1.



## THE ROYAL NEWFOUNDLAND REGIMENT

ARTESTATION OF

No. 545 Name	leman	a Megratica	Tes KCC	
Questions to	be put to the	Recruit before Enlist	ment.	
1. What is your name?		. remarks	They was	
2. What is your full Address?	사람이 얼마 얼마 아니는 얼마를 된 시간한	2	Maria &	••••
3. Are you a British Subject?		3. 190		
4. What is your age?	· · · · · · · · · · · · · · · · · · ·	4	Months	
5. What is your Trade or Calling?		5	19.	•••••
<ol> <li>Are you Married?</li> <li>Have you ever served in any Brar jesty's Forces, naval or military,</li> </ol>	nch of His Ma	7	lo.	
8. Are you willing to be vaccinated?	ted or re-vac- )	8 Yes		
9. Are you willing to be enlisted for G		g	Mes.	
10. Did you receive a Notice, and do y its meaning, and who gave it to you	you understand ) ,	) Name	/	••••
11. Are you willing to serve upon the signed by the if you are accepted?	conditions as embo	, cc.ps	410	·····
made by me to the above questions are	true, that I a	m within to fulfil the en	declare that the above an agements made. SIGNATURE OF RECISignature of Witness.	
Dear true allegiance to His Majesty King bound, honestly and faithfully defend His enemies, according to the conditions of my	George the Fifth, Majesty, His Heirs	CRUIT ON ATTESTATIOdo make His Heirs and Successor and Successors, in Person	ooth that I will be faithfu	duty
CERTIFICAT  The Recruit above named was caut he would be liable to be punished as pro	ioned by me that i	E OR ATTESTING OFFICE of he made any false answ		stions
The above questions were then rea				
I have taken care that he understan		CONTROL STATE OF THE PARTY OF T	77	30
as replied to, and the said recrit has me on this	attre of Attesting	" OM	riko Ries	1
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	physical states	PROVING OFFICER.	A THE PARTY OF THE	
I certify that this Attestation of th			WHEN PROPERTY AND ADDRESS OF THE PROPERTY OF T	he re-
quired forms appear to have been compli- if enlisted by special authority, such				•••••
Date191-				
Place			} Approving	Officer.
† The signature of the Appr ‡ Here insert the "Corps" fo	roving Officer is to or which the Recrui	be affixed in the present t has been enlisted.	e of the Recruit.	19.5
* If so, Recruit is to be asked the Discharge and Certificate of Character, white:—(Name)	ich should be return	ed to him conspicuously	endorsed in red ink, as	follow

DESCRIPTIVE REPORT ON ENLISTMENT nks. To correspond with entries on the Medical History Sheet. Name months. Height (Girth when fully expanded Chest Measurement Range of expansion Distinctive marks. INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin Relationship 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. (6) (d) (a) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service not al-lowed to reckon for fixing the rate of pension Service in Re-serve not allow-ed to reckon to-wards G. C. Pay Signature of Officers certi-Corps in which served Promotion, Reductions, Casualties, &c. Rgt. or Depot fying correctness of entries Dates Army Rank Years Days Venrs ement reckous from Total Service forfeited as above .. [date of discharge]

Extract from Daily Orders Part II Royal Newfoundland Regiment. Depot st. John's dated 17-7-19.

The discharge of the undernoted on demobilization has been CONFIRMED by Ufficer i/c Records from noted date 11-7-19.

5458, Pte. Leonard Mc Grath.

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt. St. John's, June19th,1919.

The discharge of the undernoted on demobilisation has been APPROVED by O.C. Discharge Depot with effect from 87-6-19.

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

5458, Pte. B. McGrath.

Reported at Headquarters 1/6/19.

which sailed Liverpool May 22/1919.

Extract from Nominal Roll from 1st. Bettalion Royal Dewfoundlend Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left Rouen Carps 22/4/19, erlarked at Havre 22/4/19; disembarked at Southampton 23/4/19 and reached Razeley Down Camp 23/4/19.

