

FIRST NEWFOUNDLAND REGIMENT 4336

ATTESTATION OF

| | Questions to be put to | o the Recruit before | Enlistment | |
|---|--|--|---|--------|
| I. What is your | name? | | | |
| | full Address? | | or Lys | |
| 3. Are you a Brit | tish Subject? | ········· | | ille s |
| 4. What is your a | ge? | 3 | 403 | |
| 5. What is your T | rade or Calling? | 4 2.6.6 | ears Months | |
| 6. Are you Marrie | ge? | · 5 | me Luman | |
| jesty's Forces, | naval or military, if so * which | 2 7 | 720 | |
| cinated? | ······································ | c-} 8 | 4 | |
| | to be enlisted for General Se | | | •••• |
| 10. Did you receive stand its meanin | a Notice, and do you under g, and who gave it to you? | -} 10. \(\) \(\) \(\) \(\) | ame | |
| 11. Are you willing to be signed by | to serve upon the conditions as you if you are accepted? | embodied in the roll of | orps | |
| | y are accepted? | | | |
| 23/1/4 | Strag | water for | SIGNATURE OF REC | |
| 23/1/4 | Jerig | Exterior | Signature of Witness | |
| 23/1/6 | OATH TO BE TAKEN BY | RECRUIT ON ATTEST | Signature of Witness. | RUIT. |
| pear true allegiance to bound, hone of and an all enemies according | OATH TO BE TAKEN BY His Majety Like Socree the Fifth through His Majesty, His Foothe conditions of my service. | RECRUIT ON ATTEST | Signature of Witness. ATION. ake oath, that I will be faithful as in Person, Crown and Dignity ag | RUIT. |
| pear true allegiance to cound, honeyis and saill enemies according to the Recruit above to would be liable to be | OATH TO BE TAKEN BY His Majety The Socret the Fifth through this Majesty, His Figure the conditions of my service. CERTIFICATE OF MAGISTR named was cautioned by me that punished as provided in the Arm | RECRUIT ON ATTEST. th, His Heirs and Successors, in ATE OR ATTESTING OF tif he made any false and | Signature of Witness. ATION. ake oath, that I will be faithful as in Person, Crown and Dignity ag | RUIT. |
| Dear true allegiance to cound, honeyed and tail in enemies according to the Recruit above to would be liable to be The above question I have taken care ti | OATH TO BE TAKEN BY His Majety in South the Pift through the Majesty, His F to the conditions of my service. CERTIFICATE OF MAGISTR named was cautioned by me that punished as provided in the Arm s were then read to the Recruit | RECRUIT ON ATTEST. do many the His Heirs and Successors, in the Many false and ATE OR ATTESTING OF the Many false and Many Act. in my presence. | Signature of Witness. ATION. Aske oath, that I will be faithfur as in Person, Crown and Dignity as in Ficer. Inswer to any of the above questions. | RUIT. |
| Dear true allegiance to pound, hone is according to the Recruit above the would be liable to be the above question. I have taken care the replied to, and the sai | OATH TO BE TAKEN BY His Majety List oberge the Fifth of the conditions of my service. CERTIFICATE OF MAGISTR named was cautioned by me that punished as provided in the Arm swere then read to the Recruit that he understands each question, in the conditions of my service. | RECRUIT ON ATTEST. do many the Heirs and Successors, in the Martine of the Marti | Signature of Witness. ATION. Aske oath, that I will be faithfur as in Person, Crown and Dignity as in Ficer. Inswer to any of the above questions. | RUIT. |
| The Recruit above would be liable to be The above question I have taken care its replied to, and the sai | OATH TO BE TAKEN BY His Majety in the Majesty, His I to the conditions of my service. CERTIFICATE OF MAGISTR named was cautioned by me that punished as provided in the Arm is were then read to the Recruit that he understands each question, id recruit has made and signed the service of the conditions of the conditio | RECRUIT ON ATTEST. do math, His Heirs and Successors, in ATE OR ATTESTING OF t if he made any false any Act. in my presence. and that his answer to be declaration and taken | Signature of Witness. ATION. Aske oath, that I will be faithfur as in Person, Crown and Dignity as in Ficer. Inswer to any of the above questions. | RUIT. |
