

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

	Questions to be put to the Recruit before Enlistment.
ı. Wi	at is your name?
2. Wi	nat is your full Address?
3. Are	you a British Subject? 3. He
SEC LUIS	at is your age? 4 28 Years ! Months
	at is your Trade or Calling? 5. Holoman
	you Married? 6
7. Hav	ye you ever served in any Branch of His Ma) y's Forces, naval or military, if so,* which? 7
	you willing to be vaccinated or re-vac- 8.
	you willing to be enlisted for General Ser-
stan	you receive a Notice, and do you underdits meaning, and who gave it to you?} 10.
11. Are	you willing to serve upon the conditions as embodied in the roll of service } II. ###
14	H-2-18 SIGNATURE OF RECRU!
oouna, n	OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. do make oath, that I will be faithful an allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in dut onestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity agains les, according to the conditions of my service.
m.	CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.
e would	Recruit above named was cautioned by me that if he made any false answer to any of the above question is be liable to be punished as provided in the Army Act.
	above questions were then read to the Recruit in my presence.
	we taken care that he understands each question, and that his answer to each question has been duly enter
	d to, and the said recruit has made and signed the declaration and taken the oath before me at
n this.	Signature of Attesting Officer & S. Carty may
	†CERTIFICATE OF APPROVING OFFICER.
ulred fo	riffy that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re orms appear to have been complied with. I accordingly approve, and appoint him to the:
	alisted by special authority, such will be attached to the original attestation.
ate	2 July 191
Place	Till, 14 1918 Approving Office
	t The signature of the Approving Officer is to be affixed in the presence of the Recruit.

Jame Pu		<u> </u>			_		
pparent age hest Measureme	Girth when fo	months. ully expanded	37/2	inches	3 f	eet 7,4	, inches
Astinctive mark	s						- 5
	INFORMA	ATION SUI	PPLIED B	Y REC	RUIT		
lame and Addres	ss of next of kin		Mui	es y	. الم		
		1	Relationship as to Marriag			L.,	
(a) Christian	and Surname of Woman (c) Pres	to whom married, as ent address. (d) In	nd whether spinster itials of Officer ver	or widow. ifying entry.	(6) Place and	date of marriage.	
(a)		(8)		(c)		(d)	
Y		Particulars	as to Childre	n	1_	-E	
Christ	ian Names			Z	Date and Pla	ce of Birth	
	STAT	EMENT O	THE SE	RVICE	s		
Corps in Rgt. or hich served Depot	Promotion, Reductions, Casualties, &c.	Army Rank		ice not al- it to reckon ixing the of pension	ervice in Re- ve not allow- to reckon to- eds G. C. Pay	Signature of Offi- fying corrects entries	
ervice towards limited	engagement reckous fro	tebruary	-1918 4-1918				No.
			Α				
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TECHNEL CONTROL						territorio de la compansión de la compan	
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	for St. S	31-3-18	Loine	J.	a sto	5-9-18	
make.		36 8 13	19 1	till.	for de	moletych	m 22
primes in	tout of la	1-4-	1919	0 8	1	0	
gries has	fine of the fortested as above.	1-6- Oemv	dig the		about	es 14-	7-19

Reg. No. 4338 Rank Me Name Woods. H Attested h 2 & & Address Paux Bouls. Circle, St. Go. Allotment Allotee	ges
Date of AllotmentReturned from Overseas	
Embarked for Overseas Cause	
F. Z. 18 Vacc. 12 hor 7638 11. S. 7. 3. 18-17. 1. 18 Kella 5.). 18	

^

C.R. 4338

Extract from Daily Orders Part II Royal Newfoundland Regt. Depot st. John's dated aug. 1st 1919.

The discharge of the undernoted on demobilisation has been confirmed by officer i/c Records from noted date 14-7-19.

4338, rte. Peter woods.

Extract from "ally Order Part 11 "mit the Reyal Hild. Regt. St. John's, July 4th, 1919.

The discharge of the undernote on deschilimation has been 422ROVED by 0.0. Discharge Deput with effect from 30-6-19.

4338 Pte. Peter Woods.

C.R.4338

Extract from Dally Orders Part II Depit, Sp. Johns, Date June 18th 1919.

