

FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

2. What is your full Address? 3. Are you a British Subject? 4. What is your Age? 5. What is your Age? 6. Are you Married? 7. Have you ever served in any Branch of His Majesty's Fores, naval or military, if so, which? 8. Are you willing to be vaccinated or re-vaccinated? 9. Are you willing to be enlisted for General Service? 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 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. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 12. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 13. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 14. Accepted to the above questions are true, and that I am willing to fulfil the engagements made. 15. Accepted to the above questions are true, and that I am willing to fulfil the engagements made. 16. Accepted to the above questions are true, and that I am willing to fulfil the engagements made. 17. Accepted to the above questions are true, and that I am willing to fulfil the engagements made. 18. Accepted to the above questions are true, and that I am willing to fulfil the engagements made. 18. Accepted to the above questions are true, and that I am willing to fulfil the engagements made. 18. Accepted to the above answer to any signature of Witness. 18. Accepted to the fulfill the engagements made. 18. Accepted to the signature of Witness. 18. Accepted to the above answer to accepted to the above questions were then read to the Recruit in my presence. 18. Accepted to the Alterstand of the Alterstand of the above answer to each question has been duly entered as replied to the accepted to the accepted to the accepted to the conditions of the accepted to the accepted to the conditions of th		Questions to be put to the Recruit before Enlistment.
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DESCRIPTIVE REPORT ON ENLISTMENT. Applicable to all ranks. To correspond with entries on the medical History Sheet.

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FIRST NEWFOUNDLAND RECIMENT.

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DESCRIPTIVE REPORT ON ENLISTMENT. Applicable to all ranks. To correspond with entries on the Medical History Sheet.

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(-) Christian	and Surname of Woman to	Particulars			w. (b) Place	and date of marriage.
(a) Christian	and Surname of Woman to (c) Preser	nt address. (d) In	nitials of Offic	er verifying e	ntry.	(d)
(α)		1000				
	rus.					
		Particulars	as to CL	ildren		
	×1	Particulars	as to Ch		and Place of	Rirth
Chri	stian Names.	 	-	Date	and Trace of	Dirtii.
Corps in Rgt. or		Army Rank.	F THE	Service not al-	Service in Re	Signature of Officers
men served Depor			•9	years days	years days	
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	England 2.3-1-	Selmitte	w 3 L 4.	Hogo Wa	edsion	3-3-17 Hurlaugh
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C.R.1994

Extract from Daily Orders Part II Royal Newfoundland Regt. Depot St. John's dated Aug. 22nd 1919.

The discharge of the undernoted on demobilization has been CONFIRMED by officer i/c Records from noted date $_{4-8-19}$.

1994, Sgt. Geo. Parsons.

Extract from Daily Orders Part II Royal Newfoundland Regiment.
Depot st. John's dated Aug. 6th 1919.

The discharge of the undernoted on demobilization has been approved by U.C. Discharge Depot from noted date 21-7-19.

1994. Col. Sgt. G. Parsons.

C.R.1994

Extract from Daily Orders part II, Unit the Royal Newfoundland Regiment, by Lieut. Col. B.J. Barton, 5 D.S.O. Officer Commanding 2nd. Battalion dated 22-3-19.

1994 A/Cpl. Sergt. P. Parsons. to be Col. Sergt.

Extract from party Orders Resent Cale The Royal Nild. Regt., St. John 18, July 3mc, 19120

1994 Col. Sergt. S. Parsons.

Roported at Headquarters 1-7-19 or "Cos sangra" which sailed Flasgow June 24th; 1919.

The two ob Acade Town or gate Park to account to a 10 Reyou Mile,

a esta dia delipara dia della

图 1994

Extract from Nominal Roll of Mfld. Regt. Draft Mo.16 from 2nd Bn. Depet, to 1st Bn. B.E.F. Embarked Southampton, 50-12-16.

1994 Bgt. H.G. Parsons.

Extract from Orders Part 2 by Lt.Co. B.J.Barton, D2S.O. Commanding 2nd Battalion Royal Newfou dland Regiment.

Rof.Bn.Orders Part 2 of 20/11/18 "Promotions" should read as from 8/11/18.

1994 Sgt. Parsons, G.

"H" Company to be Acting Colour Sergeant.

Instructor of Musketry, as from this date.

ys. Vide 7 961

No. 431

Code Telegram to Major Timewell. (sent 10 March 1917)

Your Telegram 9th March (No. 953) D 1994 N ewman Is it correct?

Governor.

