



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5345 Name Arthur Young Corps Mount

### Questions to be put to the Recruit before Enlistment.

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Arthur Young</u>                                    |
| 2. What is your full Address? .....  | 2. <u>Old Palace</u>                                      |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>   |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>6</u> Months                        |
| 5. What is your Trade or Calling? .....  | 5. <u>Merchant</u>  |
| 6. Are you Married? .....  | 6. <u>No</u>  |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>  |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>   |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>   |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. <u>Arthur Young</u> Name<br><u>Arthur Young</u> Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>  |

I, Arthur Young do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Arthur Young SIGNATURE OF RECRUIT.

Arthur Young Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 13th day of May 1915.

Signature of Attesting Officer Arthur Young

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the Mount if enlisted by special authority, such will be attached to the original attestation.

Date ..... 1915 } Approving Officer.

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Arthur Young  
 Apparent age 19 years        months. Height 5 feet 7 1/2 inches  
 Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 1 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Young  
612 P. Street | 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 _____									_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [ " " ] _____ " _____ "									



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5345 Name Arthur Young Corps West.

### Questions to be put to the Recruit before Enlistment

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Arthur Young</u>             |
| 2. What is your full Address? .....  | 2. <u>Old P. Leelan.</u>           |
| 3. Are you a British Subject? .....  | 3. <u>Yes.</u>                     |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>2</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Seaman</u>                   |
| 6. Are you Married? .....  | 6. <u>No.</u>                      |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No.</u>                      |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes.</u>                     |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes.</u>                     |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>Corps .....      |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes.</u>                    |

I, Arthur Young, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Arthur Young SIGNATURE OF RECRUIT.  
Wm. Beam Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Johns on this 31<sup>st</sup> day of May, 1915.

Signature of Attesting Officer W. A. Richards, Lieut.

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the: .....

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

Date ..... 1915 ..... } Approving Officer.  
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 of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....

C.R. 5345

Extract from daily orders part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 11th 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from noted date  
3-8-19.

5345, Pte. A. Young.

C.R. 5345

Extract from Daily Orders part II, Unit the Royal Newfoundland  
Regiment dated July 21st. 1919.

The discharge of the undernoted on debilitation has been  
APPROVED by C. C. Discharge Depot on noted date.

#5345 Pte. A. YOUNG. 20-7-19.

C.R. 5345

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

5345 Pte. A. Young.

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

C.R. 5345

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

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

#5345 Pte. Arthur Young.

C.R. 5345

Extract from Daily Orders part 11, from Uni The Royal  
Mfld. Regt. St. John's, dated May 25, 1918.

#5345 Pte. Arthur Young.

Attested for General Service with the Royal Mfld. Regt.  
from 23.5.18



A Young

C.R. 5345

1880



No. 2554/249.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd/Bn. Ryl Nfld Regt.  
Winchester.

14th February 1919

5345. Pte Young. A.

With reference to the following telegram from the Minister of Militia / / ( 21 )

"Pay to- 5345. Young.

£3.0.0.

Cheque £ 3.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

February 19<sup>th</sup> 1919

Receipt hereunder.

LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of

in respect of telegraphic remittance from the Minister of Militia.

A young Private

Witness



P.D. 0674  
10/2/19

B

No. 21625/2508/P.&.A

*066458*



From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2/Bn. Royal Nfld. Rgt.,  
Hazeley Down Camp,  
Winchester.

30 December, 1918

2 - 1 - 1919

Subject: 5345 Pte. A. Young,

With reference to the following telegram (21296) from the Hon. Minister of Militia, received

Receipt hereunder.

*[Signature]*

LIEUT. COLONEL

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Royal Newfoundland Regiment.

"Pay to 5345 Young, £4.0.0.

Received the sum of four

Pounds on account of

Draft £ 4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

cable remittance from Newfoundland.

*[Signature: J.H. Marshall]*  
Chief Paymaster & O. i/c Records.

A Young

No 5345 Rank Pte

Witness H. Saunders

*B*

No: 19852/2238

065763

N.F.P./79.

NEW FOUNDLAND CONTINGENT



From:

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

To:

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

5th December 1918

Dec 7 1918

Subject: 5345, Pte. A. Young.

Receipt hereunder.