4338, Pte. P. Woods.

Reported at Headquarters 1/6/19. ex "Corsican" which sailed Liverpool May 25/1919.

Extract from Nominal Roll 1st. Battalien C.R.4338
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the Ist. Bettelich Left Rouen Camps 22/4/19, embarked at Havre 22/4/19; disembarked at Southampton 23/4/19 and reached Pazeley Down Camp 23/4/19.

#4338 Pte. P. Woods.

C.P. 4338

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

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

C. COMPANY.

4338, Pte. C. Woods.

C.R. 4338

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

4338 Pte. Woods, P.

Extract from Nominal Rell Embarked St. John's gor Overseas, Mar. 28th, 1918.

4338 Pte. Woods P.

Extract of Daily Orders part 11, from 4th Battalion Unit The Royal Newfoundland Regiment, February 4th, 1918.

#4338 Pte. P. Woods.

A ttested for General Hervice with the 1st Newfoundland Regiment, with effect from 4/2/18.

Woon C.R. 4338

Medical Report on an Invalid.

Station Hazely bound

- 1. Unit Royal Newfoundlaw
- 2. Regimental No. 4338
 3. Rank ple
- woods felsi 4. Name
- 5. Age last birthday 2 2
- 6. Enlisted on See 28/18

- 7. Former Trade | or Occupation |
- 7a. If with previous service in Army, state-
 - (a) Former Unit:
 - (b) Regimental No.;
 - (e) Date of Discharge;
 - (d) Cause of Discharge.
- 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19),

Statement of Case.

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

- 9. Date of origin of disability.
- 10. Place of origin of disability.
- Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nie nie nie

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

a

13. What is his present condition?

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

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

If so-(a) When?

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

Reportration

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

> Copt Rance Sand W & Preumer Coff !

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

Mazeley 30/4/19

Officer in charge of Hospital.

Date.

^{*}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.

3998 A Nº



1ST. NEWFOUNDLAND REGIMENT

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUNT (each perso
257	Mother.	Mrs Kary Jooo	la fort ou for	£ .
	in sugar			
12 E.D.			Total Allotment, S	
2000			rotal Anothent, 2	.(

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

Sir;Please charge the amounts set opposite my name to my account and
pay it to the N.". C.A. "Prisoners of "ar Fund" in quarterly instalments
for the period of one year.
Convencing on 1st July 1918.

Regtl. No.	Rank,	Name	Amount	Signature.
4838	Pts	Doods. P.	\$2.50	

I have the honour to be; Sir, Your obedient servant.

rate fine of the

Woods, Alter

4338

Any souph,

July 14th 1919.

#4338, Pte. Feter Woods. Bay ot, George.

Dear sir:

mnclosed please find Discharge Certificate # 3239.

Yours truly,

Capt." Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE
I. No. 4.338 Rank Ste Name Woods lets
Intended place of residence Lay St. 42009k,
2. Occupation Jisherman, Classification of soldier. His Medical Category. A. I.
3. The above named man is discharged in consequence of
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 JUN 28.1919
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 Signature of
Date 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 28-6-19 Whateeylew Signature of witness
STATEMENT OF SERVICE
7. Enlisted for service. 4 - 2 - 18 No. of days on Military
Discharged from service. 3.0 6
APPROVAL OF DISCHARGE
8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ilc Records, The Royal Newfoundland Regiment, twenty-eight days from date.
Place, ST. JOHOF 3 0 1919 Officer Commanding Discharge Depot The Royal Newfoundland Regiment
Date
CONFIRMATION OF DISCHARGE
9. The discharge of above mentioned soldier is hereby confirmed
Place, ST JOHN'S 111 1 1000 Officer of Record
Date Date The Royal Newfoundland Regiment

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The Koyal Pewfoundland Regiment

Class for Demobil- ization:
T

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

Discharge Depot: Headquarters The Royal Newfoundla	nd Regiment	
	Date 20-1-1	9
Regimental No. 4338 Name Goodo, Peter Address Bay II lear		
Name Woods, Peter		
Address Buy IT Geor	ge	
Present Medical Category A /		
	(a) Immediate discharge	
Recommended for:	(b) Standing Medical Bo	and
	for O.C. Diss	pole Calit
	oz O.C. Diss	charge Depot.
	18	Sugar
Members of Board	Senior M	edical Officer
	200	
	- seur	Berden
	M-	O. Depot

