



THE ROYAL NEWFOUNDLAND REGIMENT

No. 5436 Name Clesky Worffrey Corps Mell.
Questions to be pur to the Recruit before Enlistment.
I. What is your name?
2. What is your full Address?
3. Are you a British Subject?
4. What is your age?
5. What is your Trade or Calling? 5.
6. Are you Married? 6
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which?
8. Are you willing to be vaccinated or re-vac-
9. Are you willing to be enlisted for General Service? · · 9.
10. Did you receive a Notice, and do you understand its meaning. and who gave it to you?
11. Are you willing to serve upon the conditions as embcdied in the roll of service to be signed by you are accepted?
26/6/18 Woolfrey SIGNATURE OF RECRUIT. Signature of Witness.
OATH TO BE FAKEN BY AECRUIT ON ATTESTATION. I
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 daily entreed
as replied to, and the said result has made and signed the declaration and taken the oath before me at
on this. May of day of 191 Signature of Attesting Officer Like Nicks hier
†CERTIFICATE OF APPROVING OFFICER.
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-
quired 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
Place
† 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 o

Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name CA	ref Wo	The same of the sa	y		~	••
Apparent age		mont	91	Height	ن	feet 4/2 inches
Chest Measuren	Girth when fu	9	led 54	/2 incl	ies ´.	
	(Range of expa	ansion O	12.	inches		
Distinctive mark	ks [*]					
	2 (2 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4					3450
	* INFORMA	TION 'S	UPPLIE	BY RE	CRUIT	
Name and Addre	es of next of kin	ruu	cam	Was	-the	¥
Herrofo	nce	-	Relation	iship 7	alles	(
			rs as to Ma			
	un and Surname of Woman t	ent address. (d	d, and whether s Initials of Off	pinster or widow cer verifying en	r. (b) Place and	
(a)		(8)		(c)		(d)
Chris	stian Names	Particula	ers as to Ch	ildren	Date and Pla	on of Risth
	(ILL) 4.15 9 (2.00) - y (1.00) (1.00) (1.00) (1.00) (1.00) (1.00) (1.00) (1.00) (1.00) (1.00) (1.00)					C O DIIII .
	CTATI	TMENT	OF THE	CEDVIC	rec	
	SIAIL	EMENT	OF THE	SERVIC	i -	
Corps in Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	rate of pension wards G. C. Pay fying corp		Signature of Officers certi- fying correctness of entries
				Years Days	Years Days	entries
Service towards limite	d engagement reckons from	14-	5-18			
oined at	on	May	24-191	8		
1000	ikin	Qu	ty	19	///	910
2	•		1			19
	10				2	100 mm (100 mm)
whorks	It Sino 1	16	landelle	1	2	While of
1901	911					July 10 3 22 /
o ego for	demoteliale	22-3	-19.			
termed he	foundland	1-6-19	19		00	
	600	motor	La fi	n A	bon's	19-1-1919
Total Service	forfeited as above		3		2000	
	10	/ 0 =			-	

5436 C.R. 3436

Extract from Daily Orders Part 11 Unit The Royal Mild. Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been APPROVED BY O.C. Discharge Depot from 4-7-19.

3436

5436 Pte. C. Woolfrey.

Extract from Daily Ord re part 11, from Unit The Royal Mf14 Regt.St.John's, dated July 25,1918.

The following man embarica for everseas on H.M.S. "Golumbella" July 22,1918.

#5436 Pte.Charles Woolfredy.

C.R. 5436

Extract from Daily Orders part 11, from Unit The Royal Nfld. Regt.St.John's, dated May 27th, 1918.

#5436 Pte. C. Woolfrey.

Attosted for General Service with the Royal Nfld.Regt.

C.R. 5436

Extract from Painty Orders Part 11 Depot. St. John's,
Date June 18th 1919.

5436, Pte. C.J. Woolfrey.

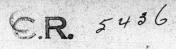
Reported at Headquarters 1/6/19. which sailed Liverpool May 22/1919.

ng "Corsican"

Extenst from D ally Orders Part 11 Unit The Royal Hild. Rogt. St. John's, July 25th_1919.

The discharge of the undermoted on deschiliention has been sometimes by officer 1/4 records from 10-7-10.

5436 Pte. Chesley Woolfrey.



Extract of Telegram from Military to Syh., London. Dated April 12th/19.

Arrange repatriation 5456 Woolfrey next draft.

2/Bn Royal Nfld. Regt. Winchester.