| The Recruit above e would be liable to be The above question I have taken care its replied to, and the sai | OATH TO BE TAKEN BY His Majety List oberge the Fifth of the conditions of my service. CERTIFICATE OF MAGISTR named was cautioned by me that punished as provided in the Arm swere then read to the Recruit that he understands each question, in the conditions of my service. | RECRUIT ON ATTEST. do many the stand Successors, in the stand Successors, in the stand Successors, in the standard successors, in the standar | ATION. ake oath, that I will be faithfur agency, and that I will, as in Person, Crown and Dignity agency. FICER. nswer to any of the above question has been duly entitle oath before me at | RUIT. |
| The Recruit above would be liable to be would be liable to be The above question I have taken care it replied to, and the sain thisday of | OATH TO BE TAKEN BY His Majety the Pift that the Conditions of my service. CERTIFICATE OF MAGISTR named was cautioned by me that punished as provided in the Arm s were then read to the Recruit hat he understands each question, d recruit has made and signed the conditions of Attesting | RECRUIT ON ATTEST. do many the Heirs and Successors, in the Market and Successors, in the Marke | ATION. ake oath, that I will be faithfur as in Person, Crown and Dignity as FICER. nswer to any of the above question has been duly entitle oath before me at | RUIT. |
| The Recruit above to would be liable to be would be liable to be The above question I have taken care it is replied to, and the sain thisday of | OATH TO BE TAKEN BY His Majety the Source the Pift that the Conditions of my service. CERTIFICATE OF MAGISTR named was cautioned by me that punished as provided in the Arm is were then read to the Recruit hat he understands each question, decruit has made and signed the conditions of the condition of the conditions of the co | RECRUIT ON ATTEST. do many the his Heirs and Successors, in the heirs and Successors, in the heirs and Successors, in the heirs and false and the his answer to the declaration and taken to the heir successors. Officer Approving Officer. | ATION. ake oath, that I will be faithfur as in Person, Crown and Dignity agoretic and the above question has been duly enter the oath before me at | RUIT. |
| The Recruit above to would be liable to be would be liable to be The above question I have taken care the replied to, and the sain this | OATH TO BE TAKEN BY HIS MAJETY IN SOCIED THE PITTER THE PROPERTY OF MAGISTR CERTIFICATE OF MAGISTR named was cautioned by me that punished as provided in the Arm s were then read to the Recruit that he understands each question, d recruit has made and signed the CERTIFICATE OF A SIGNATURE OF Attesting CERTIFICATE OF A ttestation of the above-named Relays been compiled with I | RECRUIT ON ATTEST. do many the heart and Successors, in the made any false any Act. in my presence. and that his answer to the declaration and taken to the de | ATION. ake oath, that I will be faithfur ossors, and that I will, as in Person, Crown and Dignity agoretic property filled up, and hat the | RUIT. |
| I Dear true allegiance to pound, honoris and the said enemies according to the said enemies according to the would be liable to be. The above question I have taken care the replied to, and the said this | OATH TO BE TAKEN BY His Majesty, His F to the conditions of my service. CERTIFICATE OF MAGISTR named was cautioned by me that punished as provided in the Arm s were then read to the Recruit that he understands each question, d recruit has made and signed th Signature of Attesting CERTIFICATE OF A Signature of Attesting testation of the above-named Re ave been complied with. I accor authority, such will be attached | RECRUIT ON ATTEST. do many the heart and Successors, in the made any false any Act. in my presence. and that his answer to the declaration and taken to the de | ATION. ake oath, that I will be faithfur ossors, and that I will, as in Person, Crown and Dignity agoretic property filled up, and hat the | RUIT. |