#5458 Pte.L. McGrath.

MAY 22nd 1919.

Hon. W.W. Halfyard,

Colonial Secretary.

Dear Sir:

In answer to your enquiry relative to #5458

Pte. Leonard McGrath being on the next draft, I may say
that the lists are now coming in from our London Office part of which will be published in to-day's papers. The
remainder is expected either tonight or tomorrow, and I
shall be glad to inform you if his name appears on same.

If he should not come with this draft it is quite likely
that he will return with the draft which is due to leave
the other side about one month's time.

Yours faithfully,

Minister of Militia.



May 21st, 1919.

Dear Sir.

I shall be much obliged if you will find out for me whether Pte. Leonard McGrath #5458, Royal Newfoundland Regiment, will be returning with the next draft. If not, when, in your opinion, he will be home. His father Mr. Ambrose McGrath of Tilting, Fogo, is very anxious to get him back for the fishery this season. Information in this particular will be much appreciated by me.

I am

Yours faithfully,

J. R. Bennett, Esq.,
Minister of Militia.

wand alfqued

Extract from Nominal Roll of Draft No, 56, of the 2nd., Battalion of the Regiment at Winchester to the 1st., Battalion, B. E. F., Embarked Southampton 25/11/18.

#5458 Pte. J. McGrath.

Entrest from Delly Orders p rt 11. from Unit The Royal Hfld. | Rogt.St. John's, dated July 25, 1918.

The following man embasked five overseas on H.H.S. "Golumbella" July 25,1915.

#5458 Pte . Meonard MacGrath.

Extract from Daily Orders part 11, from Unit The Rogal Nfld. Regt. t. John's, dated May 29, 1918.

#5458 Pte. L. McGrath.

Attested for General Service with the Royal Mfld.Regt. from May 27,1918

Nors.—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. (7) 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 S	oldier	Boarded	Prior to	Discharge	or
						the Reserve	

1 Hitand Sam Ray	el Henerus	Former Trade or Occupation	
1. Unit and corps	- 12. /. Gray. 4. 4. 2	or Occupation	imo
2. Regtl. No. 4. 5. 7 3. Rank	pite ple	7a. If the soldier claims previous se	
4. Name megrat	to feman	Army, he should state—  (a) Former Regts. or Corps;	
(Surname)	(Christian Names)	with Regtl. Nos.	
5. Age last birthday. 2. 3	.0.1		
6. Posted for duty on . ?	1/18 at. 01 10 hus		

- 8. If the disability is an injury was it caused
  - (a) in action

in category (or grade

- (b) on field service
- (c) on duty
- (d) off duty?

- (b) Date of Discharge;
- (c) Cause of Discharge.
- 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)

Nors.—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.

Norg.—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."

he

- 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.

1.				(I) a supported by
	14. State whether th	e disabilities are	(a) attributable to	(b) aggravated by
	(i.) Service du	ring the present war		
	(ii.) Previous a	ctive service		1
	(iii.) Climate in	pre-war service		
	(iv.) Ordinary	military service before the war .	\	
.0	(v.) Serious no man's p	egligence or misconduct on the	£J	SARAMANANA
	14 (a). If not due specific	to any of these causes, to what condition do you attribute it?	t} na	
all cases such facial injur- ,, eye, ear. se and throat, sabilities, &c., specialist's re- nt is to be tached with a diographs bere possible; and in cases of aputation the act position ould be stated.	when it is	nt condition?  suld be made as to Weight in all cass;  likely to afford evidence of the pro  te disability.)	s de en	plans Jus. Visaliki
			the section of	1 1115 11,00
	16. Was an operation was its nature	performed? If so, when and wha?	it Na	
		peration advised and declined?		
	18. *In the case of lo teeth the res directly attrib	ss or decay of teeth,—Is the loss of ult of wounds, injury or disease utable to active service or throug such conditions that dental trea	se h	
	not in themse State whether have been aggr	of any other disabilities existing, belves sufficient to cause invalidin or not they are attributable to avavated by service during the present owhat or by what specific military.	g. As	rain
•			10. ho	Francis
	20. Do you recomme	nd—	Juli	/ ,
		ge as permanently unfit?		1 2
		to United Kingdom?	1	7 Chouse
		y applicable to soldiers invalided	at W	Com
	Station Hoych	ley Down	Medical Officer	n charge of case.
	Date 191	4/19		
		on or immediately after active service,	should be attributed thereto,	unless there is evidence that