18th November 8 5436, Pte. C.J.Woolfrey

9894

pay to 5436 Woolfrey £5:3:0

5:3:0

- 68 y

APRIL 12, 19.

A. Woolfrey, Esq., e/o A. T. Woolfrey & Bros., Carmanville, N.D.B.

Dear Sir:

I am directed to acknowledge receipt of your letter of the 7th inst., to the Minister of Militia, with reference to the repatriation of #5436 Pte. C. J. Woolfrey, and in reply I beg to say that we have telegraphed the authorities on the other side requesting that he be attached to the next draft.

Yours faithfully.

Military Secretary

cab

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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. Rayae Menfoundland 2. Regtl. No. 54363. Rank. pl. 4. Name (Surname) (Christian Names) 5. Age last birthday. 21	7a. If the soldier claims previous service in
6. Posted for duty on at	

- 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
 - (b) Where
 - (c) Opinion of Court

(d) Particulars of Pension or Gratuity (if any)

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.
- 12. Place of origin of disability.
- 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.

rul rul

	14.	. State whether the disabilities are	a) attributable to	(b) aggravated by
e i servir ogi		(i.) Service during the present war	· · · · · · · · · · · · · · · · · · ·	
		(ii.) Previous active service		3 MIL
		(iii.) Climate in pre-war service		
1		(iv.) Ordinary military service before the war		
		(v.) Serious negligence or misconduct on the man's part.		1212124
	14	(a). If not due to any of these causes, to what specific condition do you attribute it?	0	
In all cases such	15	. What is his present condition?	Va Cam Bla	ino Il no
ies, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with		(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)	Dis	ino of No
where possible; and in cases of imputation 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 treat- ment 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?		
		au		
			1	
			Repatriation	
	20.	. Do you recommend—	/	
		(a) Discharge as permanently unfit?	* The same * Applications	
		(b) Change to United Kingdom?		
		Note—(b) is only applicable to soldiers invalided at Foreign Stations.	DAR	Cape
		<u>V</u>	400 000000	/ /www
	Sta	ation Vigyley Drawn	Medical Officer in	charge of case.
	Da	ate3,14		
	it i	 Loss of teeth on or immediately after active service, should is due to some other cause. 	be attributed thereto, un	less there is evidence that

NEWFOUNDLAND

N.F.P./79.

From:

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

21st, December

191 8

Subject: 5436, Pte.C.J. Woolfrey,

With reference to the following telegram (11075) from the Hon. Minister of Militia, received

"Pay to 5436, Pte.C.J. Woolfrey, £4.2.0.

Draft £4.2.0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

Chief Paymaster & O. 1/c Records.

To:

06630

Officer Commanding, 2/Bn. Royal Nfld. Regt., Hazeley Down Camp.

Winchester.

26th 12-1918.

Receipt hereunder.

COMMANDING TAP THE SOUTH SHEWERTH BEATH AT AT

Received the sum of four founds

two Shellings on account of

cable remittance from Newfoundland.

No. 5436 Rank Pte

Witness St. Maunder.

W

'No.4158/619

From:

HWFOOD DEAND

CONTINGENT

Chief Paylaster & U.i.c Repords. Newfoundlind anntingent, Pay & Record Office

Pay & Record Office 53, Victoria Street London, 9.W. 1.

14th March

191 9

5436 Pte. Woolfrey C. J.

With reference to the following telegram from the Minister of Militia / / (77)

"Pay to- 5436 Woolfrey, £5. 15. 0.

Cheque £5. 15. 0 is enclosed for payment to this Soldier.
Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

To: Officer Commanding. 2/Bn. Royal Newfoundland Regt. Winchester.

March 18th

1919

Receipt hereunder.

Down !

LIEUT. COLONEL.

COMMANDING 2 RO BNO ROYAL NEWFOUNDEAND REGT.

Received the sum of Frie for Typies Ohelings in respect of

telegraphic remittance from the Minister of Militia.

C. J. Worlfrey No. 5436 Rank AC

Witness. Mr rakets

8

weedell Pur.

2/Bn. Royal Nfld. Regt., Hazeley Down Camp, Winchester.

21st, December . 8
5436, Pte.C.J. Woolfrey,

"Pay to 5436, Pte.C.J. Woolfrey, £4.2.0.

4.2.0.

N.F.P./79.

From:

Chief Paymaster & 0.1/c Records Newfoundland Contingent, Pay & Record Office, 58, Victoria Street, London, S.W. 1.

