



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5781 Name Alexander Walker Corps S.A.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Alexander Walker</u> |
| 2. What is your full Address? | 2. <u>Wesleyville</u> <u>Parish of St. John's</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Bookbinder</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Alexander Walker, 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.

M
18-518

Alexander Walker.....SIGNATURE OF RECRUIT.

W. Langford.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Alexander Walker, 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 Wesleyville on this 18th day of May 1918.

Signature of Attesting Officer W. Dickson 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 compiled with. I accordingly approve, and appoint him to the.....

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

Date May 18 1918

Place Wesleyville

} 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:
 vis:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

5-181

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

Name Alexander Wilkins
 Apparent age 21 years — months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 12 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Isaac Wilkins
Wesleyville B.B. | Relationship Father
 Particulars as to Marriage

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

| (a) | (b) | (c) | (d) |
|-----|-----|-----|-----|
| | | | |

Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
| | |

STATEMENT OF THE SERVICES

| Corps in which served | Rgt. or E'epot | 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>18-5-18</u> | | | | | | | | | |
| Joined at <u>St Johns</u> on <u>May 18-1918</u> | | | | | | | | | |
| <u>Later changed August 7/1919</u> | | | | | | | | | |
| <u>Embarked St Johns N. Columbia to Halifax N.S. 22-7-18</u> | | | | | | | | | |
| <u>to the expense island for demobilization 24-6-1919</u> | | | | | | | | | |
| <u>Arrived the expense island 1-7-1919</u> | | | | | | | | | |
| <u>Demobilization St Johns 7-8-1919</u> | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |
| Total Service towards Engagement to <u>7-8-1919</u> [date of discharge] | | | | | 1 | years | 82 | days | |
| Pensions " " " " " " " " " " " " | | | | | | | | | |

C.R. 5181

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, Aug. 16th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 7-8-19.

5181 Pte. A. Wilkens.

C.R. 5181

Extract from Daily Orders Part II Unit The Royal Welch Regt.
St. John's, July 15th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by G.O. Discharge Depot with effect from Saturday
even 24-7-19.

5181 Pte. A. Wilkins.

C.R. 5181
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address **St. John's.**

| Line Number | Recd | By | Sent | by | Check |
|-------------|------|----|------|----|-------|
| | | | | | |

Dated **July End 1919.**

To **Mr. Isaac Wilkins.**
Wesleyville

CASSANDRA DRAFT ARRIVED HERE YESTERDAY AT NOON

A. E. HICKMAN
Minister of Militia.

Chg. to Dept. of Militia.

FOR TYPEWRITER

C.R. 5181

Extract from Daily Orders Part II Unit The Royal Rifle, Regt.
St. John's, July 2nd 1919.

5181 Pte. A. Wilkins.

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

CR 5181

NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD


 Line No. 86 Sent by H. Rec'd by am Check 9/2 No. _____

 Place from Wesleyville E.

 To Militia Dept.


Wire immediately where
draft now on way
are due.

Isaac Wilkins

5181
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender

Address

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated

June 2, 1919.

W.C. Winsor,

Wesleyville, B.B.

Be to inform you that 45181 Pte. Wilkins not
on Corsican

A.E. Hickman,

Minister of Militia.

FOR TYPEWRITER



NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 74 Sent by Wesleyville 31 Rec'd by _____ Check' 10p No. _____
 Place from Min Militia
 To _____



To Private Watkins
 No 5181 on the Corsican
 immediate please.

W. C. Wenzor

C.R. 5181

Extract f rom Daily Orders part 11, From Unit The Royal
Wfld. Regt. St. John's, dated July 25, 1918.

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

#5181 Pte. Alex. Wilkins.

Extract from ~~the~~ Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, Nfld. dated May 20th, 1918

#5181 Pte. Alexander Wilkins.

Attested for General Service with the Royal Nfld. Regt.
from 18.5.18

A. Wilkins

C.R.

518A

1890

1899/247/O&A

B

067000

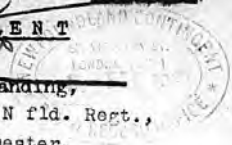
NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Winchester.



28th January, 1919

Jany 31st 1919

Subject: 5181, Pte. A. Wilkins,

With reference to the following telegram (867) from the Hon. Minister of Militia, received

Receipt hereunder.

forwarded major for
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
Officer Commanding
Royal Newfoundland Regiment.

"Pay to 5181 Wilkins, £7:0:0.

Received the sum of *Seven pounds*

Draft £7:0:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

on account of cable remittance from Newfoundland.

A. O. ... Maj.
Chief Paymaster & O. i/c Records

A. Wilkins
No. *5181* Rank *Private*
Witness *M. Rockett*

Wilkins, A

5181

Ray Sept.