| I Dear true all grance to cound, honeyly and tail all enemies according to the country of th | OATH TO BE TAKEN BY His Majety His Majesty, His F to the conditions of my service. CERTIFICATE OF MAGISTR named was cautioned by me that punished as provided in the Arm s were then read to the Recruit nat he understands each question, d recruit has made and signed th Signature of Attesting †CERTIFICATE OF A ttestation of the above-named Re ave been complied with. I accor authority, such will be attached191 | RECRUIT ON ATTEST. do many the heart and Successors, in the made any false any Act. in my presence. and that his answer to the declaration and taken to the de | ATION. ake oath, that I will be faithfur ossors, and that I will, as in Person, Crown and Dignity agoretic property filled up, and hat the | RUIT. |
| I Dear true allegiance to pound, honeris and said enemies according to the said enemies according to the would be liable to be The above question I have taken care it is replied to, and the said this | OATH TO BE TAKEN BY His Majesty His Majesty, His F to the conditions of my service. CERTIFICATE OF MAGISTR named was cautioned by me that punished as provided in the Arm s were then read to the Recruit that he understands each question, d recruit has made and signed th CERTIFICATE OF Attesting †CERTIFICATE OF A ttestation of the above-named Re ave been complied with. I accor authority, such will be attached 191 | RECRUIT ON ATTEST. do many the his Heirs and Successors, in the his answer to the declaration and taken to declaration and taken to declaration and taken to declaration of the his answer to declaration and taken to declaration and taken to declaration of the declaration of th | Signature of Witness. ATION. Ake oath, that I will be faithfureness. Person, Crown and Dignity ago of the above question has been duly entered the oath before me at. Operly filled up, and hat the point him to the: Approving Off | RUIT. |
| The Recruit above the would be liable to be The above question I have taken care it is replied to, and the sain this | OATH TO BE TAKEN BY His Majety the His Majesty, His I to the conditions of my service. CERTIFICATE OF MAGISTR named was cautioned by me that punished as provided in the Arm swere then read to the Recruit hat he understands each question, de recruit has made and signed the signature of Attesting for the station of the above-named Recruit has made and signed the signature of the station of the above-named Recruit has made and signed the signature of Attesting for the station of the above-named Recruit has made and signed the signature of Attesting for the station of the above-named Recruit has made and signed the signature of Attesting for the station of the above-named Recruit has made and signed the signature of Attesting for the station of the above-named Recruit has made and signed the signature of Attesting for the station of the above-named Recruit has made and signed the signature of Attesting for the station of the above-named Recruit has made and signed the signature of Attesting for the station of the above-named Recruit has made and signed the signature of Attesting for the station of the above-named Recruit has made and signed the signature of Attesting for the station of the above-named Recruit has made and signed the signature of Attesting for the station of the shower has been completed with the signature of Attesting for the s | RECRUIT ON ATTEST. do many the his Heirs and Successors, in the his and Su | Signature of Witness. ATION. Ake oath, that I will be faithfureness. Person, Crown and Dignity ago of the above question has been duly entered the oath before me at. Operly filled up, and hat the point him to the: Approving Office of the Recruit. | RUIT. |