ACT A myot yard

Nº 6333

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## THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

	Whether Wife, Child, other Relative or Friend	NAME (in full)		Address		OUNT person
GLT	Inother!	burs ambr	ose o	Tilting		ಶ
839		ynes in g	wayn,	ryo		
						-
				3		
					1	-
A. S.	,					L
					-	+
				Total Allotment,	5	2
S	his form must be conigned by the Officer equired payments of	ompleted by the Officer Commonding Company and	nanding Com handed to t	pany, signed by the Volu- the Paymaster as authorit	nteer, c	ounte

Nº 6333



### THE ROYAL NEWFOUNDLAND REGIMENT

( ALLOTMENTS

	۷.	Ang & 180	ed, viz.:	concerne
1000000000		confusi i vi	Illotment begins	
MOUNT persor	Address (eac	Name (in full)	Whether Wife, Child. other Relative or Friend	Identity Certificate No.
\$	Tilting	Knrs Cembrose	mother &	
	7000	agnes me yrath	t	837
-				
+		2		
2	Total Allotment, S	The state of the s		
	ompany, signed by the Volunteer	ompleted by the Officer Commanding commanding Company and handed on application.	This form must be comigned by the Officer of equired payments on	S

Names of Witnesses Punishment awarded Remarks and an antique and an analysis of the state and the second s called the day of the control of the and other state of the color of the order of the And the second of the second o and any metalling production to the telephone many many and and okaldanaan makaan maan ka madaan m The same of the sa Contract Con Control of the Contro Line from the contract of the the state of the s A secretarion and a section of ..... and the state of t Court Comment of the contract the state of the s per to the contraction of the great to read to the country of the period of the country of the c the state of the s A set of the second and and a contract the track of the contract of I will be a supported to the support of the support the contraction of the contracti The second secon the sale of the sa Land Bloom of Bernating to the control of the the second of th man from the contract of the c more and a surprise from the contract of the c a atomic transfer of the manufacture as a supply of the form of the first of the fi Andrew Committee of the The state of the s And the second s the state of the s [P.T.O.

Mc Shath, L

Ag Dept.

July 12,1919

#5458 Pte Leonard McGrath.

Tilting.

Fogo Dist.

Dear Sir:-

Referring to your application I enclose chaque for Seventy dollars (\$70.00%, being amount of first payment due you on account of the War Service Gratuity.

Yours truly

Captain,

### DEPARTMENT OF MILLITIA.

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 Jenuary 28th.1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no demhes, 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 & RECORPOFFICE, ST. JOHN'S. Christian name. 3. Rank ..... 6. Address in full to which future pronts of tuity for 6.Date of enlistment in the Regiment.... 7. Name of dependent, if eny, to whom Separation Allowance is being issued, or was being issued, inmediately prior to your discharge..... ale die ro wive fil 8. Relationship of such dependents..... 9. Address in full of such dependents.... or given we carr 10.1s said dependent, now, or was said dependent at may tire in rescip. or Segaration Allowance on account of another saldier........ 11. Were you on active corvice only in Rild, II so, give dates and particulars of such service. Oreise en novo estado no composito de c 12. Tive total length of time which you served on cotive service, 