The Koyal Pewfoundland Regiment

Reg. No 4338 Rank Pr Name Woods Poler
Date of Enlistment 4 2. 13 Address Duy & Jung District Al Jugar
Occupation Archamachlassification for Discharge 6 Medical Category 45
Recommendation S.M.B. Disability Rating
Passed to Demobilization Officer with following documents:—
NAME OF THE PARTY
N.F. 1/36 B 268 B 121 N.F. Med D.F. 1
B 178 W 3494. B 122. Board 1st. "2 3
B 178a D 400A B 1915 do 2nd do 2nd
B 10
B 179a D 400C Form K do 4th " 5 B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
+11 . AL
20110 f // // // //
Date 29 6.19 O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.
in a position to resume of Dan occupation
I amin a position to resume civillan occupation.
I amin a position to resume civillan occupation.
I am in a position to resume civillan occupation.
I amin a position to resume civillan occupation.
Particulars passed to Vocational Officer for information and action
I am in a position to resume civillan occupation. Why or described the Particulars passed to Vocational Officer for information and action.
Particulars passed to Vocational Officer for information and action
Particulars passed to Vocational Officer for information and action. Date
Particulars passed to Vocational Officer for information and action. Date
Particulars passed to Vocational Officer for information and action. Date

3. Transportation and Release Certificate. The above named has been provided with Travelling Warrants No. 9 8 8 to his home at Bay & George and Release Certificate No. 3074 issued.
Date 99 6-19 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
Discharged approved for 30 6 - 19. Forwarded with following documents to O.C. Discharge Depot.
N.F. P 36
Date 27-6-19 A Throw Coff O. C. Discharge Depot.
APPROVED. Documents as above forwarded to:— Officer i c Records. Board of Pension Commissioners. with following additional documents.
Eligible for War Service Gratutty Date JUN 3 0 1919 O, O, Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.

Civil Re-establishment Committee

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

To recume firmer Occupation.

	wood 1.+
	Signature of Man.
a.a.	Jacg. No. 4338
whou	onstan
Signature of the Vocational Offic	or his Representative.

Place ST. JOHN'S.

Date JUN 28 1919 191

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

MEDICAL HISTORY

Surname woods		Christian N	ane Su	لتر	
Grant and	Table I.—GE	NERAL TABI	E.	And Section	
Birthplace:—Parish leleculo	and Jewe Bo	an By John	ntife		
	SPECIAL	RESERVE.		GULAR AR	IY.
Examined	on it day as style	of Fed. 191 nul	Y on .	, day of	15 1 8 1
Declared Age	20 year		ys .	years .	days
Trade or Occupation					
Height	5 Ret	12 inel	ies	fact	inehes
Weight		37. 11	ж.		lba.
Chest Girth when fully expanded Measurement Range of Expansion	3 7	Hr inch			inches
Physical Development			a Alteria		
Vaccination Marks Arm	Right	Left	Right		Left
When Vaccinated					
Vision	$\begin{cases} R.EV = \begin{pmatrix} 0 \\ L.EV = & 0 \end{pmatrix}_{\infty} \end{cases}$		R.EV= L.EV=		
(a) Marks indicating congenital poculi- arities or previous disease	(a)		(a)		
(b) Slight defects but not sufficient to cause rejection	(b)	*	(6)		
### 1 1 1 1 1 1	100	· · · · · ·			
Approved by (Signature)	Lamos	atorsen			
(Rank)	2	agua .			
Enlisted	nt deadqu		at).	Iedical Officer.
	on A da	y of Val. 191 Regtl. No.	Corps.	day of	191 legtl. No.
foined on Enlistment	9 a Wild				
ransferred to	rage 4	H33 8			
decame non-effective by					
[Signature]	on de	x of , 191	on	day of	191
[Signature]					
[Rauk]					

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

Date	9	Brief Details, and Signature
R. 2. 18	War and A	A Secretarion of the control of the
2. 3-18	Van. 98 1.48 18	
26.3-18	14B. EP	
5-4-18	1.0.3. 000	