18th November 1918

NEWFOUNDLAND

Subject: 5436, Pte. C.J. Woolfrey

With reference to the following telegram (9894) from the Hon. Minister of Militia, received

pay to 5436 Woolfrey £5:3:0

Draft £ 5:3:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. 1/c Records.

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

DNTINGENT

Movember 20 191/8

Receipt negender. LIEUT. GOLONEL.

Officer Commdg. Batt'n,
Royal Newfoundland Regiment.

Received the sum of five

founds 3 on account of cable remittance from Newfoundland.

No. 5431 Rank Pte

Witness 2930 Pte byter

From 5

NEWFOUNDLA ONTINGENT

Chief Paymaster & O. 1/2 RAC Newfoundland Contingent. Pay & Record Office. 58, Victoria Street London, S.W. 1.

ficer Commanding. 2/Bn Royal Nfld. Regt. Winchester.

19th October 1918

Subject: 5436, Pte. C.J. Woolfrey,

With reference to the following telegram (8960) from the Hon. Minister of Militia, received

Pay to 5436 Woolfrey £1:13:0

Draft £ 1:13:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Luciall May. Chief Paymaster & O. 1/o Records. October 23 rd

191 8

Receipt hereunder.

LIEUT. COLONEL

COMMANDING 2nd Bn ROYAL NEWFOUNDLAND REG Royal Newfoundland Regiment

Received the sum of Oxl.

rund thirteen Shellon account of

cable remittance from Newfoundland.

Wrolfrey

No. 1436 Rank

NEWFOUNDIAND CONTINGENT

	TELEGRAL CAST CONTROL ROOM MANUSCER OF MULTIN TO-6-17/12 9/59
	Datea 12/4/19 1 136 / 1, Regger ved 10/4/1
	Decoded by Record by Otherwork by
	Acknowledged per No. dated / /
779	Comme-repatration of-
	Clorange-repatration of- 5436-Woolfrey-rext-draft
tul	1 10 10
Mind -2	proceedet 22.5.19
· , /	

Nº 4739



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

Identity	Whether Wife, Child other Relative or Friend		Address	AMOUNT (each person
366	Father	Mostfry Jun,	Juilling gate	
			Total Allotment, \$	6
S		er Commanding Company and	nanding Company, signed by the Volun handed to the Paymaster as authority	

Woodpey, C Pay Loeph.

5436

July 22,1919

#5436 Pte Chesley Woolfrey, Lewisporte.

Dear Sir:-

Please find enclosed Discharge Certificate #3145.

Yours truly.

Capta in & Paymaster.

The Koval Mild. Regiment

No. 54 36 Rank

Name Wrolfwy

Warned for demobilization on

JUL 3 1979

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1.	No. 54 36 Rank Plank Name Woodfley 6. Intended place of residence Lewisports -
-	Occupation Lumberman Classification of soldier. E. Medical Category. A
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 frought before me, in accordance with Regulations. Place, ST. JOHN'S Commanding Discharge Depot The Royal Newfoundland Regiment
5.	I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection. Place, ST. JOHN'S JUL 3-1919 Date 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 3 - 1919 Am. Signature of soldier Signature of witness
7.	STATEMENT OF SERVICE Enlisted for service
	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 Officer Commanding Discharge Deport The Royal Newfoundland Regiment Date
9.	CONFIRMATION OF DISCHARGE The discharge of above mentioned soldier is hereby confirmed Mooveley Caft Place, ST JOHN'S Date Officer ic Records The Royal Newton dland Regiment

The Koyal Pewfoundland Kegiment

Class for Demobilization:	Report of Demobilization Travelling Board, held on soldier for discharge.
Discharge Depot: Headquarters The Royal N	ewfoundland Regiment
	Date 2.1.19
Regimental No 5436	
Name Woodfrey Co	Rank %
Address Larmannik	le
Present Medical Category 4	
Recommended for :—	(a) Immediate discharge (b) Standard Medical Board
	O.C. Discharge Depot.
Members of Board	Senior Medical Officer
	Suburden
	M. O. Depot