	13. Have you had more than one enlistment? If so, give particulars
	of discharge and re-onlistments, and under what regimental numbers.
	My
	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 Doroces
	17.Are you entitled to receive, ar 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
	renk held by you on your arrivel in England?
	(b) If so, was such reversion in consequence of Misconduct or
	inefficiency?
	19. Are you now sorving in the Rogt.?. Mo If not give?- (a) date
	of dischesse the long Reason of discharge
	Velleporksy Newsbellystron
	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.
4	Trucy, Belgium + Germany 1 tom Mor, 24
_	10 d l 1919
	21.(c) Are you receiving treatment from the Wivil Ro-Establishment
	Com.(b) If so are you are receipt of full pay and allowances from
	that Committee.
	And I take 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.

-3- Lonard nc Grath.

Signature of Applicant: Place of Residence: \ ohus Declared before me at: > day of Signature of Berrister of the Supreme Court, Stipendiary Magistrate; Notary Public, Hustice of the Peace, or Commissioner of affidevits. POST DISCHARGE PAM. Net amount Date paid Heid Paid War Service Soldier. Dependent, Classicy. Cortified correct. Paymester si masse of contachit; el es al mediaches: modified to some me of: 19.0 Expression of translation of the substantial forms is included to the trate of them to the particles the result of the includes of the service.

Rich Suro of Alberta Nacon of Albido of: Nacon will alberta Thin

ie. . . . . .

July 11,1919

#5458 Pte . Leonard McGrath .

Tilting,

Fogo.

Pear Sir:-

Please find enclose: Discharge Cortificate #2951.
Yours truly

captain,

## The Koval ,Pfld. Regiment

#### DEMOBILIZATION

No.345 Rank

Name Mine

Warned for demobilization on

JUN 13 1919

## The Royal Newfoundland Regiment

#### PROCEEDINGS ON DISCHARGE

. No.	5458 Rank Ple Name The Follow
Inte	nded place of residence
. Occ	apation Frederman
Clas	sification of soldier F
The	above named man is discharged in consequence of DEMOBILIZATION.
	Engible for War Scrvice Gratalty
••••	
. His	accounts are correctly balanced and I have impartially inquired into all matters brought before me, in rdance with Regulations.
Plac	JUN 13 1919. ST. JOHN'S.  Comanding Displayer Depot The Royal Newfoundland Regiment
Date	Comanding Discharge Depot the Royal Newfoundland Regiment
	CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE
intet	reby acknowledge that I have received all my pay and allowances (including clothing allowance) and all demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, il financial responsibility in my connection.
	ee and date TOHN'S.
	JUN 13 1919  Signature of witness
-	A DE GIOVED DY SOI DIED
	CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER creby certify that I am in a position to resume civilian occupation immediately on discharge.
	created Date 10 HN S. Signature of soldier
:	JUN 13 1919 Signature of witness M.
	STATEMENT OF SERVICE
, Enl	isted for service 27-5-18 No of days on Military
Dis	charged from service. 27-6-19 Hus 14 days. Service 411.
	APPROVAL OF DISCHARGE
3. The	e discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i c Records e Royal Newfoundland Regiment, twenty-eight days from date.
Pla	ce ····································
Da	te . JUN 27.1919
	CONFIRMATION OF DISCHARGE
9. Th	e discharge of above mentioned foldier is hereby confirmed Mowley Capt
	July 11/1919. The Royal New Indiand Regiment
7	10.18-8-11/2011

## The Koyal Pewfoundland Kegiment

class for Demobilization:—	Report of Demobilization Travelling Board, held on soldier for discharge.
Discharge Depot: Headquarters The Royal Ne	ewfoundland Regiment
	Date 12.6.19
Regimental No 5458	
Name Mc Grath L.	Rank He
Address Lilton	· 2.8
	·
Present Medical Category 41	
Recommended for :—	(a) Immediate discharge
	RITIAL CALL O.C. Discharge Depot.
Members of Board	I Fateroon
and the second s	Senior Medical Officer
	M. O. Depot