August 7th 1919.

#5161, Pte. A. Wilkins,
Wesleyville.

Dear Sir:

Enclosed please find Discharge Certificate
3569.

Yours truly,

Capt. &
Officer i/c Records.

ES/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5181 Rank Pvt Name Wilkins A
 Intended place of residence Wesleyville
 2. Occupation Fisherman
 Classification of soldier E Medical Category A 2

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 10 1919

L Mess 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 10 1919

A Wilkins
 Signature of soldier

Alloobush
 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 10 1919

A Wilkins
 Signature of soldier

James Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 18-5-18 No. of days on Military
 Discharged from service 24-7-19 Plus 14 days Service 447

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 24 1919

R R Cooper Capt
 Officer in Charge
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 7/1919

R Howley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

Aug 20 1919 / 3569

The Royal Newfoundland Regiment

Class for Demobilization:

16.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *5181*

Name *Halknis Alex*

Address *Wesleyville*

Present Medical Category *A1*

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

RJH
O.C. Discharge Depot.

Members of Board {

W. Paterson
Senior Medical Officer

Geo Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 81 Rank Plat Name Wilkins G.
 Date of Enlistment 8-5-18 Address Windsorville District Benavista
 Occupation Fisherman Classification for Discharge E Medical Category A1
 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 9-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. H. Wilkins

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable \$60

(b) Clothing Supplied _____

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2371 to his home at Nesleyville and Release Certificate No. 3400 issued.

Date 10-7-19

J.A. Snow
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-8-19

Date 10-7-19

J.M. H.
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | | | |
|----------|----------|----------|---|-----------|--------|----------|
| N.F. P36 | B 268 | B 121 | / | N.F. Med. | D.F. 1 | |
| F 178 | W 3494 | B 122 | | Board 1st | " 2 | |
| B 178a | / D 400A | / B 1915 | / | do 2nd | " 3 | 2 Form B |
| 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 10-7-19

J.A. Snow
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 24 1919

N.R. Cooper
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.

A. Methers

Signature of Man.

J. J. Andrew

Signature of the Vocational Officer or his Representative.

Reg. No. 5181

Place

M-Johns

Date

10-7-18.

191

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

MEDICAL HISTORY

OF

Surname WilkinsChristian Name Alexander

Table I.—GENERAL TABLE.

Birthplace:—Parish Wesleyville No. County Nfld

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|--------------------------------|------------|----------------------|------------------|
| | on | at | on | at |
| Examined | 18 day of May 1918 | S. Johns | day of | 191 |
| Declared Age | 21 years | days | years | days |
| Trade or Occupation | Fisherman | | | |
| Height | ✓ feet | 1/2 inches | feet | inches |
| Weight | | 116 lbs. | | lbs. |
| Chest Measurement | Girth when fully expanded | 34 inches | | inches |
| | Range of Expansion | 2 inches | | inches |
| Physical Development | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | Arm | | | |
| | Number | | | |
| When Vaccinated | | | | |
| Vision | R.E.—V = 6/12 L.E.—V = 6/12 | | R.E.—V = L.E.—V = | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) | | (a) | |
| (b) Slight defects not sufficient to cause rejection | (b) | | (b) | |
| Approved by (Signature) | Lamm Peterson | | | |
| (Rank) | Major | | | |
| | Medical Officer. | | | Medical Officer. |
| Enlisted | at S. Johns | at | | |
| | on 18 day of May 1918 | on | day of | 191 |
| | Corps | Regtl. No. | Corps | Regtl. No. |
| Joined on Enlistment | The Royal Nfld Regt 1918 | | | |
| Transferred to | | | | |
| Became non-effective by | | | | |
| (Signature) | on | day of | 191 | on |
| (Rank) | | | | day of |
| | | | | 191 |

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 } Fisherman
or Occupation
2. Regt. No. 5781 3. Rank. Pls 7a. If the soldier claims previous service in Army, he should state—
4. Name Wilkins Alexander (a) Former Regts. or Corps with Regt. Nos.
(Surname) (Christian Names)
5. Age last birthday... 22
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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?

No Complaints of his disability

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

15. What is his present condition?

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

16. Was an operation performed? If so, when and what was its nature?

17. If not, was an operation advised and declined?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Repatriation

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

W. E. Proctor, Capt. R.A.M.C.

Medical Officer in charge of case.

Station ... *Hazley Down*

Date ... *3/4/19*

* 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.



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 *Alexander Wilkins*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5181*

Intended address *Wesleyville*

Height on discharge *5 feet 5 1/2*

Color of hair on discharge *dark*

Complexion *dark*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Short*

Christian name of Father *James*

Christian name of Mother *Ellen*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Wesleyville 20-7-age. 23- 1899*

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)

Alexander Wilkins

(Rank) *PTE*

ST. JOHN'S.