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

| | 20 years | | STATE OF THE PARTY | | | feet /o inche |
|--|---|-----------------------|--|--|--|--|
| rr | (Girth when | | ENGLISHED TO SHOW | inc | | 148 140 |
| hest Measuren | Range of ex | | 告的可证 | | iles | |
| istinctive mar | ks | 40.0 | - 14/121 | | | 1 |
| | | | | New York | | |
| Electric Control | INFORM | IATION S | UPPLIE | D BY R | ECRUIT | and the state of t |
| ame and Addre | ess of next of kin | Willie | J | This | f | |
| flur. | or Ly | 7 | Relatio | nship F | This | |
| A | | Particula | rs as to M | arriage | | L. Eburyeli sara sakal |
| (a) Christia | an and Surname of Woma (c) Pr | n to whom marrie | d, and whether nitials of O | spinster or wide | w. (b) Place ar | nd date of marriage. |
| (a) | | (b) | | (c) | 286 | (d) |
| 8 | a la se la | 3.0 | | all of | | a service of the |
| | | | | | | |
| | | Particul | ars as to C | hildren | time h | |
| Chris | stian Names | - 5 | | - | Date and P | lace of Birth |
| | e2 1 | | | | | |
| | | | | | | |
| 1. | A selle | 2.48 | A CON | e espec | 300% | < 13 fb |
| | STA | TEMENT | OF THI | SERVI | CES | Vende |
| Corps in Rgt. or | Promotion, Reductions | | i reid | Service not al lowed to recke for fixing the rate of pensio | Service in Re- nerve not allow ed to reckon to | - Signature of Officers certi- |
| ich served Depot | Casualties, &c. | ' Army Rank | Dates | rate of pensio | | fying correctness of entries |
| rvice towards limite | d engagement reckons f | rom / 23- | 1-18 | | | |
| ned at M | hnis of | Janus | ary 2 | 1918 | 13 | |
| Vesta | rged Sil | ly 11/1 | 9' | > _ | | |
| | 800 | | - / | 1111 | | 3 |
| ewbacke | Mohn | - Gran | -6, | ralfan | e N.S. | 28 18. |
| whate | for sor | 9. 31-8-1 | 8 fre | and So | 1 5- | 9-18 |
| now in | are gen | A 23. | 4-19 | 10 1 | To for | dem beligher |
| 100 | franca | 7-8- | 7 | | | |
| (50 de 10 de | 10 | | 11 | 0 | | W 24 0 |
| | - Nes | now | alu | 1 | no s | 1-1-14 |
| A PARTY OF THE PAR | (1) (A.) (1) (1) (1) (1) (1) (1) (1) (1) (1) (| 0 | | | | |
| | | ESPAIN CO. | | In the second | | |
| | | THE WORLD PRINTED AND | | THE SHARE THOSE STREET | | |
| Total Service | forfeited as above | | | ia u ka | | 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 |

| Reg. No. H336. Rank Pre. Name Tofus. 9. Attested 23.1.17. Address Jun De Gy. Allotment Allotee Returned from Overseas | |
|---|------|
| Date of Anothert | |
| Embarked for Overseas Cause | |
| alterted at Grane fells reported and 311.18 H. J. n-2-18 ti n-2-18, Reto, 21.2. 18 Tare 76 38, 158 hor. 12.2. 18 22 32-3-18. 32 mores | 2/18 |
| | |

C.R. 4336

Extract from only orders Fort II moyel Howfoundlend Regiment sepot st. John's deted 17-7-19.

The discharge of the undernoted on demobilization has been constituted by unficer i a manus mecords from noted date

4336. Pte. Geo. Tobin.

C.R. 4336

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

The discharge of the undernoted on demobilization has been APPROVED by O.C. Discharge Depot with effect from 27.6-19.

4336 Pte. G. Tobin.

Extract from Pailty Orders Part 11 Depot. St. John's, 4336

Date

June 18th 1919.

4336. Pte.G. Tobin.

Reported at Headquarters nz "Corgican" 1/6/19. which sailed Liverpool May 32/1919.

Extract from Nominal Roll 1st. Bettalien Royal Newfoundland Regiment dated 30-4-19.

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

#4336 Pte G. Tobin

areas a second of the commence of the second of the second

And the property of the last of the

and a few or the state of the s

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O., Commanding 1st Battalion Royal Newfoundland Regiment, dated 5/9/18.

The following arrived to-day and is posted to the following Company.

B. COMPANY.

4336, Pte. G. Tobin.

C.R. 4336

Extractivem Neminal Rell Draft #51, to B.E.F. Embarked Folkestone, 51-8-18.

4336 Pte. Tobin G.W.

C.R. 4336

letwork from Agricul Call Industrial St. John'd for Sverious.

4336 PPte. Tobin G.

Extract of Daily Orders part 11, from Eals 4th Battalion, The Royal Newfoundland Regiment, Headquarters, dated February 2,1918.

#4336 Pte. G. Tobin.

Attested at Grand alls 23/1/18. Reported to Headquarters with effect from 51/1/18.