# The Koyal Pewfoundland Regiment

DEMOBILIZATION OF

Reg. No 408 Rank To Name M Smath Jassure
Date of Entistment 270-18' Addres Willing District How
Occupation Justoman Classification for Discharge By Medical Category H. J.
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   B 179   B 179
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.  I amin a position to resume civilian occupation.  I Tam
Particulars passed to Vocational Officer for information and action.  Date

3. Transportation and Rele			0	
The above named	has been provided w	ith Travelling War	rrants No. 7.0	11
at Juling 7 of	and Release	Certificate No	2.7.79 issu	red.
Date	5-19	4a	anwest	1
Date		1	Demobiliza	ion Officer
- ANT TO A TANK AND THE	•	1	Company of the compan	
4. Pay and Allowances.		Hilliam SAN		Office of the set
	soldier's accounts ha			matters in con-
nection therewith sett  Date 13-6-19	ned. He has receiv	ed pay and allowa	, HMW	S. H.
		946-	16	
Discharge approved for		1-		
Forwarded with follow	ving documents to	O.C. Discharge De	pot.	4
N.F. P 36 B 268	В 121	N. F. Med	D.F. 1	
B 178 W 3494	В 122.	Board 1st	" 2 /	<u>.</u>
B 178a D 400A	В 1915	do 2nd	· 32	mB
B 179 D 400B	. Form L	I Same and the second	" 4	
B 179a D 400C	Form K	do 4th	" 5	
	ME 2		6	
12 /- 10			- //	
Date / / //	J.	& Town	verft-	
			O. C. Discha	rge Depot.
APPROVED.				
Documents as above f	orwarded to:-			
	c Records. f Pension Commission	oners.		
with following additional	documents.			
	rationikle	for War Se	rvice Gran	illy
IIIN 07 1919	Highlic	for War Se	7. H.Ja	it Tail
Date JUN 27 1919				
	Harb Seption Control Sept.	ar efficie definished.	O. C. Discha	rge Depot.
Received the above noted do	nouments from O. C.	Discharge Donot		
Treceived one above noted at	Journal of Home O. O.	Zigonarge Depot.	ingenting the second stage of the second	
			,	
Date		그렇게 뭐하다 강화를 다꾸다 했다.		

# 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 fellows:

Lonard & Lose Signature of Man.

Reg. No. 546 8

Again Man.

Reg. No. 546 8

Again Man.

Place At Johns

Date 13-6-19.

191

To be used only for Specia	l Reseerve Recruits, and	for Special Reservists en	listing into the Re	gular Army.
Surname McGra		HISTORY  Christian Name	Reona	Thomas,
9	Table I.—GENI		11/0, -	
Birthplace:—Parish 70	SPECIAL R	ESERVE (	REGULAR ARM	<u>1Y</u>
Examined	at Shop	us. 1910 on at	day of	191
Declared Age	23 years	days	years	days
Trade or Occupation	toker	nan !		
Height	feet	V 4 tuches	feet	inches
Weight		125 lbs.		lbs.

Trade or Occupation	Foker	man		
Height	of feet	V3 tuches	· feet	inches
Weight		125 lbs.		lbs.
Chest Girth when fully expanded	1	35 inches		inches
ment (Range of Expansion		inches		inches
Physical Development				
Vaccination Marks Arm	Right	Left	Right	Left
When Vaccinated	he			
Vision }	R.E.—V = 19 L.E.—V = 1		R.E.—V= L.E.—V=	
	199			4
	(a)		(a)	<u>.</u>
(a) Marks indicating congenital peculi- arities or previous disease	(a)			
	-			
(b) Slight defects but not sufficient to cause rejection	(6) (7)(1)( <b>9</b> ) (7)	ម្រាប់	(6)	
Approved by (Signature)	Lamons	Padrin		
(Rank)	m	age		
	CHAIR.	- Medical Officer.		Medical Officer.
Enlisted {	at XX yours.	11. c.	at	
	on day	Regtl. No.	on day Corps	of 191 Regtl. No.
_Joined on Enlistment	Royae Mes.	1458		
	Regiment.			
Transferred to	. ,			
	•			
Became non-effective by				
(Signature)	on day	of 191	on day	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 Surgical Appliances; Particulars of Dental Treatment, &c.

