



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5066 Name Hedley Winsor Corps Militia

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Hedley Winsor
2. What is your full Address? 2. Wentworths 13 Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 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, Hedley Winsor 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.

Hedley B Winsor SIGNATURE OF RECRUIT.
J. B. Payne Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Hedley Winsor do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 16 day of May 1918
Brooks Lieut. Signature of Attesting Officer

†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 May 16 1918
 Place St. John's } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

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



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3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. No
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8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
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C. Crooks Lieut. Signature of Attesting Officer

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DESCRIPTIVE REPORT ON ENLISTMENT

5066

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

Name Hedley Womers
 Apparent age 20 years months Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 37 inches
 { Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Joseph Womers
Weymouth B Bay | 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 Lepot	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>16-5-18</u>									
Joined at <u>Mohio</u> on <u>May 16-1918</u>									
<u>Discharged August 7-1919</u>									
<u>Embarked Mohio St Kolumella to Halifax N.S. 28-22-18.</u>									
<u>Re-embarked for demobilization 24-6-1919</u>									
<u>Arrived to embark 1-7-1919</u>									
<u>Demobilization Mohio 7-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-8-1919 (date of discharge) 1 years 84 days
 " " Pensions " " " " " " " " " " " "

C.R. 5066

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.

5066 Pte. H. Windsor.

C.R. 5066

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.

5066 Pte, H. Winsor.

C.R. 5066

Extract from Daily Orders Part III Unit The Royal Field Artillery,
St. John's, July 24th 1919.

5066 Pte. H. Winsor.

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

C.R. 5066

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

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

#5066 Pte. Henry Winsor.

C.R. 5066

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 17th, 1918

#5066 Pte. H. Winsor.

Attested for General Service with the Royal Nfld. Regt .
from 16.5.18

A Winsor

C.R. 5066

~~110~~

FORM K

№ 6210



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Hedley Winsor, Regl. No. 5066

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins July 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
566 +612	Mother	Mrs. Hedley Winsor	Wesleyville Branford Bay	60
Total Allotment, \$				60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) [Signature]
 Officer Commanding
[Signature] Company.
[Signature] 1918

(Sig.) Hedley Winsor
 (Rank) Pte

B

PT 099883
N.P.P. 70

No. 6767/1488

From: NEWFOUNDLAND

NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Field. Regiment
Winchester
MAY 1919

16th May 1919

May 21st 1919.

5066 Pte. H.G. Winsor

With reference to the following telegram from the Minister of Militia / / 19 (189):

"Pay to- 5066 H.G. Winsor
£4. 0. 0.

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

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

Receipt hereunder.

A. D. B. S. LIEUT. COLONEL,
COMMANDING OFFICER NEW ZEALAND BATT. REGT.
A. N. R.

Received the sum of Four Pounds

in respect of telegraphic remittance from the Minister of Militia.

H.G. Winsor
No. 5066 Rank Private

Witness: M. Rochett

Winsor, A

5066

Aug - Sept.

August 7th 1919.

#5066, Pte.H.Winsor
Wesleyville.

Dear Sir:

Enclosed please find Discharge Certificate
3568.

Yours truly,

Capt. *
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5066 Rank PC Name Winnor H
 Intended place of residence Wesleyville
 2. Occupation Tradesman
 Classification of soldier E Medical Category A L

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
 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
 Signature of soldier H. Winnor
 Signature of witness James O'Sullivan

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
 Signature of soldier H. Winnor
 Signature of witness James O'Sullivan

STATEMENT OF SERVICE

7. Enlisted for service 16-5-18 No. of days on Military
 Discharged from service 24-7-19 Plus 14 days Service 449

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 24 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date August 7/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

Aug 13 2079 / 2568

66
20
31
7
84

The Royal Newfoundland Regiment

Class for Demobilization:

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *5066*

Name *Winston Hedley*

Address *Hesleyville*

Present Medical Category *A1*

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

Members of Board {

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

J. Paterson
.....
Senior Medical Officer

J. C. S. S. S.
.....
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5066 Rank Platoon Name Edmondson A.
 Date of Enlistment 16-5-18 Address Wesleyville District Bona Vista
 Occupation Postman Classification for Discharge A Medical Category A
 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.

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 Amplified

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192376 to his home
 at Hesleyville and Release Certificate No. 3402 issued.

Date 10-7-19

J.A. Newell
 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.A. Newell
 Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 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 10-7-19

J.A. Newell
 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

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

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

H. Winsor

Signature of Man.

J. H. Crawford

Signature of the Vocational Officer or his Representative.

Reg. No. 5666

Place

Al-johus

Date

10-7-19

191

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

MEDICAL HISTORY

Surname Parsons OF Bedley
 Christian Name Bedley

Table I.—GENERAL TABLE.