Station

Date *July. 5th 1919*

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

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

Station



Date

August 16, 1919

Mr. Alexander Wilkins,
Wesleyville, B.B.

Dear Sir:-

Referring to your application I enclose cheque
for Seventy dollars (\$70.00), being amount of first payment
due you on account of 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... *Alexander* 2. Surname... *Wickins*
3. Rank... *Pte* 4. Regtl. No. ... *5181*
6. Address in full to which future payments of gratuity are to be forwarded... *Woolswille,*
6. Date of enlistment in the Regiment... *Nov. 18/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents... *Two*
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in field. If so, give dates and particulars of such service... *Overseas*
12. Give total length of time which you served on active service, whether in field or Overseas... *Fourteen months*
..... 1.1
..... 1.1

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?
no

(b) If so, was such reversion in consequence of misconduct or inefficiency?
no

19. Are you now serving in the R.F.C.?
no If not give? (a) Date of discharge. *July 24/19* (b) Reason for discharge.

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.
Demobilization

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

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: *A. Wilkins*

Place of Residence: *Wesleyville,*

Declared before me at: *St Johns*

This *10* day of *July* 19*14*

John M. Carthy
J.P.

Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

| | | | | |
|-----------|----------|------------|-------------|------------|
| Date paid | Paid | Paid | War Service | Net amount |
| | Soldier. | Dependent. | Gratuity. | due |

.....

.....

.....

Certified correct.

RECEIVED

9

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
59.

Number of Sheet 1

Regiment of

Royal Newfoundland

Signature of O. C. Company

C. A. Vickers Lieut

| | | | | | | |
|----------------------------|--------------------------------|------------|---|--------------------------|---|----------------|
| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay | |
| No. | <i>5181 Wilkins, Alexander</i> | Age on | <i>21</i> years <i>0</i> months | <i>Fisherman</i> | | |
| Joined | | Date | Place and Date of Enlistment | Religion | | |
| Joined | | Date | <i>St. John's</i> | <i>18.5.18</i> | | <i>S. Army</i> |
| Joined | | Date | } with Colours } <i>18</i> years. } with Reserve } <i>3 1/2</i> years. | Place of Birth | | |
| Joined | | Date | | <i>Wesleyville, N.S.</i> | | |

| Place | Date of Offence | Rank | Cases of Drunkenness | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|-------|-----------------|------|----------------------|--------------------|--------------------|--------------------|---|-----------------|-----------|
| | | | | <i>Demobilized</i> | <i>Johns</i> | <i>7</i> | <i>5</i> | | <i>19</i> |

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5181 Rank Mr. Name A. Wilkins
 Date of Enlistment 18-5-18 Address W. St. John's District Bona Vista
 Occupation Huberman Classification for Discharge H Medical Category H
 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 7-7-19

1 Mrs. H
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

A. Wilkins

Passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$ 6.00

(b) Clothing Supplied _____

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2371..... to his home at Hasleynville..... and Release Certificate No. 3400..... issued.

Date 10-7-19.....

J.A. Knowlton
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-8-19.....

Date 10-7-19.....

J.M. [Signature]
Depot Paymaster.

Discharge approved for..... 24-7-19.....

Forwarded with following documents to O.C Discharge Depot.

| | | | | | |
|---------------|-------------|-------------|-----------------|-------------|----------|
| N.F. P36..... | B 268..... | B 121..... | 1 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..... | MB 2..... | "..... | " 6..... | |
| B 179c..... | B 120..... | M 93..... | | | |

Date 10-7-19.....

J.A. Knowlton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Grately

Date JUL 24 1919.....

K.R. Loope Capt.
O. C. Discharge Depot.

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

Date July 31 1919.....

Reg. No. 5181 Rank. *Pfc* Name *Wilkins P*
Attested Address *Wesleyville*
Allotment Allottee
Date of Allot. Re: a n-1 f. o. a f. overseas. *301* *1919*
Returned on S.S. *Caribbean* Caus. *Disc.*

10-7-19
24-4-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

- 1. Unit and Corps. *Royal Newfoundland*
- 2. Regt. No. *5181* Rank. *Pvt*
- 3. Former Trade or Occupation } *Fishermen*
- 4. Name *William* *ah*
(Surname) (Christian Names)
- 5. Age last birthday. *27*
- 6. Posted for duty on at..... in category (or grade).....
- 7. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
- 9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

- 10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
- 11. Date of origin of disability. *nil*
- 12. Place of origin of disability. *nil*
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

*No Complaint of no
 Feasibility*

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. Procmier *Capt. Haunc*

Station *Hazey Down*

Medical Officer in charge of case.

Date *3/18/19*

* 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.