



5548  
**DESCRIPTIVE REPORT**

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

Name Shephelus Worthman  
 Apparent age 21 years — months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

**INFORMATION SUPPLIED BY RECRUIT**

Name and Address of next of kin Joseph Worthman  
Heart's Delight 2B | 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 Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>31-5-18</u>									
Joined at <u>St. John's</u> on <u>Monday 31-1918</u>									
<u>Discharged August 9/1919</u>									
<u>Embarked St. John's N.S. to St. John's N.S. 22-7-18</u>									
<u>1. left for demobilization 24-6-19</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St. John's 9-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 9-8-1919 (date of discharge) 1 years 71 days  
 " " Pensions " [ " " ] " " "

C.R. 5548

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated Aug. 21st 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date  
9-8-19.

5548, Pte. T. Worthman.

C.R. 5548

Extract from Daily Orders Part 11 Unit the Royal Nfld. Regt.  
St. John's, July 15th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED By O.C. Discharge Depot with effect from 26-7-19

5548 Pte. T. Worthman.

C.R. 5548

Extract from Daily Orders Part VI Unit The Royal Field. Page.  
St. John's, July 3rd 1919.

5548 Pte. T. Worthman.

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

C.R.

5548

Extract from Daily Ord as partll. from Unit the Royal  
Mild. Regt. St. John's, dated July 25, 1918

The following man embarked for overseas on H.M.S.

"Columbella" July 22, 1918.

#5548 Pte. Theodore Worthman



C.R. 5548

Extract from Daily Orders part 11, from Unit The Royal  
Wfld. Regt. St. John's, dated June 1st, 1918

#5548 Pte. T. Worthman

Attested for General Service with the Royal Wfld. Regt.  
from 31.5.18

T. Dockman

C.R.

5548

1890





Northman, T.

5548

Ray sept

August 14, 1919

#5548 Pts. Theophilus Worthman,  
Hearts Delight.

Dear Sir:-

Please find enclosed Discharge Certificate #3671.

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3348 Rank Pfc Name Worthman T  
 Intended place of residence Heath, Selegt  
 2. Occupation Fisherman  
 Classification of soldier F Medical Category A 2

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place, ST. JOHN'S  
 Date JUL 12 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 12 1919  
 Signature of soldier J. Worthman  
 Signature of witness J. A. Newman

### 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 12 1919  
 Signature of soldier J. Worthman  
 Signature of witness James O. Newman

### STATEMENT OF SERVICE

7. Enlisted for service 31-5-18 No. of days on Military Service 486  
 Discharged from service JUL 26 1919 Plus 14 days

### 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 26 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 9/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

WFB 2099 / 3671

1  
20  
31  
9  
71



# 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 *July 11/19*

Regimental No. *5548*

Name *W. Stenson* *Thos*

Address *Health Delegate*

Present Medical Category *A1*

Recommended for:— (a) Immediate discharge

(b) ~~Standing~~ Medical Board

O.C. Discharge Depot.

Members of Board

*W. Stenson*  
Senior Medical Officer

*W. Stenson*  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 3348 Rank Plt Name W. Workman  
 Date of Enlistment 31-5-18 Address North Street District Christy  
 Occupation Tradesman Classification for Discharge B Medical Category 17  
 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 11-7-19 O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### i. Civil Re-Establishment.

I am..... in a position to resume civilian occupation. J. Workman

Particulars passed to Vocational Officer for information and action.

Date.....

#### a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. #60.00

(b) Clothing Supplied.....

Date 12-7-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.2365 to his home at Hearts Delight and Release Certificate No. 3547 issued.

Date 12-7-19

*J. A. Snowball*  
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 9-8-19

Date 12-7-19

*J. A. Snowball*  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	<i>2 Form B</i>
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 12-7-19

*J. A. Snowball*  
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 26 1919

*D. R. Cooper Capt.*  
O. C. Discharge Depot.

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

Date .....



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

# MEDICAL HISTORY

OF

Surname Wortheran

Christian Name Theophilus

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's Belvoir 7/2 County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	21 <sup>st</sup>	May		191
Declared Age	21	years		days
Trade or Occupation	Fisherman			
Height	5	feet	5	feet
Weight	119	lbs.	119	lbs.
Chest Measurement	Girth when fully expanded	37		
	Range of Expansion	3		
Physical Development				
Vaccination Marks	Right		Right	
	Left	1 scar	Left	
When Vaccinated	1 mtk ago			
Vision	R. E.—V=	6/18	R. E.—V=	
	L. E.—V=	6/36	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)	<u>[Signature]</u>			
(Rank)	Major			
Enlisted	at	St. John's	at	
Joined on Enlistment	on	21 <sup>st</sup> day of	on	day of
Transferred to	Corps.	Royal Nfld. Regt	Corps.	
	Regtl. No.	1148	Regtl. No.	
Became non-effective by	on	day of	on	day of
(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 Office 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 *Theophilus Dathman*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5548*

