



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full *John Lewis*

Regiment from which discharged *Royal Newfoundland*

Regimental number *21444*

Intended address *73 York St*

Height on discharge *5 Feet 7"*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *William*

Christian name of Mother *Mary*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St John's Oct 16/96 86*

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) *John P. Lewis*

Station *St John's* Date *18.7.19* (Rank) *Sgt*

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 of the Hospital,
 Unit, or Command Depot,
 St. John's, Newfoundland.

Station _____ Date _____