His hereby acrified that this soldier has been before a T-acrilling Medical Board, and has been consider as the test of for Discharg on Degree Sination. Medical cutegory of the Acris 128.6.19

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
		4			
<u> </u>		. %			

	Medical Report on an Invalid.
	Station Hazely D. Camp
	Date
1.	Unit Regimental No. 4338 Regimental No. 4338 Rank Name Woods Teles 7. Former Trade or Occupation or
2.	Regimental No. 4338 7a. If with previous service in Army, state-
3.	Rank (a) Former Unit;
4.	Name Woods 7 eles (b) Regimental No.;
5.	Age last birthday 37 (c) Date of Discharge;
6.	Age last birthday (c) Date of Discharge; (d) Cause of Discharge. Enlisted at St-Johns
	8. Disability in respect of which invaliding is Proposed. (Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

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

9. Date of origin of disability.

10. Place of origin of disability.

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

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

M.a.

de complains of nodisability.

13. What is his present condition?

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

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

If so-(a) When?

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

aa.

Repatriation

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

W.S. Procumier bapt R.a

Officer in medical charge of case.

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

except †

Station Handy D. Camp
Date 30-4-19

Officer in charge of Hospital.

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

July 30th 1919. Mr. Peter woods, Bay St. George. 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 Vratuity. Yours truly, Capt.& Paymaster. RS.

DEPARTMENT OF HILLITIA. 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.

에 많을 보는 HONG 가능 프로그램 (1) 발생 : 14 개발 : 14 개발 : 15 개발 : 1
A complete reply must be given to every question in this Declaration There most be no blanks and no dakhes, 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
3. Ronk. Mivalt 4. Regtl. 10. 4338
5. Address in full to which future payments of gratuity are to be
forwarded letu lovos / Lay 4 George
6. Date of enlistment in the Regiment. 12 March 1917.
6. Date of enlistment in the Regiment
7. Name of dependent, if any, to whom Separation Allowance is being
issued, or was being issued, immediately prior to your discharge
May Words
6. Relationship of such dependents
9. Address in full of such dependents. May words blank Bouk Core Bay Spierse
10. Is said dependent, now, or was said dependent at any time in receipt.
of Solveration Allowance on account of another soldier? Ou work
11. Were you on active service only in Nfld, II so, give dates and
particulars of such service. England March 18-
German December 18-
12 dive total length of time which you served on active service, whether in Ffld.or grances. How I Musich - J.
whether in liftd or oversees. If I am 1919
with the second for the second

13. Have you had more than one enlistment? If so, give particul	ars
of discharge and re-culistments, and under what regimental num	
	••••
14. Have you already received any payment of Post Discharge pay	or
War Service Gratuity? If so, state amount you and your dependen	ts
have already received and by whom paid	
	• • • • •
······································	
15. Have you been issued with a War Service Badge?	
16. Have you, during the present war, served in the Imperial Dore	csAs
17. Are you entitled to receive, or have you received any Gratui	ty
in the nature of Pest Discharge Pay from the Imperial Forces?	If
so, state amount received, or to which you are entitled	
•••••••••••••••••••••••••••••••••••••••	• • • • •
18. Did you revert Oversees to a rank lower than the substantiv	0
rank hold by you on your arrival in England?	
(b) If so, was such reversion in consequence of Misconduct	
inofficiency?	
19. Are you now serving in the Rest.?. M If not give?- (:)	date
of discharge . 15. Mun. /1.(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 Belgium at Ypus vetober 18 & Ledinghen 100.	s
21.(a) Are you receiving treatment from the Wivil Re-Establish	
Com.(b) If so are you in receipt of full pay and allowences fr	
that Committee	
And I take this solemn decleration, conscientiously believing it be true, and knowing that it is of the same force and effect as made under Oath.	if

Signature of Applicant: Returned on Afferree

Place of Residence: Clau Aank Cove Bay & George -Declared before me at: At phin day of fruit This 24 M Signature of Berrister of the Signature of Efficient Supreme Court, Stipendiary Hadis-trate; Notary Public, Justice of the Peace, or Commissioner of affiderits. POST DISCHARGE PAY. Net amount Date paid Raid Raid War Sorvice . Shidler. Dependent. Cantoning. due Paymester cortified correct. i language of the language. is a contract to the contract to 101 to 00 to