Birthplace:—Parish Wesleyville B.P. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	16	May 1918		191
	at	St Johns	at	
Declared Age	21	years		days
Trade or Occupation	Fisherman			
Height	5	feet 9		inches
Weight		130		lbs
Chest Measure- ment	Girth when fully expanded... 37			inches
	Range of Expansion... 3			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	1 Bear			
When Vaccinated	4/7/20 2/10			
Vision	R.E.—V=	6/10	R.E.—V=	
	L.E.—V=	6/10	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)	Lamm Paterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St Johns	at	
	on	16 day of May 1918	on	day of 191
		Corps		Regtl. No.
Joined on Enlistment	The Royal 1066			
	Wesleyville			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Winston Hedley*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5066*

Intended address *Wesleyville, B. B.*

Height on discharge *5* Feet *10*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *1 all*

Christian name of Father *Jaketh*

Christian name of Mother *Leady*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Wesleyville, Nov. 26, 1897*

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) *Hedley Winston*

(Rank) *Rt*

Station **ST. JOHN'S**

Date *5-7-'19*

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



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

Station

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (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* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *2066* 8. Rank... *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Windsor* *Heddy* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *23*.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

The Complaint of no Disability

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.)

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.

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

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

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

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

20. Do you recommend—

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

Repatriation

W.E. Proctor

Capt. Raine

Medical Officer in charge of case.

Station *Bazely Down*

Date *14/19*

* 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.

August 15, 1919

Mr. Hedley Winsor,
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..... *Medley* 2. Surname..... *Winson*
3. Rank..... *Pte* 4. Regt. No. *5066*
5. Address in full to which future payments of gratuity are to be forwarded..... *Mesley, Nfld.*
6. Date of enlistment in the Regiment..... *Nov. 16/18*
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..... *no*
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?..... *no*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen months*
- 1. $\frac{3}{4}$

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 Res? If not give:- (a) Date of discharge.

Aug. 24/18

no

Demobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

England.

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

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

Signature of Applicant: - *H Winsor*

Place of Residence: *Muslinville,*

Declared before me at: *St Johnsburg*

This ~~10~~ th day of *July* 191*9*.....

John M. Carthy

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 Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
-----------	------------------	--------------------	--------------------------	-------------------

.....	:	:	:	:
.....	:	:	:	:
.....	:	:	:	:

Certified correct.

Registrar

9

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39

Number of Sheet 1

Regiment of Royal Newfoundlands

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

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5066 Windsor Hedley</u>	Age on	21 years	months	
Joined		Date	<u>Seaman</u>		
Joined		Date			
Joined		Date	Place and Date of Enlistment	<u>Meth.</u>	
Joined		Date	Period of	Place of Birth	
Joined		Date	} with Colours <u>34</u> years. } with Reserve <u>36</u> years.	<u>Wesleyville B. B.</u>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 7/19</u>					

To be carried over

Army Form B. 121.

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 (viii) (a), 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 Regiment* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *1066* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Winsor Wesley* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *23*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*

12. Place of origin of disability. *nil*

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

14. State whether the disabilities are

(a) attributable to (b) aggravated by

- (i) Service during the present war.
- (ii) Previous active service.
- (iii) Climate in pre-war service
- (iv) Ordinary military service before the war
- (v) Serious negligence or misconduct on the man's part. }

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat 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 disability

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriations

W.E. Procmier

Capt. R.A.M.C.

Medical Officer in charge of case.

Station . . . *Adzeley Down*

Date . . . *3/4/14*

* 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.

25066

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 066 Rank Cpls Name Wilson A.J.
 Date of Enlistment 16-5-18 Address Wesleyville District Bona Vista
 Occupation Truckman Classification for Discharge F 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 9-7-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

A. Wilson

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied _____

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2376 to his home at Wesleyville and Release Certificate No. 3402 issued.

Date 10-7-19

J.A. Snowcraft
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-5-19

Date 11-7-19

Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136.	B 268.	B 121.	/	N.F. Med.	D.F. 1.	1
F 178.	W 3494.	B 122.	/	Board 1st.	" 2.	2
B 178a.	D 400A.	B 1915.	/	do 2nd.	" 3.	3
B 179.	D 400B.	Form L.	/	do 3rd.	" 4.	4
B 179a.	D 400C.	Form K.	/	do 4th.	" 5.	5
B 179b.	B 103.	ME 2.	/		" 6.	6
B 179c.	B 120.	M 93.	/			

Date 10-7-19

J.A. Snowcraft
Demobilization Officer.

A. PROVED.

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

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

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

Date July 3 1919

[Signature]

Reg. No. 5056 Rank Pt Name Windsor N.
Attested Address Wealeyville
Allotment Allottee
Date of Allotment Returned from Overseas JUL 1 1919
Returned on S.S. Cassandra Cause Discharge

10-7-19 **PASSED TO DEMOBILIZATION OFFICER**

at 7 19 **DISCHARGE APPROVED ON DEMOBILISATION.**