	ar Appriances, rainculais		
Date	provident in American's The Carling	Brief Details, and Signatures	
			*
285	Vace 10		
20-7-18	MARS. 80		
10-5.18	THE MS		
10001-	TIST hos		
		It is her by corbified that this e	
	•	has been before a Travelling M	
		Board and has been elwist.	
		for Discharge on Demobilisa-	
		tion. Medical actegory	
		Date of T.M.B. Papidan Particular Andrews	
		Cuismage Depot-te would and	
		· ·	

#### Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
		1			
		108			
			in the second se		



### 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

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

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

Changes occuring in the description subsequent to the date of admission to pension should be noted in red ink. go Shath Seonau Name in full Regiment from which discharged Royal Dewfoundland Regimental number Intended address Height on discharge Color of hair on discharge Complexion Color of eyes Descriptive Marks Figure on discharge Christian name of Father Christian name of Mother Wife's maiden name in full Date and place of marriage Christian names of children 6-5-1895 Place and date of soldier's birth Nature and locality of civil employment required I declare that I am the soldier referred to above and that all the particulars contained in statement are, to the best of my knowledge, correct (Soldier's signature in full) Leonard (Rank) 11-6-19 Station

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.

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 (vl.), King's Regulations, when the soldier has suffered impartment in health since his entry into military service, or in cases of transfer to Class P., or P. (f), of 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 Mospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or

Transfer to Class	w., w, (1), F., o		//
1. Unit and Corps. J. of al.	Lewfoundland	-7. Former Trade or Occupation }	kerman
2. Regtl. No. J. 4. J. 8 3. Rank.	To the	7a. If the soldier claims previ Army, he should state—	
4. Name // 97ach	(Christian Names)	(a) Former Regts. or Corp. with Regtl. Nos.	<b>;</b>
5. Age last birthday. 2.3	( C. () /		

- 8. If the disability is an injury was it caused
  - (a) in action

in category (or

- (b) on field service
- (c) on duty
- (d) off duty?

6. Posted for duty on May 27/18 at. M. Johns

- (b) Date of Discharge;
- (c) Cause of Discharge.

- If a Court of Inquiry was held on an injury state:—
  - (a) When
  - (b) Where

- (d) Particulars of Pension or Gratuity (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.
- 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.

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	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	ha.	
		(v.) Serious negligence or misconduct on the man's part.		J
	14	(a). If not due to any of these causes, to what specific condition do you attribute it?	· ha,	
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.		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.)	be emplained	aciliz-
	16.	Was an operation performed? If so, when and what was its nature?		
	17.	If not, was an operation advised and declined?	~	
		*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?	h.	
			0	epatriation
	20	Do you recommend—	. (	Privation
	20.	(a) Discharge as permanently unfit?		
		(b) Change to United Kingdom?		
		Note—(b) is only applicable to soldiers involided at Foreign Stations.	2	01.000
	Sta	tion basely D. bamp	Medical Officer in	Charge of case.
	it is	* Loss of teeth on or immediately after active service, shou due to some other cause	ld be attributed thereto, un	less there is evidence that

	Casualty Form—Active	service.		
Reg	iment or Corps ROYAL NEWFOUNDL	AND REG.	Q	
Rank Surname	iment or Corps. ROYAL NEWFOUNDL	stian Name		
Religion JV. 6	Age on En	listment 2	3years	months
	erms of Service (a) DURATION.	Service reck	ons from (	a) 27/5/18.
Date of promotion to present	rank Date of ap	pointment to la	ance rank.	
Extended Re	engaged Qualificat or Copps	Trade and Rate	n Ca	727
Occupation 1/ Whitman	0 /	1 401	Sig	nature of Officer.
Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents.	. Place of Casualty	Date of	Remarks Taken from Army Form
Date From whom received	B.213, Army Form A.36, or in other official documents.  The authority to be quoted in each case,	. Trace of Casuarty	Casualty	B.213, Army Form A.36, or other official documents
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[P.T.O.