The Attention of the Control of the Control

To be to come

Nº 3998



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I,	Rel	- Wood		R	egl. No.	43.	18
hereby a	gree, until furthe	r notification by me, and	in similar	official form to ma	ke an All	lotment	of
		Dollars and					
		the undermentioned Pers					
of iden	tity of, and pro	duction of the relative	Identity	Certificates by the	Person a	nd Pers	ons
concerne	e d, viz.: Allotment begins	Mans	612	1918			
	Whether Wife, Child,			Address		Amoun	r son)
3757	No the	Mrs Mary	tood	Port-an	Port	4	50
/				/			
	•				11/1		
			2.7	TVE DECL	Silver I		
						-	-
							_
							_
						17	1
			200				
			mint i				7
				Total Allot	ment, §		-
S	This form must be digned by the Office equired payments	completed by the Officer Corr Commanding Company son application.	mmanding C and handed t	ompany, signed by the	Voluntee	r, count make t	er- he
Sig.)	Monly	h-					
			(Sig.)	Peter X	9	~	,
	0	fficer Commanding		mar	K	0000	-
R	11.	H Company	(Rank)	Pri	vale		
st.	Johns			/.			
U	Fel	4 27 1918	1		. 1		
	*	/ -	A	arold l	5.	an	0
					-		
THE RESERVE	THE RESIDENCE OF THE PARTY OF T	THE COURSE WITH THE PARTY OF TH	WHO IN COURT IN				AND HARD

The sum of Twenty Sollows 10

No. 9 808 TRAVELLING Date-JUN 28 1919 The Royal Dewifo	10 20
Junal.	
Please issue 1st Class I No. 4338 Rank / L Na	
From - ST. JOHN'S To	Bay II Glorge The Royal Betweent
PLEASE QUOTE THIS WARRANT NUMBER ON STATEMENT AND MEAL CHECKS	DEBOT ST. JOHN'S, N.F. Manual of Issuing Officer. Demokilisation Officer. Demokilisation Officer.

my Charge for driving the Woods from Stephewila Crossing to Clam Blank Cove 2 days Twenty dollars. Columbus White . Stephensile Bay St George July 21 st 22 Cloumbus White, Stephenville.

Dear Sir:

I enclose chaque for \$20.00 amount due you for conveyance of Pte. Woods No. 4338, from Stephenville Crossing to Glam Bank Cove.

Yours truly,

Major Paymaster

IM/ Enc. 1 C.R. 4338

RECEIPT.

FOR ISSUE OF BRUTISH WAR MEDAL 1914-1912.

I certify that I have received an issue of 2 inches of Riband of British War Medal-1914-1919.

Nama Pt. P. Woods

Date Jan 8 1920 Place Clam Bank Gret

C.R. 4338

RECEXTO.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches of Riband od Victory Model 1914-1919.

NO St. 3. 3.8. NAME. Pretters. Wetterdo.

DATE S. fed. 1910 PLACE & lambankhove

Receipt for Army Book 64 No. 4338 Name 12 Woods To Certify that I have received the AB 64 of the above named soldier.

None Peter Woods

Date aug: 17 = 1920
Place blam Bank bone Port we Port Wed

N.B. For completion and return to the Department of Militia Insert in corner of envelope "AB 64"

-	Ne Reg	iment or Corps Loyal K	Service.	la «	4-1-189
Rank F	Surname	Woods Chr		Reto	*
Religion	\mathcal{R}	Age on Enli		vears	/ months
	1)4-2-18	Terms of Service (a). Danates.	Service reckon	from (a)	4- 3-18
		t rank Date of ap			
Extended	{y	Re engaged Q	ualification (b) Corps Trade a		
Occupation	n Justern	nam II	120)09	(Della	ature of Officer.
	Report	Record of promotions, reductions, transfers, casualities, &c., ducing active service, as reported on Army Form B 213, Army Form A 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official
Date	From whom received	The authority to be quoted in each case.			documents.
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1935A 2212		PARTY TO STATE			
1	ext of Kin :	Father: Peter Woods Cl	whank Cove .	Bay Si	George Yea