With reference to the following  
telegram (10464) from the Hon.  
Minister of Militia, received

*Examined*  
**LIEUT. COLONEL**  
Officer Comdng. 2nd Bn. ROYAL NEWFOUNDLAND REGT.

Pay to 5345 Young £3:0:0

Received the sum of Three  
pounds on account of  
cable remittance from Newfoundland.

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

*A. D. Munnell Maj.*  
Chief Paymaster & O. i/c Records.

~~Private~~ *A. Young*  
No. 5576 Rank Private

Witness Pow Jensen  
cb

066891

773/140/P.&N. NEWFOUNDLAND CONTINGENT

From:

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

*T. J. Kain*  
Officer Commanding,  
2nd. Bn. R. Newfoundland Regt.  
Hazeley Down Camp,  
Winchester. Hants.

15th, January, 1919

Subject: 5345 Pte. A. Young.

With reference to the following telegram (464 ) from the Hon. Minister of Militia, received

Pay to 5345 Young - £3:0:0

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

*A. J. Munnell Pay.*

Chief Paymaster & O. 1/c Records.

Jan 17th 1919

Receipt hereunder.

*T. J. Kain*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2nd Batt'n,  
Royal Newfoundland Regiment.

Received the sum of Three pounds

\_\_\_\_\_ on account of  
cable remittance from Newfoundland.

A young  
No. 5345 Rank Pte

Witness M. Rockett

No. 4942/721

N.F.P. /79.

FROM NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2/Bn. Royal Newfoundland Regt.  
Hazeley Down Camp,  
Winchester.

28th March 1919

March 31<sup>st</sup> 1919

5345 Pte Young A.

With reference to the following  
telegram from the Minister of  
Militia / / ( 102 )

Receipt hereunder  
Robert H LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg.      Batt'n.

"Pay to- 5345 Young  
£4. 0. 0.

Received the sum of Four  
pounds in respect of  
telegraphic remittance from the  
Minister of Militia.

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

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

A young  
No. 5345 Rank Pte

Witness: M. Rocketts

B

No. 7635/1500

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd Batt. Ryl. Inf. Regiment  
Winchester.

17th May 1919

May 21st 1919.

5345 Pte. A. Young

With reference to the following  
telegram from the Minister of  
Militia / / 19 (191):

"Pay to- 5345 A. Young  
£3. 0. 0.

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

*A. C. Munnell May*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*A. J. Barton* LIEUT. COLONEL,  
OFFICER COMMANDING 2ND BATT. RYL. INF. REGT.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

*R. H. R*

Received the sum of Three pounds  
\_\_\_\_\_ in respect of  
telegraphic remittance from the  
Minister of Militia.

*Arthur Young*  
No. 5345 Rank Private

Witness: *M. A. Richards*



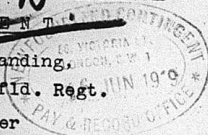
No. 8459/1589

PD <sup>B. 100769</sup> E 5 N.F.P. 170.

From: NEWFOUNDLAND CONTINGENT

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

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



11th June 1919

13th June 1919.

5345, Pte. A. Young

With reference to the following telegram from the Minister of Militia / / 19 ( 22 ) :

Receipt hereunder.  
*G. Seymour*

COMMANDING OFFICER 2ND BATTAL NEWFOUNDLAND REGT.

LIEUT. COLONEL.

*R. C. R.*

"Pay to-

5345 Young £3:0:0

Received the sum of Three Pounds

Cheque £3:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

in respect of telegraphic remittance from the Minister of Militia.

*A. J. ...*  
Chief Paymaster & O. i/c Records.

A Young  
No. 5345 Rank Pte

Witness: WR Woods

Young, A

1945

Ray Sept.

August 4th 1919.

#5345, Pte.A.Young.

Old Perlican.

Dear Sir:

Enclosed please find Discharge Certificate # 3476.