Nº 6333



### THE ROYAL NEWFOUNDLAND REGIMENT

**ALLOTMENTS** 

Identity ertificate No.	Whether Wife, Child. other Relative or Friend	Mame (in full)	Address	AMOUNT (each pers
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		_ •	V	
			Total Allotment,	s 5
sig	nis form must be ogned by the Office quired payments	er Commanding Company and h	nding Company, signed by the Volu anded to the Paymaster as authorit	inteer, country to make

### Receipt for Army Book 64

No. 5. 4. 5 8 Name L. Me Grant:

To Certify that I have received the AB 64 of the above named Soldier.

Name Leonard he Grath.

Date July 16 20

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

### RECEIPT.

#### FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name Leonard Ma srath

Place Hilton Via Jogo.

Squadron, Troop, Battery and Company Conduct Sheet.

B 121.

Army Form B. 121.

of The Reyor Henformblank Signature of O. C. Company CASic

Good Conduct Badges, Service pay or proficiency pay Enlistment Regimental Number and Name No. months Place and Date } -Ioined Date Joined Date Joined Joined. Date\_ Name of Date of By whom awarded REMARKS OFFENCE Punishment awarded Place Rank Witnesses Offence Demobilged She fin's 11 19 To be carried over.

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## The Koyal Pewfoundland Kegiment

DEMOBILIZATION OF
Reg. No 5 408 Rank All Greath Sonow
Date of Enlistment 375 18 Address Hilling District Hago
Occupation Listerman Classification for Discharge Medical Category 17.1
Recommendation S. M. B. Disability Rating
Passed to Demobilization Officer with following documents:—
N.F. 1 36
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.  I amin a position to resume civilian occupation.  Particulars passed to Vocational Officer for information and action.  Date
2. Clothing.  Certified that Clothing Regulations have, been complied with:  (a) Clothing Allowance payable 18. O.

3. Transportation and Release Certificate.  The above named has been provided with To	avelling Warrants No. 3. 7.00 to his hom
at filling 7 ofo and Release Certi	ficate No. 2729 issued
Date	Ha Somwloff
- A MOTERACE	Demobilization Officer
4. Pay and Allowances.	Second Production
The herein named soldier's accounts have be	en correctly balanced and all matters in con
nection therewith settled. He has received pa	y and allowances to
Date 1) - (-1)	HIRUS A
tionant ed by	Depot Paymaster.
Discharge approved for	4-6-19
Discharge approved for Forwarded with following documents to O.C. I	
==	Discharge Depot.
N.F. P 36 B 268 B 121 N.F.	Med D.F. 1
B 178 W 3494 B 122 Board	1 1st " 2
	2nd " 3 2 10m P
	3rd " 4
	4th " 5
B 179b B 103 ME 2 B 179c B 120 M 93	
B100 1 95	
Date /3 6-19	-thow coft-
- · · · · · · · · · · · · · · · · · · ·	O. C. Discharge Depot.
neibarras afficientas	e, e, garanage gopes.
APPROVED.	
Documents as above forwarded to:	
Officer i c Records. Board of Pension Commissioners.	
with following additional documents.	artis impagas i de la company de la comp
Paighte for	War Service Graphly
Difficion 101	<u> </u>
Date JUN-97-1919	Ritt. Lait Caul.
00N 7,7 1313	O. C. Discharge Depot.
P : 1/1 1	1
Received the above noted documents from O. C. Disch	large Dept.
6 20/1	May season
Date June 30/19	V for fixe into
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