6th March, 1917.

Dear Sir.

A regret to have to inform you that a report has this day been received from the Becard Office of the First New-foundland Regiment, Bondon, to the effect that No. 1994, Sergt. George H. Parsons, has been admitted to Wandsworth Hospital, suffering from Appendicitis.

A trust that later reports will bring news of his convalescence.

Ony further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. William E. Parsons. 69 Springdale Street.

Colonial Secretary.

Extract from Nominal Roll Entrained St. John's for Overseas, June, 19.1915."H".

1994 Pte. Parsons George H.

C.R. 1994

Geo. H. Parsons was attested for General Service with the NEWFOUNDLAND CONTINGENT on Nov. 28nd 1915.

Regimental No. 19994 was alloted to Pte G.H. Parsons.

AUTHORITY:

Record Ledgers

Dept. of Militia,

March 25th 1919

J. H. Parson. CR. 1994 Puro

Nº 1750 /





1ST NEWFOUNDLAND REGIMENT

2010000000000	Whether Wife, Child,	Name (in full)	Address	AMOUN (each pers
17	25 Father	William Edga	Parsons	50
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	169	Springdale In	tue A
			0	
	AND THE PERSON NAMED IN COLUMN TO SERVICE AND SERVICE			
<u> </u>				
	/			
(i)				
			Total Allotment 6	75
)TE.—';	This form must be consigned by the Officer	mpleted by the Officer Commanding Commanding Company and hander	Total Allotment, 5 Company, signed by the Volum d to the Paymaster as authority	teer, cour

With reference to your telegram with correct 1 Joveniol ead Dig44 Newman The state of the s

PACIFIC MIDWAY ATLANTIC HONOLULU GUAM No. of Message The following CABLEGRAM received, at Via Commercial Cables." PAY & RECORD OFFICE Ref. No.... Rec'd. MAR 1 1 Aux'd Ans'd. File No.

ANGLO-AMERICAN

No.

WESTERN UNION

CABLEGRAM

		SENT	FOR STAMPS
Prefix WORDS	Code	At	A CONTRACT OF THE WAY
		VIA ANGLO.	THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

11/3/17.

On Newfoundland Government Service.

To GOVERNOR.

ST. JOHN'S.

(NEWFOUNDLAND)

DICTATORS 11TH HORNSING ROUEN MANTELROCK 2753 GOODYEAR SILVERGOD UNEXTEND D1944 NEWMAN.

SYNOPTICAL.

Translation: Died of wounds-11th-Stationary Hospital-Rouen-March 10-2753-Goodyear-full stop-ref. your telegram 11 March-1944 Sgt.- Newman-

NOT TO BE TELEGRAPHED. Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature_

Address 58, Victoria St., S.W.

NEWFOUNDLAND CONTINGENT

,	N ewf ∪ 5.	& Officer i/c Record undland Contingent, 3, Victoria Street, London, S.W.		
	Flease r	Bleshown'd	y Order to: Millery Id	ospital
		Wesh Byf Iwo pounds	lee L. 1	
<u> </u>	account of an	y balance that may be	e due to me.	loh
	1611	hame	Marco	40
Act P. 3/	27/7	Approved	K.J. Speus Officer	Mation.
	t april	Bleauso	hest Begg	y Hospital.
7		191	Sur	og ·

3127/7

9th, April, 1917.

Bleakdown Military

West Byfleet.

1994, Sgt. G. H. Parsons, 1st. Newfoundland Regt.

#49378

2. 0. 0.

NE VFOUNDLARD CONTINGENT

N.F.P/33.

	Temperary A/c.	Pay / 35	"orking	ng Total						
•	Dame Parsons. G. Y				Less A	llotment te			00 L	}
ate	DEBITS	£	8	d	C	REDITS		£		 3 (
	Balance P.M. ADVANCES: A.B. 64 Acquittance Rolls Hospital Advances STOPPAUES: Hospital dys = Forfeited Pay dys Micsellaneous Cables P.%.R.O. PAYMENTS: Sundry Bills Cash		10		3 2/-	Rate:	02 ? O days	20	, and the second	21

Note.—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. (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. Y. U	ryac reen	francia no.	7. Former Trade or Occupation	
2. Regt	1. No. 9.9.41	3. Rank	ergs.	7a. If the soldier claims previous ser Army, he should state—	vice in
4. Nam	e(Surname)	anon	Christian Names)	(a) Former Regts. or Corps; with Regtl. Nos.	
5. Age	ast birthday			TALEAR SERVICE CONTRACTOR OF THE SERVICE CON	1,4
6. Poste	ed for duty on.	at			•
. in	category (or gr	ade)			
8. If the	e disability is an	injury was it caused	1		
(a) in action	(b) on field serv	ice		
(c)	on duty	(d) off duty?	todo tor strong	(b) Date of Discharge;	
	, , ,			(c) Cause of Discharge.	
		y was held on an inj	ury state:—	Three of the control of the property of the	
) When) Where		To the first of the control of the following	(d) Particulars of Pension or G (if any)	ratuity
	Opinion of Co	nrt.	Egyptima 14 to 25 to 19 The sector of the sector of the sector	Section 2017 Transport	
			lled in and A.F.B. 179 B (s	tatement by the soldier) completed before th	e soldier
is seen by	the Officer in ch	arge of the case.			o bordier
CONTRACTOR OF					
in the inva	III take care to co	nnne nimseir excinsivei	V to the medical aspect of	Medical Officer in charge of the case. In a the case and to such information as may be: tuish and clearly state when cases are due to	roosudad
in the inva disease.	o. If brought f	medical documents. H	ns are to be filled in by the y to the medical aspect of e will also carefully disting , disability in respect o	Medica: Officer in charge of the case. In an the case and to such information as may be ruish and clearly state when cases are due to which invaliding is proposed to be state tion No. 19). If no disability enter "	recorded venereal ad hera.
in the inva disease.	o. If brought f	medical documents. Horward for invaliding es should be reported	ns are to be filled in by the y to the medical aspect of e will also carefully disting , disability in respect o	the case and to such information as may be; ruish and clearly state when cases are due to which invaliding is proposed to be state	recorded venereal ad hera.
in the invadisease.	o. If brought f (Other disabilities)	medical documents. Horward for invaliding es should be reported ability.	ns are to be filled in by the y to the medical aspect of e will also carefully disting , disability in respect o	the case and to such information as may be; ruish and clearly state when cases are due to which invaliding is proposed to be state	recorded venereal ad hera.
11. Date 12. Place 13. Give the chist relevant	o. If brought f (Other disabilities of origin of disconcisely the disability in so fe	ability. ability. assential facts of the ar as it is recorded in ring on the case ar uments.	ns are to be filled in by the yot the medical aspect of e will also carefully disting, disability in respect of upon in answer to question the history of the Medical	the case and to such information as may be; ruish and clearly state when cases are due to which invaliding is proposed to be state	recorded venereal ad hera.

564	14. State	whether the disabilities are	(a) attributable to	(b) aggravated by
	(i.)	Service during the present war	195	
		Previous active service	. V Lao	.
	(iii.)	Climate in pre-war service		
317	(iv.)	Ordinary military service before the war		
: JG		Serious negligence or misconduct on the man's part.	WWash)	
	one estile:	not due to any of these causes, to what specific condition do you attribute it? 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.)	od. Tel	els Apile consplais or Disahi
		n operation performed? If so, when and what s its nature?		
	17. If not	, was an operation advised and declined?		
497	dire ser	the case of loss or decay of teeth,—Is the loss of the the result of wounds, injury or disease ectly attributable to active service or through vice under such conditions that dental treat- int was unobtainable?		
	not Sta hav	particulars of any other disabilities existing, but tin themselves sufficient to cause invaliding. the whether or not they are attributable to or we been aggravated by service during the present r, and if so, to what or by what specific military		

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.

Refatuation

JASORIUS

MOYAL NENFOUNDLAND NEW

Medical Officer in charge of case.

Station ... HAZELEY DOWN GAMP

Date ...

* 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

Place	Date of offence	Rank	Cases of Drunken- ness	Offence	Names of Witnesses	Signature O.C Company, etc	Date of award or of order dispensing	By whom awarded	Remarks
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			ic Pri		Harris Town				. 5 (2005)
			HEART.						4000
Maria de la companya della companya	1000		files:		LE LES ESTATES CONTRACTOR			46.40.3	[P.W.o.

Larsons, I. K.

Agragest

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE Rank Colours) II Intended place of residence.... 6.9 Classification of soldier..... 3. The above named man is discharged in consequence of DEMOBILIZATION gible 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 Commanding Discharge Depot The Royal Newfoundland Regiment Date 1111 2.1 1919 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 21- 7-19 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. IOHN'S Date 21-7-19 Signature of witness STATEMENT OF SERVICE 7. Enlisted for service. 28 - 10 - 15 No. of days on Military Service. 13 7 7 ... APPROVAL OF DISCHARGE 8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ilc Records, The Royal Newfoundland Regiment, twenty eight days from date. Place, ST. JOHN'S Officer Commanding Discharge Depot Date 21.1.19 The Royal Newfoundland Regiment CONFIRMATION OF DISCHARGE

(NOB 2079/)770

9. The discharge of above mentioned soldier is hereby confirmed.

Aigust 18,1919

#1994 Sgt. George Parsons. #69 Springdale St., City!

Dear Sir:-

Please find enclosed Discharge Certificate #3770.
Years truly,

Captain & Paymaster.

Extract from Casualties received from P.&.R Office London, March 6th, 1917.

Wandsworth.

D 1984 Parsons.

Appendicitis.

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

The Koyal Pewfoundland Kegiment

Class for Demobilization:

Discharge Depot: Headquarters The Royal Newfoundlan	Date July 18/19
Regimental No. 1994	
Name Parsons S. N	•
Address 69 Springo	iale St
· Recommended for:—	(a) Immediate discharge (b) Standing Medical Board
	N. R. Coolee Colet.
Members of Board	Senior Medical Officer
	Tw Burden

The Royal Newfoundland Regiment

DEMOBILIZATION OF ()
Reg. NGG 1/ Rank Dolume Ling Name Jansons Sit
Date of Enlistment 28 10 16 Address of Apring delle Histrice Mahre
Occupation legenerations
Recommendation S.M.B
Passed to Demobilization Officer with following documents:—
N.F. P 36
B 178 W 3494
B 178a
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
z. Civil Re-Establishment.
I amin a position to resume civilian occupation
J. Parsons
de destruction and the free of the second se
Particulars passed to Vocational Officer for information and action.
Date. Winter Court 2007 101 State A
2. Clothing. 1940 R39000 F J
Certified that Clothing Regulations have been complied with
(a) Clothing Allowance payable. The Control of the
(b) Clothing Supplied (Will Court to Lund
Date. 2.1.— 7—1.9
Date. 2. 1. O'ilc. Re-clothing.

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrant No
at
al a a The
Date 21-14 AMG COUNTY
Demobilization Officer
4. Pay and Allowances.
The herein named soldier's accounts have been correctly balanced and all matters in connectic
therewith settled. He has received pay and allowances to
71-7 10 TIME 1 12
Date Depot Parmaster.
, Zepot I a maser.
Discharge approved for.
Forwarded with following documents to O.C Discharge Depot.
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36
Б 178
B 178a D 400A B 1915 do 2nd " 3
B 179 D 400B Form L do 3rd " 4
B 179a
B 179b B 103
B 179c. B 120 M 93
B 1136.
My lot into M
Date
Demobilization Officer:
APPROVED.
Documents as above forwarded to:—
Officer ilc Records.
Board of Pension Commissioners.
with following additional documents.
Eligible for War Service Gratulty
the state of the s
Date 21.1.9. L. R. COOPER, CAPT,
Date
Received the above noted documents from O. C. Discharge Depot.
A company of the control of the cont
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) to find employment. My decision is as follows:

To resume former Occupation.

Signature of the Vocational Officer or his Representative.

Place 21- John

Date 21-7-15 191

To be used only for Special Reserve Recruits, and for Special Reservists entisting into the Regules Army.

MEDICAL HISTORY

Surname Parsons

Christian Name 5. H.

Table I.—GENERAL TABLE.

Birthplace:—Parish		Count	y high				
•	SPECIAL RESERVE. REGULAR ARMY						
Examined	on 25 day of at 5'5 Johns	0ct 1915	on " day of	191			
Declared Age	24 years		years	days			
Trade or Occupation Height	5 feet	ر نخ inches	feet	inches			
Weight		/30 lbs.		lbs.			
Chest Girth when fully expanded Measurement Range of expansion	· .	inches		inches			
Physical Development	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Z inches		incres			
(Arm	Right	Left	Right	Left			
Vaccination Marks { Number		3					
When Vaccinated							
Vision {	R.EV= 4	19	R.EV=				
		/9					
(a) Marks indicating congenital peculi- arities or previous disease	(a)		(a)	ľ			
and or period disease		-					
(b) Slight defects but not sufficient to Cause Rejection	(b)	i sirali	(6)				
Approved by (Signature)	Sammitte	eteros					
(Rank)	aft.	Medical Officer.		Mediçal Officer.			
Enlisted	at 3 John	Ort 1915	at	. 191			
	on 26 day of Corps.	Regtl. No.	on day of Corps.	Regtl. No.			
Joined on Enlistment	1" 11'4x Reg	1994	Togat Tarlor Manager and Angel State of the Control	and the second s			
Transferred to	*						
Became non-affective by		•					
	on day of	191	on day o	d 191			
(Signature)				i es			
(Rank)				PLEASO.			

· ·	Table II.—Unly for admission to hosp at only the sick list in case of variant officers denote in quarters.									
Name of Hospital	No.	dmitted Hospita	1000 Jense	10/25/02/03	charged Hospita	100000000	Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, de., will be given in the special sphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
JILITARY HOSPITAL										
(*	.)									700
AYR	29	"	17	14	12	17.	. Indilection	15-	History of recent cole app. appendicular but	manning
									anythin rapidly disapproud and he was	Capstanis.
								,	History record cole app. appendicular buts organistan orapidly disappeared and he was	
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1-12-5										7.5
								Desire Control		[P.T.O.]

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examination for Field or Foreign Service, Extension, Re-engagement, or prolongation of Service; Issue of Surgical appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
24.12.15	Pace.
24,5,16	1st Soculation Down Intyre Capt Rame
26.6.16	TMB HYL
11 .7.16	It for foreign Service N. 2 W.
8/1/14	Recommended Refaberation ALO MEG.
	MoRile M. O REG.
	DOYAL MEWEDO
	It is hereby and C. I C. vor
	It is hereby certified that this soldier has been before a Transling M dien!
	Board and him both o' withit as
	for Mischarge on Degrobilisa
	were Medical category What the
	Juli 18/10 Hille 11/2

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		
st Johns 11:44	i.			i a			
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		4-4	an of the second of the		Cardina .		
House Control	The said		Alam	-			
				100			





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 occuring in the description subsequent to the date of admission to pension should be noted in red ink.
Name in full Tarsons, Leage, Helser
Regiment from which discharged Royal Pewfoundland
Regimental number 1994.
Intended address 69 Serving dals Street
Height on discharge
Color of hair on discharge
Complexion
Color of eyes Show
Descriptive Marks
Figure on discharge
Christian name of Father
Christian name of Mother area.
Wife's maiden name in full
Date and place of marriage
Christian names of children
Place and date of soldier's birth that 10-8-10/
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) So. A. Paragram (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.

ORDERLY ROOM Station

Medical Officer i|c Hospital. Unit, or Command Depot.

DEPARTMENT OF MILLIAM

WAR SERVICE GRATUITY.

St. John's, Nowfoundland.

Declaration required of Officers and non 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 dephes, If any questions are not applicable, the worls "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.
christien mine. 2. Surnene Parsons
B. Renk, Color Sageant 4. Regtl. No. 1994.
Address in full to which future payments of gratuity are to be
forwarded. by Springdale St. Will
Date of enlistment in the Regiment. Acho her 36/10
5. Date of enlistment in the Regiment
7. Meme of dependent, if any, to whom Separation Allowance is being
issued, or was being issued, irredictely prior to your discharge
- 10
B.Relationship of such dependents
9./ddress in full of such dependents
10. Is said dependent, now, or was said dependent at my time in receip
of Separation Allowance on account of another soldier?
11. Were you on active service only in Hild. Hiso, give dates and
particulars of such service. Quesseas.
••••••
······································
12. Give total length of time which you served on active service,
whether in Hild. or Oversees. Three years and
nine months

13. Have you had more than one enlistment? If so, give particulars
13. Have you had more than one that one that regimental numbers. of discharge and re-callistmonts, and under what regimental numbers.
post Discourge pay or
14. Have you already received any payment of Poet Discharge pay or Var Service Grabulty? If so, state amount you and your dependents
War Service Gretuity? If so, suite and
have already required and by whon paid.
a with a Var Sorvice Bedge?
15. Have you been issued with a war, served in the Importal Boroes.
16. Here you, during the present war, served any gratuity
16. Have you during the process of have you received my Gratuity 17. Are you entitled to receive, or have you received my Gratuity in the nature of Pest Discharge key from the Diperial Forces? If
in the nature of Pest Discharge For and the continue
so, state mount received, or to which you are entitled
18. Did you revert Oversees to a rank lower than the substantive
n corrito 13 311 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
man such percraion an administration
inefficiency? 19. Are you now serving in the Rate?. NO 12 not give?- (:.) date
19 Are you now serving in the Rate?
of discharge Auf I g ib account for discharge.
1 thortre 02
20, Did you at any time serve at the faint in an actual theatre of
were If so give particulars of places, the other all Comme
draute aus
and the state of t
21.(a) are you receiving treatment from the Savil Re-Establishment
our (h) If so are you in receipt of full play
that Countities
HTM

Signature of Applicant: for favores atty

Place of Residence: leg franches at atty

Declared before ne at:

This H day of July 19/.9...

Signature of Berrister of the flumelarthy

Supreme Court, Stipondiany Hols

Supreme Court, Stipondiany Hols

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trate Heaty Public, Tustice of the

Proce, or Courtestant of affidevits.

Date pula well sold Way Sayyice

Date pula well sold or defined to due

Cortified correct.

Paymester

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

(if any)

(d) Particulars of Pension or Gratuity

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 tho 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 Servicary, Royal Hoppital, Chiekae, 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.

Transfer to Class W., W. (1), 1.	
1. Unit and Corps Royal Menting Mind	7. Former Trade or Occupation
2. Regtl. No. / 9.94. 3. Rank.	 If the soldier claims previous service in Army, he should state—
4. Name PARSONS (Christian Names)	(a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday	
6. Posted for duty on at	g 1983/00 40 (498)

- - (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 :-
- 9. If a Court of Inquiry was need on an injury state.—
 - (b) Where
 - (c) Opinion of Court
 - (a) When

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.

NOT.—The answers to the following questions are to be filled in by the Medica: Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical anspect of the case and to such information as may be received in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

- 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.
- 12. Place of origin of disability.
- 13. Give concisely the essential facts of the history of Dac 1/6 wint to France remains the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other I months admitted to the original relevant official documents, prus would be applicable of the original orig

14. State whether the disabilities are (a) attri	ibutable to (b) aggravated by	OPINION OF THE ME	
(i.) Service during the present war		NOTES.—(i) Clear and definite answers are to be being invalided, it is essential that the Minister of Pensic information to enable him to decide upon the man's cla	ins should be in possession of the most reli-
18 하는 14 HT 12		Expressions such as "may," "might," "probably,	
(iv.) Ordinary military service before the war		(ii) The rates of bension vary according to whether	the disability is (a) caused or aggravated by service
man's part.		the present war. (b) Due to causes not connected with the pre- diseases in pre-war service. (3) Ordinary military service be the cause of a disability to differentiate between them.	sent war, viz., (1) Previous active service. (2) Clim
14 (a). If not due to any of these causes, to what specific condition do you attribute it?			
specine condition do you attribute it.	10 . 11	21. Give diagnosis and particulars of:-	
In all cases such 15. What is his present condition?	just well comple	(a) Any disability claimed or discovered.	
In all eases such 15. What is his present condition? To only the second such in s	to pain or disability	(b) The present condition thereof.	
dissinities, ac., when it is that to appoint contained of the pro- port is to be attached with	/		
attached with radiographs			
and in cases of amputation the			
exact position should be stated.			
	7		
16. Was an operation performed? If so, when and what was its nature?		22. State whether the disabilities are:—	(a) Attributable to (b) Aggravated b
17. If not, was an operation advised and declined?		(i) Service during the present war	
18. *In the case of loss or decay of teeth,-Is the loss of		(ii.) Previous active service	
teeth the result of wounds, injury or disease directly attributable to active service or through		(Ni.) Climate in pre-war service	
service under such conditions that dental treat-		(iv.) Ordinary military service before the war	
ment was unobtainable?		(v.) Serious negligence or misconduct on the	
 Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. 		part of the soldier Give details:	
State whether or not they are attributable to or		Give details.	
have been aggravated by service during the present war, and if so, to what or by what specific military			
conditions?			
		22 (a). If not due to any of these causes, to what	
	, His	specific condition do the Board attribute	
20. Do you recommend—	history		
(a) Discharge as permanently unfit?	m-0.	23. Is the disability in a final stationary condition? If	
(b) Change to United Kingdom?	soluti.	not	
Note—(b) is only applicable to soldiers invalided at	Water M.O. ROYAL NEWFOUNDLIND HEB.	(a) How long is the present degree of disability likely to last?	
Foreign Stations.	ROYAL NEWS	(b) If the present degree of disability is not	
		likely to last 12 months can a further	
Swin Hazeli Downland.	Medical Officer in charge of case.	assessment at a reduced rate be made with reasonable confidence to cover a	
Station March		period of 12 months in all? If so, the	sing
Date 8 AN 9		reduced percentage and the period to which it will be applicable should be	
* Loss of teeth on or immediately after active service, should be a	ttributed thereto, unless there is evidence that	indicated in the answer to Question 24a.	

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

Army For	m B. 103.		Regi	mental Nun	aber / W
		Casualty Form—Active	TOTAL STREET,	1	
. 0	Regin	nent en Corps 1 0 eue s	und win		9.704
Rank Le	Surname	O Jak Loudy Chris	stian Name	eorge.	2011
Religion	101 Lev	Age on Er	llistment 14	years	2 months.
Enlisted (d	1) Ib John ST	erms of Service (a) Www of Non	Service reckons fr	om (a)	2. 11. 15
Date of pr	omotion to present r	ank 16. 11. 16 Date of ap	pointment to lance	rank 3	12-15
)	() Qua	alification (b)	784 / 34	
Extended	· ·	Ke-engaged (Corps Trade and R		
					nature of Officer.
	Report			le se	7 12 5 PM
Date	From whom received	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. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
STATE			P. 1 11	901.00	LZ.
		Embarked -	Bullanger	30,4	
		Disembarked	The Committee of the Co	017191	b.
		Joined Batt	allon 1 7 JAN-1	917	100000000000000000000000000000000000000
			With BA	TT 28. 1	. 17
	2/2 hon CCS	admitted Diambora	France	23/2/1	2 60 889
	8 & Hosh.	Ad do	Rosen	26.2.17	HA. 7163.
	Benjana	Invalided to 6		23/1	11 4013
	1			, 4	
	/		Andon	chell	CAPTAIN.
/			for Office	r /c No. 1 Reg	ular Infantry Section
man A			- l Ge		eters, 3rd Echelon.
A IVV					. /
V .			4	+	1
					7.53
		or enlisted into Section D, Army Reserve, particulars of such re-	engagement or enlistment will b	e entered.	N
(b) Signaller,	Shoeing-Smith, &c.			TANK DEPARTMENT	[P.T.O.

[M1101] W6185/M769 1000m 9/16s 153 G & S

Temporary

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army and (b) for men of the Territorial Force when they are admitted to Hospital.

Army Form B, 1784 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL, HISTORY of

Surname Larson		Christian Name	J.St.
	TABLE I.	GENERAL TABLE	leingal Anach
Birthplace Parish		County	
Examined	on	day of	
Declared Age		years	days.
Trade or occupation			1000
Height		feet	inches.
Weight			lbs.
$\begin{array}{c} \text{Chest} \\ \text{Measurement} \\ \end{array} \\ \begin{bmatrix} \text{Girth when fully} \\ \text{Expanded} \\ \\ \text{Range of Expansion} \\ \end{bmatrix}$			inches.
Physical Development		Leaf Maria Land	
Vaccination Arm Marks Number		Right	Left
When Vaccinated			
Vision	$\begin{cases} R.EV = \\ L.EV = \end{cases}$		
 (a) Marks indicating congenital peculiarities or previous disease (b) Slight defects but not 	((b)	* WFOUHE,	
sufficient to cause rejection		d'icom	1975 2 A
Approved by (Signature)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		urrice
(Rank)			Medical Officer.
Enlisted	{at		
7 748	(on	day of	191
Joined on Enlistment	1.1	res.	- Rem. No.
Transferred to	and the state of the		
Became non-effective by			
/a:	on	day of	191
(Signature) (Rank)	Z -		
(1007) III 1000011070 000 17117		Porms	250

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital		Admitted to Hospita Day Month Year		ditted to Hospital Dis		mitted to Hospita		Admitted to Hospita		Admitted to		ed to Hospital Discharged Hospita		Discharged from Hospital		al Discharge Hospi		from l	Disease	Number of days	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. Signature of Medical Office														
				Day	Month Year			in Hospital	future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.																										
rd London General Hospi WANDSWORTH, S.W.	tal, 3	.3.	17	30	. 4	. 17	Enteritis	58.	Reported Sich in France inthe Dientras																										
WANDSWOITH, S.W.			Ł			/			Blood in putions + voniting on 21.2.17 G.C. Hall																										
. 1									Blood in pustions + vomiting on 21. 2.17 g. c. Hall Ho I began early in 7.1/2.																										
									ho vaniting here but has hausea. Dienter																										
									ceased last with. Inthing definite our																										
									appendia region. Boards caretificated																										
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									no Enterie of Depenting organism																										
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RM K Nº 1750



1ST NEWFOUNDLAND REGIMENT

Identity ertificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUNT (each person
17	25 Jather	William	Edgas	Parsons	50
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1690	Chinedale Sa	tue A
		23 - 35a > 35a			
					100
			444	Secretarian Secretaria	2.6
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			Western HANNER		
			100		
				Total Allotment, 5	

ST. JOHN'S, July 21 19

Royal Newfoundland Regiment.

Billeting Account, To C. S. G. Parsons Billeting Soldiers as undermentioned from July 1 at /19 to July 21 994. 1. S. G. Parson Co. H. Parsons

ON HIS NAME TY'S SERVING 192

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Hen

The	accompanying Victory Medi	al and/or British War Medal
s/are for	warded herewith to	30NS
	00 00	y on Surfaction d
n respec	t of his service as No. 199	Rank A/Sgt.
Name	G.H. Parsons	Royal Nfld. Begt.
	WHAT IS NOT	William Comments
Received	of the same should be accepted by the same should be accepted	
Signature	e St. Par	isons
Date		Der. noting 11
ddress_	69 Roring	aale street
£ 70	Marin Marin Caraca de monte	[P.T.O.]

The Royal Newfoundland Regiment 2/994

DEMOBILIZATION OF) (1/2)					
Reg. No 1994 - Rank Lowland Long Name Ja						
Date of Enlistment A. 16.15. Address . G. Lorongaloul, District . Algorithm						
Occupation Account Case Classification for Discharge						
						Passed to Demobilization Officer with following documents:—
N.F. P 36	D.F. 1					
B 178 B 122 Board 1st	4 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	. C. Discharge Depot.					
A PARTICULARS FOR DEMOBILIZAT	NOI					
r. Civil Re-Establishment. I amin a position to resume civilian occupation	"Jest. Parsons.					
Particulars passed to Vocational Officer for information and act	on.					
Date						
a. Clothing.						
Certified that Clothing Regulations have been complied with:						
(a) Clothing Allowance payable.	11.00					
(b) Clothing Supplied ?	Mule on to will					
Due 21-7-19	Oth Bulletin					

3. Transportation and Release Certificate.	
The above named has been provided with To	ravelling Warrant No to his home
atand Release	Certificate No. 7.35/0 issued.
	al do other
Date 2.1 7 1.4.	MANO Come
	Demobilization Officer
	The state of the s
4. Pay and Allowances.	erant to the control of the control
The herein named soldier's accounts have be	een correctly balanced and all matters in connection
therewith settled. He has received pay and all	lowances to
- 1. 3 - 10	T/16 + 12
Date	Depot Paymaster.
	1 To 12 10 Page 10 10 10 10 10 10 10 10 10 10 10 10 10
Discharge approved for	74
Forwarded with following documents to O.C l	Discharge Dept
N.F. P 36 B 268 B 121	
Б 178 W 3494 В 122	Board 1st " 2
В 178а В 1915	
B 179 D 400B Form L	do 3rd " 4
B 179a D 400C Form K	do 4th " 5
B 179b B 103 ME 2	
В 179с В 120 М 93	
Date 2 a 4 10	- MM Jobanson M
Date .]	Demobilization Officer.
	Harris Anna Carlotte Committee Commi
APPROVED.	
Documents as above forwarded to:-	
Officer i c Records. Board of Pension Commissioners.	
with following additional documents.	
	Samina Cratisty
Fligible for	War Service Gratulty.
Date 211,9	L. R. COOPER, CAPT,
Date	O. C. Discharge Depot.
	C. S
Received the above noted documents from O. C. Dischar	rge Depot.
	014
	M
Date aug 15/19	

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Grimin & S. (533) W13571/00	ons Ltd., Printers, I 400m 3/15x-1		.C. B. 1	Regiment of	2/12/	entoundland		Signature of O. C. Company	Signature of O. C. Company / Marie Mary	
Regimental Number and Name No. 1994				Place and Date Solicia Red of Enlistment NAO 2.195	uouutaut ethoaist	a/coopl	3/2/15	Promstad Cylin	Promoted Chage.	
				Period of with Reserve 325 Lyears. Pi	Fohn's	10111: 10 77				
Place	Date of Offence	Rank	Cases of Drunk- enness,	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS	
agelly lower Camp	2.4.18	Seng !		Irregular conduct wifes on excort duly	E.S.M	Penely	3.1.18	fle Bernin So.		
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