Yours truly,

Capt.& Paymaster.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

I. No. 5345 Rank. Pte Name Young, A.  
 Intended place of residence. Old, Pefleban

2. Occupation Fisherman  
 Classification of soldier. 1 Medical Category AI

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 JUL 18 1919

A. Young  
 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 18 1919

A. Young  
 Signature of soldier

A. Blonstein  
 Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date

JUL 17 1919

A. Young  
 Signature of soldier

W. Reatorius  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service. 23.5.18 No. of days on Military Service. 438

Discharged from service. JUL 18 1919 Plus 14 days

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date

JUL 20 1919

A. R. Roope Capt  
 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 3/1919

A. Howley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

AID B 2079/3476

9  
20  
31  
3  
73

# The Royal Newfoundland Regiment

Class for Demobilization:—

*F*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 18.7.19

Regimental No. 5345

Name Young, Arthur

Address Old Perlicans

Present Medical Category A1

Recommended for:— (a) Immediate discharge \_\_\_\_\_  
(b) Standing Medical Board

Members of Board

KR Cooper Capt  
O. C. Discharge Depot.

Robinson  
Senior Medical Officer

See Gordon  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5345 Rank Private Name Young, A.  
 Date of Enlistment 23.5.18 Address Old St. John's District St. John's  
 Occupation Labourer Classification for Discharge 1 Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1.
B 178	W 3494	B 122	Board 1st	" 2.
B 178a	D 400A	B 1915	do 2nd	" 3. <u>3</u>
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 July 17/19O. C. Discharge Depot. W. Young

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

A. Young

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00  
 (b) Clothing Supplied W. Young

Date 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.2450..... to his home at Old Perlican and Release Certificate No. 3691..... issued.

Date 18-7-19..... *Amelouath*  
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 3-8-19.....

Date 18-7-19..... *Amelouath*  
Depot Paymaster

Discharge approved for..... 20-7-19  
Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	/	N.F. Med.....	D.F. 1.....
F 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....
F 178a.....	D 400A.....	B 1915.....	/	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....		do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....			" 6.....
B 179c.....	B 120.....	M 93.....			

Date 18-7-19..... *Amelouath*  
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 20 1919..... **R. COOPER, CAPT.**  
O. C. Discharge Depot.

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

## Civil Re-establishment Committee



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

To resume former Occupation.

*A Young*  
Signature of Man.

Reg. No. 6348

*W. B. Christy*

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

18-7-19

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NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps... *Royal Newfoundland* }  
 7. Former Trade or Occupation } *Seaman*
2. Regt. No. *5345* 3. Rank... *pl* }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps with Regt. Nos.
4. Name *Young* *Arthur*  
(Surname) (Christian Names)
5. Age last birthday... *20*
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 n (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

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

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

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

*The Complaints 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?

*Repatriation*

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalidated at Foreign Stations.

*W.S. Procter.* *Capt. Raine*  
Medical Officer in charge of case.

Station *Langley Down* .. . . .

Date *3/4/19* .. . . .

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



## Descriptive Return of a Soldier Discharged on Account of Disability

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the 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 *Young, Arthur*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5345*

Intended address *Old Letician Ministry*

Height on discharge *5 Feet 7 1/2*

Color of hair on discharge *Leath Brown*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks *None*

Figure on discharge *Good*

Christian name of Father *John*

Christian name of Mother *Jammit*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Old Letician 7-2-1899*

Nature and locality of civil employment required

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

(Soldier's signature in full)

*Arthur Young*

*He*  
(Rank)

Station

**ST. JOHN'S.**

Date

*17-7-19*

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

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

# MEDICAL HISTORY

OF

Surname

*Young.*

Christian Name

*Arthur*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Old Perlican*

County

*nfld.*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at		at	
Declared Age	19	years		days
Trade or Occupation	<i>Interman</i>			
Height	5	feet		inches
Weight	129	lbs.		lbs.
Chest Measurement	Girth when fully expanded		Girth when fully expanded	
	Range of Expansion		Range of Expansion	
Vaccination Marks	Right	Left	Right	Left
	<i>/</i>		<i>/</i>	
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<i>Samuel Paterson</i>			
(Rank)	<i>Major</i>			
Enlisted	at		at	
	on	day of	on	day of
	23 <sup>rd</sup>	<i>May</i>		
		1918		191
	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>Royal Nfld. Regiment.</i>	<i>5348</i>		
	on	day of	on	day of
		191		191



case of Warrant Officers treated in quarters.

The cause, nature or treatment of the case likely to be of interest or of future use. In case of readmissions to hospitals will be shown. The subsequent progress, including particulars of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

charged to duty.

*R. A. M. C.*

CAPT., R. A. M. C.

[P.A.O.]