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms B 121. Number of Sheet Que Regiment of Royal Newfoundland. Signature of O. C. Company Regimental Number and Name Enlistment Good Conduct Badges, Service pay or proficiency pay 20 years 1 months Religion of Enlistment Joined R.C. Joined Date Place of Birth with Colours , /4/ years. Joined Date Si George Joined Date of award or of order dispensing with trial Date of Offence Place Names of Witnesses Rank OFFENCE Punishment awarded REMARKS Drunk. By whom awarded Augley Davon Camp 19-1-18 De Tacking in Nauko CSN Audeus 2 days CB. 20.1.18 leaph Erman Demolified It Sohn's 14 19

To be carried over



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 "Pate" should be in his own handwriting.

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

Changes occuring in the description subsequent to the date of admission to pension should be noted in red ink. Name in full & ster. Woods Regiment from which discharged Royal Dewfoundland Regimental number 4337 Intended address Capt-St. George Height on discharge Color of hair on discharge Blank Complexion Color of eyes Descriptive Marks Figure on discharge medum Christian name of Father Christian name of Mother Wife's maiden name in full Date and place of marriage Christian names of children Place and date of soldier's birth Gorf any Basque 15-8- age. 22.189.7 Nature and locality of civil employment required Pol 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) Peter & words

(Rank) Pte

Date June . 27-6-19

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.

Allotment Allottee Date of Allotment Returned from Overseas 29.1 Returned on S.S. Consular Cause Assulance 2016 2016 2016 2017	13.
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DISCHARGE APPROVED ON DEMOBILISATION	

Simplification Release Certificate

The Popal Pewfoundland Regiment

DEMOBILIZATION OF
Reg No 433 8 Rank 11 Rame Works Teles
Day of Enlistment 4.2. 8 Address Bay Styler District Malay
Oupation Lithermis Classification for Discharge Medical Category
kecommendation S.M.B. Disability Rating
Passed to Demobilization Officer with following documents:—
N. F. F. Med 9. F. 1
B 178 W 3494 u 122
B 178a
B 178a D 400C Form K do 3rd 4 5
3 179b B 103 ME 2
B 179c
Date 28.6.19 h O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.
I am in a position to resume civilian occupation.
TAM MI
D. Moods
mor his own changer
Particulars passed to Vocational Officer for information and action
Particulars passed to Vocational Officer for information and action
Date
Date
Date

3. Transportation and Release Certificate.	B1998
The above named has been provided with Tr	ravelling Warrants No. 2 808 to his home
at Bay & Config. and Release Certi	ficate No. 3074 issued.
1 0 0	MIXI TX
Date	Comillous was
	Depobilization Office
4. Pay and Allowances.	A A A A A A A A A A A A A A A A A A A
The herein named soldier's accounts have be	en correctly balanced and all matters in ou-
nection therewith settled. He has received pa	y and allowances to /4 - 7 - 19
Date 28 - 6 - 19	# # # 1 1 1
	Depot Paymaster.
Discharge approved to 7.00	
Forwarded with following documents to O.C.	
to warded with following documents to O.O. E	ischarge Depot.
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Date 9.9 - 6 - 19	4. Thow Coffee
7/1	O. C. Discharge Depot.
APPROVED.	
Documents as above forwarded to:	
Officer ile Records.	
Board of Pension Commissioners.	
with following additional documents.	
Plinible fo	r War Service Crafetty
JUN 3 0 1919	
Date	and the state of t
and the second s	O. C. Discharge Depot.
Received the above noted documents from O. C. Disch	parge Danot
2000, ou the about about about the first of O. Disol	The state of the s
Date July 18/09	
Date	Adjut 1

3. Transportation and Release Certificate.	Riggie To
The above named has been provided with Travelling Wi	arrantosis 9 808
at Bart Corfa and Release Certificate No	
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4. Pay and Allowances.	6
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B 179	103mB
B 179a D 400C Form K do 4th	
B 179b B 103 ME 2	
B179e B 120 M 93	
Date 99-6-19	rew Coff
Date	O. C. Discharge Depot.
APPROVED.	9.9%
Documents as above forwarded to:-	
Officer ile Records. Board of Pension Commissioners.	
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