of Urine *~*

9. Examination of Mouth—(Defective Speech)

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

10. Have you been successfully vaccinated, and when? *No*

11. Name and address of next of kin *Mother Mary Gray P.O. J. Bay.*

12. Category

REMARKS—

W. B. ...
H. B. ...
Medical Examiners.

A 11

COPY

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination held at Port-aux-Basques

Date _____ 191 8

1. Name Jacob Warren Age (a) Declared 22 yrs
(b) Apparent " "
2. Do you know of anything wrong with you? No

What severe illnesses have you had? none

3. Height 5' 6 1/4 Weight 130 lbs
4. Eyesight (a) Left 6/6 (b) Right 6/6
5. Physical Defects (Examine after strenuous exercise)
none

6. Examination of Lungs Healthy
Measurement (a) Expiration 44 1/2 (b) Inspiration 47

7. Examination of Heart Healthy, Pulse 72

8. Examination of Urine Healthy

9. Examination of Mouth—(Defective Speech) Speech normal

Teeth Good

Throat Good

Nose Good

Ears—(Deafness, Otorrhea) Hearing Good

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

11. Name and address of next of kin Mary Ann Warren (mother)

Gray River

Bungos & LaPile

REMARKS—

We consider this man Fit
~~Temporarily unfit for Military Service~~
~~Permanently unfit for Military Service~~

(If unfit, Form M.S.B., 10 A, should be filled and attached).

ATI
cm

PS This man is now at his home at Gray River
Dist. Bungos & LaPile - R.F.D

Wm Grant m.d.

Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet one

Signature of O. C. Company C. B. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>6312</u> <u>Jacob Warren</u>	Age on	<u>22</u> years <u></u> months	<u>Fisherman</u>		
Joined	Date	Place and Date of Enlistment	<u>at St. John's</u> <u>11/3/1876</u>	Religion		
Joined	Date			<u>Chap. C.</u>		
Joined	Date	Period of	with Colours <u>9</u> years.	Place of Birth		
Joined	Date				with Reserve <u>3</u> years.	<u>Gray River</u>

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Princes Point</u>	<u>4-12-18</u>	<u>Pte</u>		<u>Absent from 2 Pm Parade</u>	<u>P. B. M. Patrick</u>	<u>2 days</u>	<u>5-12-18</u>		
				<u>Demobilized</u>	<u>St. John's</u>	<u>21</u>	<u>19</u>		

To be carried over.

Army Form B. 121.

Sept 63 1/2
Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6212 Rank Private Name Jacob Warner
 Date of Enlistment 15.10.18 Address Grey Road District St. John's
 Occupation Fisherman Classification for Discharge 10 Medical Category 4.11
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1. D 400A	1. B 1915	2	do 2nd	" 3	13
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93	2			

Date 19.12.18 St. John's
 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume ^{the} civilian occupation.

Jacob Warner ^{the} Witness
Mark St. John's

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #100.00
- (b) ~~Clothing~~ Supplied Joseph A. Warner

Date 20-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 360..... to his home at Gay Linn..... and Release Certificate No. 512..... issued.

Date 20-11-18..... C. B. Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 21-1-19

Date 20-12-18..... W. Bowley Capt.
Depot Paymaster.

Discharge approved for 24-12-18.....

Forwarded with following documents to O.C Discharge Depot.

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

Date 24. 12. 18..... C. B. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 24 1918..... R. H. Last Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot. W. Bowley Capt.
Date Dec. 27/1918..... C. B. Dicks

Reg. No. *6312* Rank *Pte* Name *Warren Jacob*
Attested *15-10-18* Address *Gray River L.B.*
Allotment *704* Allottee *Mrs John Warren (Mother)*
Date of Allotment *1-11-18* Returned from Overseas.....
Embarked for Overseas Cause.....

Dec 16/18

19-12-18

PASSED TO DEMOBILIZATION OFFIC

DEC 24 1918

DISCHARGE APPROVED ON DEMOBILISATION.