The Koyal Pewfoundland Kegiment

DEMOBILIZATION OF
Reg. No 5436 Rank The Name Woodfrey &
Date of Enlistment 24-5-18 Address Jewerports District / July
Occupation Jumlesman Classification for Discharge
Recommendation S. M. B. Disability Rating
Passed to Demobilization Officer with following documents:—
N. F. 1 36
Date 2/1/9 O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment. I am
Particulars passed to Vocational Officer for information and action.
Date
2. Clothing. Certified that Clothing Regulations have been complied with: (a) Clothing Allowance payable. # 0.0 0000000000000000000000000000000
Date 3 - 7 - 19 Oilc Re-clothing

The above named has been provided with Travelling Warrants No. 222.7 to his home at Lauric portain and Release Certificate No. 3.16.3 issued.
Date 3-7-19 M Smwlafel 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 the settled. Date.
Depot Paymaster.
Discharged approved for 5-7-19 Forwarded with following documents to O.C. Discharge Depot.
N.F. P 36
6. C. Discharge Depot.
Documents as above forwarded to: Officer i c Records. Board of Pension Commissioners. with following additional documentaligible for War Service Gratuity
engine for war service Gratuity
Date JUL 5 1919 R.H. Jait MAJOR
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.

6. Woolfrey.

Reg. No. 5436.

Signature of Man.

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S

JUL 3 - 1919

191

[P.T.O.

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

surname boods	MEDICAL	HISTOR'	10/	to financial
Surname 00 1 CC 1	7	Ohristian Nan		y p
Distribution of the second	Table I.—GEN	IERAL TABL	Wa.	
Birthplace:—Parish New	1 origin	10.10 Coun	ı ' ' '	
	on 2 SPECIAL day of	The state of the s	1	LAR ARMY ay of 191
Examined	at Styolu	ا بن	at	
Declared Age	30 years	days	y.	ears days
Trade or Occupation	Kumber	man		
Height	feet	4 tuches	fe	et inches
Weight		//9 lbs.		1bs
Chest Girth when fully expanded		344 inches		inches
ment (Range of Expansion		34 inches		inches ;
Physical Development				
(Arm	Right	Left	Right	Left
Vaccination Marks { Number				
When Vaccinated	1.			
Vision }	R.EV = 1/6 L. EV = 1/6		R.E.—V=	
	6/6		L.G.— V—	
(a) Marks indicating congenital peculi-	(a)		(a)	
arities or previous disease				
				· .
	(b)		(8)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	Laminte	Paloron		
(Rank)	man			
	·	Medical Officer.		Medical Officer.
Bulisted	at Holins.	440 6	at	
	on Han day o		COLUMN TO SERVICE AND ADDRESS OF THE PARTY O	ny of 191
Toland on Pullatment	Rising Wax	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	R.	1436		
ſ	Regiment.			
Transferred to		•		
Became non-effective by				
(Signature)	on day o	191	on da	y of 191
(Rank)				

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

10 and the second districts	В	rief Details, and Signatures	discount to the second of the stores. The
			• *
Yace.	10		
TaB.	6		
THBL	10		•
TAB	8		
		Board and	pre a Translling M dioa has been c'assilied as Discharge on Demphilisa- al oategory Maria Agents Discharge Discharg
DN-000000000000000000000000000000000000	Tags. TAB		Vace. D Tab. 6 Those of the standard and for the standard and st

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
		-				
						•



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

Changes occuring in the description subsequent to the date of admission to pension should be noted in Name in full Chisly James Woolfuy Regiment from which discharged Royal Dewfoundland Regimental number 5436 Intended address Carnawelle. Height on discharge 5 Feet 6 Color of hair on discharge Sack Rown Fair Complexion Color of eyes Descriptive Marks Figure on discharge Christian name of Father William George Christian name of Mother Katil Wife's maiden name in full Date and place of marriage Christian names of children Place and date of soldier's birth Lewisforter Nov 9. 1898 Nature and locality of civil employment required statement are, to the best of my knowledge, correct

I declare that I am the soldier referred to above and that all the particulars contained in the above

(Soldier's signature in fuli) L. J. Woolfrey.

(Rank)

Stock

Date 1-719

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.

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 or	a Soldie	r Boarded	Prior to	Discharge or
Transfe	er to Class	W., W. (T), P., or F	?. (T), of t	he Reserve.