Intended address *Heart Delight*

Height on discharge *5* Feet *8*

Color of hair on discharge *Brown*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *-*

Figure on discharge *medium*

Christian name of Father *Joseph*

Christian name of Mother *Diana*

Wife's maiden name in full *-*

Date and place of marriage *-*

Christian names of children *-*

Place and date of soldier's birth *Heart Delight, Oct. 6<sup>th</sup>, 1896*

Nature and locality of civil employment required *-*

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Theophilus Dathman* *Plc.*  
(Rank)

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*
2. Regt. No. *5348* 3. Rank. *Pvt.*
4. Name *Worthman* *Thompson*  
(Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regt. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When  
(b) Where  
(c) Opinion of Court
- (b) Date of Discharge ;  
(c) Cause of Discharge.  
(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. *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.)

*The Complainant 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?

*Repatriation*

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

*W. S. Procmier, Capt. Rame.*

Station *Lozely Down* .....

Medical Officer in charge of case.

Date *2/4/19* .....

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



August 19, 1919

Mr. T. Worthman,  
Hearts Delight.

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..... 2. Surname..... *Worthman*
3. Rank..... *Pte*..... 4. Regtl. No..... *5548*
5. Address in full to which future payments of gratuity are to be forwarded..... *Heart's Delight*
6. Date of enlistment in the Regiment..... *May 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no*
8. Relationship of such dependents..... *—*
9. Address in full of such dependents..... *—*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *fourteen mos*
- ..... 1.  $\frac{2}{3}$  .....



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?

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.

18. Did you revert Overseas to a rank lower than the substantive rank 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 R.A.F.? If not give:- (a) Date of discharge.

no  
July 26/19

Demob

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.

*J. Workman*

Signature of Applicant:

Place of Residence:

*St. John's Delight*

Declared before me at:

*St John*

This

*14* day of

*July*

19*.19*....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate; Notary Public, Justice of the Peace, or Commissioner of Affidavits.

*John M. Gorty J.P.*

POST DISCHARGE PAY.

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

Certified correct.

BY





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

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

- 1. Unit and Corps Royal Newfoundland Former Trade } Fisherman  
or Occupation }
- 2. Regtl. No. & 2448 3. Rank Plt 7a. If the soldier claims previous service in Army, he should state—
- 4. Name Worthman Theophilus (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
- 5. Age last birthday 22
- 6. Posted for duty on..... at.....  
in category (or grade).....
- 8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ? (b) Date of Discharge ;  
(c) Cause of Discharge.
- 9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(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? }

*He complains of no disability*

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

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

16. Was an operation performed? If so, when and what was its nature?  
 17. If not, was an operation advised and declined?  
 18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?  
 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—  
 (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

*Repatriation*

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

*W.E. Proctor. Capt R.D.M.C.*  
 Medical Officer in charge of case.

Station *Mozley Down*

Date *3/4/19*

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

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5548 Rank Pte Name W. Workman  
 Date of Enlistment 31.5.18 Address Charlottetown District Prince  
 Occupation Submarine Classification for Discharge F. 1 Medical Category H. 1  
 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 11.7.19 O. C. Discharge Depot H. Workman

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am \_\_\_\_\_ in a position to resume civilian occupation. W. Workman

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 12-7-19 O i/c. Re-clothing \_\_\_\_\_



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. R. 2365..... to his home at Hearts Delight and Release Certificate No. 3547..... issued.

Date 12-7-19.....

*J. P. Brownhoff*  
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 12-7-19.....

*J. P. Brownhoff*  
Depot Paymaster

Discharge approved for..... 26-7-19.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
F 178.....	W 3494.....	B 122.....	1	Board 1st.....	" 2.....	1
B 178a.....	D 400A.....	B 1915.....	1	do 2nd.....	" 3.....	2 Form B
B 179.....	D 400B.....	Form L.....	1	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 12-7-19.....

*J. P. Brownhoff*  
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 26 1919.....

*K. R. Cooper Cabot*  
O. C. Discharge Depot

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

Date Aug 7/19.....

*[Signature]*

Reg. No. *5548* Rank *16* Name *Worchen, F.*  
Attested ..... Address *Hearts Delight* *JUL 1* 1919  
Allotment..... Allottee .....  
Date of Allotment..... Returned from Overseas *JUL 1* 1919  
Returned on S.S. *Cassandra* Cause *Discharge*

*12 7 19*  
*26 7 19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION**