



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. & 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 Moore*

Regiment from which discharged *Royal Newfoundland*

Regimental number *8190*

Intended address *Pilley's Old*

Height on discharge *5* Feet *8*.

Color of hair on discharge *Brown wavy*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Compound fracture left Fore Arm*

Figure on discharge *Reduce*

Christian name of Father *Thomas*

Christian name of Mother *Julia*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Pilley's Old 18-7-1900*

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 Moore* *AC*
 Station *ST. JOHN'S* Date *24-3-19* (Rank)

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.

Station _____ Date _____



The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8190 Rank Pvt Name Morris, John
 Intended place of residence Pilley Island, Twillingate
 2. Occupation Lumberman
 Classification of soldier E Medical Category B. II

DEMOBILIZATION.

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
 Date MAR. 25. 1919
 H. Mews Lt.
 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 and date ST. JOHN'S
25-3-19
 John Morris
 Signature of soldier
 J. A. Snow
 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 and Date ST. JOHN'S
25-3-19
 John Morris
 Signature of soldier
 E. Toilers Sgt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 19-5-17 No of days on Military
 Discharged from service 27-3-19 plus 14 days Service 692

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.
ST. JOHN'S
 Place
MAR 27 1919
 Date
 R. H. Sait 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, Nfld.
 Date April 10th 1919
 M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

A.B. 2029/1709/1

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 8190 Rank Platoon Name Moore, John
 Date of Enlistment 19-5-17 Address St. John's District St. John's
 Occupation Lumberman Classification for Discharge F Medical Category 101
 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.....	1	1239	2
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	3	3288	7
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	5	256	1
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....			
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....			
B 179b.....	B 103.....	ME 2.....	<u>20-6-1</u>	" 6.....			
B 179c.....	B 120.....	M 93.....	<u>1538-1</u>				

Date 25-3-19 J. H. Moore
 @ C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am in 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 \$160.00
 (b) Clothing Supplied J. H. Moore

Date 25-3-19

O |c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P 995 9 303* to his home at *Pelee Island* and Release Certificate No. *1692* issued.

Date *25-3-19*

Andrew Cuff
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 *10-4-19*

Date *25-3-19*

H. W. H.
Depot Paymaster.

Discharge approved for *27 3 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	1	D.F. 1	1	1239	2
E 178	W 3494	B 122	Board 1st		" 2	1	3288	2
B 178a	D 400A	B 1915	do 2nd		" 3	2	2506	1
B 179	D 400B	Form L	do 3rd		" 4			
B 179a	D 400C	Form K	do 4th		" 5			
B 179b	B 103	ME 2	F.C. 6	1	" 6			
B 179c	B 120	M 93	1238	1				

Date *25-3-19*

J.A. [Signature]
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

MAR 27 1919

Date

R.H. [Signature]
O. C. Discharge Depot.

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

Date