	Transfer to	C1035 11., 11. (1), 1., 01	1.(1), of the reserve.
1.	Unit and Corps	ayal Newfoundland?	Former Trade or Occupation }
2.	Regtl. No. 3.4.36	8. Rank	J. If the soldier claims previous service in Army, he should state—
4.	Name . W	(Christian Names)	(a) Former Regts. or Corps with Regtl. Nos.
5.	Age last birthday		
6.	Posted for duty on.	at	
	in category (or gr	rade)	
-8.	If the disability is an	n injury was it caused	
	(a) in action	(b) on field service	
	(c) on duty	(d) off duty?	(b) Date of Discharge;
	The second secon		(c) Cause of Discharge.
9.	If a Court of Inquir	y was held on an injury state:—	The Guerrage our saw (60, 1) in t
	(a) When		
			(d) Particulars of Pension or Gratuity

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.

(if any)

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.

(b) Where

(c) Opinion of Court

12. Place of origin of disability.

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.

	14.	State whether the disabilities are	(a) attributable to	(b) aggravated by
		(i.) Service during the present war	V	.,:,.,.,
		(ii.) Previous active service		k de distributes della di
		(iii.) Climate in pre-war service		
		(iv.) Ordinary military service before the war	100 M	of thought of the
5.7	10	(v.) Serious negligence or misconduct on the man's part.		* Permit
	14	(a). If not due to any of these causes, to what specific condition do you attribute it?	V	organization sever several
nose and throat, disabilities, &c., a specialist's re- port is to be attached with	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.)	he ampla	ins of no ability
radiographs where possible; and in cases of amputation the exact position should be stated.			nation of the state of the stat	e de la Companya de l
•				Arte de partir de la companya de la
		and happing and	Mary 1 to 1 to 1 to 1	
	16.	Was an operation performed? If so, when and what		ra. ·
		was its nature?		***
		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 treat- ment was unobtainable?	. govern	
	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?	Maria III.	100
			energia in presidenti della Li orive si soni di constanti	
			. 1	
	20.	Do you recommend—	Kepatina	tion
		(a) Discharge as permanently unfit?	1.0-35.55	
		(b) Change to United Kingdom?		
		Note—(b) is only applicable to soldiers invalided at Foreign Stations.	90	Capage
		tion togeley Sown.	Medical Officer in c	harge of case.
	it is	 Loss of teeth on or immediately after active service, should due to some other cause. 	d be attributed thereto, unl	ess there is evidence that

July 24,1919

\$5436 Pte.Chesley Woolfrey. Camanville, FOGO.

Dear Sir:-

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

Yours truly,

Captain & Paymaster

DEPAREMENT OF MIJJITA.

WAR SERVICE GRATULTY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Nowfoundland 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 blonks and no debbes. If any questions are not applicable, the words "FOT APPLICABLE" must be written out. On completion this Declaration is to be returned to WHE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S. 5. Address in full to which future payments of gratuity are to be 6. Date of enlistment in the Regiment... Mess. .. 7. Name of dependent, if any, to when Separation Allowance is teing issued, or was being issued, immediately prior to your discharge..... 8. Relationship of such dependents 9. Address in full of such dependents..... 10. Is said dependent, now, or was said dependent at my time in receipt of Soperation Allowance on account of another soldier?..... 1). Were you on active service only in Nfld, II so, give dates and particulars of such service 12. Give total length of time which you served, on active service whather in Hilld, or Overseas.

13. Have you had more than one enlistment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers.
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
·····
15. Have you been issued with a Wer Service Badge?
16. Have you, during the present war, served in the Imperial Borces
17. Are you entitled to receive, or have you received any Gratuity
in the nature of Pest Discharge Pay from the Imperial Ferces? If
so, state amount received, or to which you are entitled
18.Did you revert Overseas to a rank lower than the substantive
renk held by you on your arrival in England?
(b) If so, was such reversion in consequence of Misconduct or
inefficiency?
19. Are you now serving in the Rost.? If not give? - (a) date
of discharge July 1.1.9.(b) Reason for discharge
Vegephrany Newsteley whom
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
723
21.(a) Are you receiving treatment from the Wivil Re-Establishment
Com.(b) If so are you in receipt of full pay and allowences from
that Committee
And I take this solenn 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:

Place of Residence: Commodule Following, Night,

Declared before me at:

This day of May 1969...

Signature of Barrister of the

Supreme Court, Stipendiary Megistrate; Notary Public, Hustice of the

Peace, or Commissioner of affidevits.

Da te	DISCHARG Paid		War Service Gratuity.	Net amount	
<u> </u>	 • • • • • • • • • •	Depontent	•••••••		
••••		correct.	:	Eaymartor	•

TOTAL CONTROL THE

FORM K

Nº 4739



1ST. NEWFOUNDLAND REGIMENT

Identity Certificate No.	Whether Wife, Child other Relative or Friend	NAME (in full)	Address	AMOUN (each per
366	Father	Mr William Zeorge Woolfrag (Jun)	Lewisport Twilling gate	
	• • • • • • • • • • • • • • • • • • •	•		
			Total Allotment S	4
si	his form must be gned by the Offic equired payments	completed by the Officer Commanding er Commanding Company and handed on application.	Company, signed by the Volunt to the Paymaster as authority	eer, coun to make

Royal Newfoundland Regiment.

Billeting 1	Account, To	Phi	6	hove	Afre)	4
Billeting Sold	iters as under	mentioned to	Ine	3sfe	5	
	Ph		1	Ly	3/	00
***	GH NO 2	144	TIVE	· Cul		
Certified corr	Gin Line	1.60				
85.//	1.4	0	Billeting	Officer.		

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms B 121 Trade Good Conduct Badges, Service pay or proficiency pay Rnlistment Regimental Number and Name Place and Date Inined Date Toined Toined Date Toined Date Date of award or of order dispensing with trial Name of Date of By whom awarded REMARKS OFFENCE Punishment awarded Place Rank Witnesses Offence To be carried over.

300 A. T. WOOLFREY & BROS. We solicit your Orders for CARMANVILLE, NEWFOUNDLAND LUMBER Prices quoted on GENERAL MERCHANTS AND MILL OWNERS Application to our CARMANVILLE BRANCH Carmanville, N.F., Obril 7 191 Hon J.R. Bennett Minister of Militia Dear Sir; -

We Manufacture LUMBER. Rough, Ploughed and Tongued. JOIST, CLAP BOARD. SHINGLES and STAVES from Green Timber.

Mould you kindly let me know if you could do any thing to forward the discharge of Brivate Chesley I Woolfren no 5436 he is at Bagelen Down Camp He to is anxious to get Hone & we are also answers to get him Home as early as possible as

we need him hadly in concection with au Work here now that the Maris. over me would beel deepfal grateful If you would interest youself in him & let us know the earliest Sassile time that he could reach offlet

> yours Nery Truly A. T. WOOLFREY & BROS

> > per a Molling

The Koyal Pewfoundland Kegimens

DEMOBILIZATION OF				
Reg. No 5436 Rank The Name Woodfrey le				
Date of Enlistment 244-5 18 Address Lewis for to District J. Gate.				
Occupation Junderman Classification for Discharge				
Recommendation S.M.B. Disability Rating				
Passed to Demobilization Officer with following documents:—				
N.F. P 36				
B 179a				
B 179b B 103				
B 179c				
Date. 2-7/19 O. C. Discharge Depot.				
PARTICULARS FOR DEMOBILIZATION				
1. Civil Re-Establishment. I am				
Date				
2. Clothing.				
Certified that Clothing Regulations have been complied with:				
(a) Clothing Allowance payable # 0.0				

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrants No # 2.22.7 to his home
at Lawrence and Release Certificate No. 3163issued.
m & 10.11
Date 3-7-19
Demobilization Officer
4. Pay and Allowances.
The herein named soldier's accounts have been correctly balanced and all matters in con-
nection therewith settled. He has received pay and allowances to
Date
Depot Paymaster.
A STATE OF THE PROPERTY OF THE
Discharge approved for 5-7-19
Forwarded with following documents to O.C. Discharge Depot.
N.F. P 36
N.F. P 36
B 178a D 400A B 1915 do 2nd " 3
B 179 D 400B Form L do 3rd " 4 2 form B
B 179a
B 179b
B179e B 120 M 93
100000
Date 3.7-19 Janubaff
O. C. Discharge Depot.
APPROVED.
Documents as above forwarded to:—
Officer ile Records.
Board of Pension Commissioners.
with following additional documents.
Eligible for War Service Gratuity
Date JUL 5 1919 Fift Sait MAJOR
O. C. Discharge Depot.
The state of the s
Received the above noted documents from O. C. Discharge Depot
Date July 2/19

Allotn	ent	Address Europale, Allottee Returned from Overseas - 6 - 7 SS. Corsica Cause Discharges	
Retur	ned on	S.S. Corsecan Cause Discharge	
	.0	PASSED TO DEMODULIZATION	
57	19	PASSED TO DEMODILIZATION OF THE PROPERTY OF TH	
	·	A SALAMAN AND AND AND AND AND AND AND AND AND A	