August 9th 1919.

Mr. A. Young,  
Old Perlican.

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 Ser-  
vice Gratuity.

Yours truly,

Capt. & Paymaster.

RS/.

12. Give total amount of money advanced  
whether in field or overseas..... *fourteen more*  
..... 1.2.....



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..... *Arthur* ..... 2. Surname..... *Young* .....  
3. Rank..... *Pte* ..... 4. Regtl. No..... *5345* .....  
5. Address in full to which future payments of gratuity are to be forwarded..... *Old Peruvian* .....  
6. Date of enlistment in the Regiment..... *May 28/18* .....  
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..... *NO* .....  
9. Address in full of such dependents..... *NO* .....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *NO* .....  
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....  
12. Give total length of time which you served on active service whether in Nfld. or Overseas..... *Fourteen months* .....  
..... 1. *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.

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 Regt.? If not give - (a) Date of discharge. (b) Reason for discharge.

*no*  
*July 21/19*  
*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.

Signature of Applicant: *Arthur Young*  
 Place of Residence: *Old Pericon*  
*St John's*  
 Declared before me at:  
 This *18* 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. Carthy*  
*J.M.C.*

POST DISCHARGE PAY.				Net amount due
Date Paid	Soldier	Dependent	War Service Credit	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster



ST. JOHN'S, JUL 18 1919

# Royal Newfoundland Regiment.

Billeting Account,

To *Lt. A. Young*

Billeting Soldiers as undermentioned

from *July 1<sup>st</sup> 19* to *July 16<sup>th</sup> 19*

*5345. Lt. A. Young 16 60*

*A.C.F.*  
*B.A.M.*  
*E.C.*  
ACCOUNT DR. NO. 3324  
IND. LEDGER  
PAY LEDGER  
GEN. LEDGER  
16 60

Certified correct for \$

*R.S.*  
*A. M. Blouch*  
Blighting Officer.  
*A. Young*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

Royal Newfoundland

Number of Sheet 001

Signature of O. C. Company

C. A. Dickson Lieut.

Regimental Number and Name	
No.	5345 / <i>James Arthur</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	19 years / months
Place and Date of Enlistment	<i>St. John's</i>
Period of	<i>23 8 18</i>
with Colours	<i>173</i> years.
with Reserve	<i>365</i> years.

Trade
<i>Salesman</i>
Religion
<i>Method</i>

Good Conduct Badges, Service pay or proficiency pay

Place of Birth  
*Old Peruvian B*

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>3 8 19</i>			

To be carried over.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5345 Rank RtE Name Young R  
 Date of Enlistment 23.5.18 Address 105 St. John's District Trinity  
 Occupation Fisherman Classification for Discharge 4 Medical Category A-I  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P36.....	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 July 17/19 O. C. Discharge Depot Miss H

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am.....in a position to resume civilian occupation. A youngy

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 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82450 to his home  
 at Old Park Lane and Release Certificate No. 3591 issued  
 Date 18-7-19 W. L. Bonob  
 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 3-8-19  
 Date 18-7-19 W. L. Bonob  
 Depot Paymaster

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
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		

*Handwritten notes in table:*  
 - Checkmarks in columns 2, 3, and 4.  
 - "2 Form B" written in column 5 next to "3".

Date 18-7-19 W. L. Bonob  
 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 20 1919 L. R. COOPER, CAPT.  
 O. C. Discharge Depot.

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

Date Aug 11/19 W. L. Bonob



Reg. No. *5345* Rank. *Pfc* Name *Young, O.*  
Attested ..... Address. *Old. Perleau*  
Allotment..... Allottee ..  
Date of Allotment..... Returned from Overseas... *W.L.* 1919  
Returned on S S. *Cassandra* Cause. *Discharge*

*11/7/19*  
*20/1/19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION.**

C.R.

Army Form 179A

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vii) or (viii), 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. Regtl. No. *2345* 3. Rank..... *Pte*
4. Name *Young*..... *Arthur*  
(Surname) (Christian Names)
5. Age last birthday..... *20*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Fireman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.  
(b) Date of Discharge;  
(c) Cause of Discharge.
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  
(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? }

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 complains of no Disability*

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W.E. Proemer* *Capt Ramm*  
Medical Officer in charge of case.

Station *Fazley 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