Il Tobin C.R. 4386 140

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 Payaf Cly Jayne Land 2. Regtl. No. 4386 3 Rank The | 7. Former Trade | Fisherman |
|---|-----------------------|--------------------------|
| 135/ JA | or Occupation | |
| 2. Regtl. No. 4.500 3. Rank | 7a. If the soldier cl | aims previous service in |

4. Name (Surname) 2 (Christian Names)

5. Age last birthday.....

6. Posted for duty on an 34/8 at M. Johns 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;

Army, he should state—
(a) Former Regts. or Corps;

with Regtl. Nos.

- (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.

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.

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.

out.

| 40.00 | | | | | | | | |
|---|-----|-----------------------|---|---|--|---------------------|--|---------------------|
| | 14. | State | whether the disabi | lities, are | | (a) attributable | to (b) aggr | avated by |
| | | (i.) | Service during the | present war | | | | ····· |
| | | (ii.) | Previous active se | rvice | | | | |
| | | (iii.) | Climate in pre-war | r service | | | | and the second |
| | | (iv.) | Ordinary military | service before th | ne war | 04,00 | | |
| | | (v.) | Serious negligence man's part. | e or misconduct | on the | | ý | |
| | 14 | (a). If | not due to any specific condition | of these cause on do you attribu | s, to what te it? | } On an | | 0 |
| In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &co, 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 condi (A note should be n when it is likely gress of the disab | nade as to Weight to afford evidence | in all cases of the pro- | de c | direk | النام |
| | | | | | | diverses to minute | | |
| | | | | | | | | |
| | 16. | | un operation perform s its nature ? | ned? If so, who | n and what | Ou. o | • | |
| | 17. | If not | , was an operation | advised and dec | clined ? | ~ · | ٥_ | |
| | 18. | dir ser | the case of loss or de the the result of ectly attributable wice under such co ent was unobtainable | wounds, injury to active service anditions that d | or disease | | a . | |
| | 19. | no Sta ha wa | particulars of any of t in themselves su ate whether or not ve been aggravated ir, and if so, to whan ditions? | fficient to cause they are attributed by service during | invaliding. stable to or the present | | CTALL STREET SEL BONG OF AVEN D TO BOTH TOTALL | |
| | | | | III TATILA NO CIERA | | | Action of the second | Van |
| | | | | | \bigcap . | | | |
| | 20 | Do v | ou recommend— | | 1 9 cpa | trialin | | |
| | 20 | | (a) Discharge as pe | ermanently unfit | , | | \sim | |
| in the state of | | Table | (b) Change to Unit | | | , | 10 | -in |
| | | | e— (b) is only appli | | invalided at | sign | M.C. la | 7 |
| | | | Foreign Stations. | | | | you ! | 1. PAAnl |
| | St | ation & | Lazeley D | own | : - | Medical (| Officer in charge | of case. |
| | | ite | 30 1419 | | | | | |
| | it | | oss of teeth on or imposement | mediately after act | ive scrvice, sh | nould be attributed | thereto, unless the | re is evidence that |

Nº 3978



4 1st. NEWFOUNDLAND REGIMENT

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | Address | AMOUNT (each person) |
|--------------------------------|---|----------------|--------------------|----------------------|
| 3731 | Jille | worthing | Ham-de-Sigo | 00 |
| | | | Alleson | |
| | | | | |
| Harry Language | | | | |
| 4 | | | | |
| | | | | |
| | | | | |
| j. | | | Total Allotment, 5 | (-7 |

TO, - The Chief Paymaster, Royal Newfoundland Hagiment, 58 Victoria Street, London, S.T.

Sir; -Please charge the amounts set opposite my name to my account and pay it to the N.". C.A. "Prisoners of "ar Fund" in quarterly instalments for the period of one year. Commencing on 1st July 1918.

| Regtl. No. | Rank, | Name | Amount | Signature. |
|---------------|-------|------------|--------|------------|
| 4836 | As | Toben . G. | \$2.50 | |
| | | | | |

I have the honour to be; Sir.

Your obedient servant.

Tobin, Seo.

4336

Hay Dept.

July 11,1919

#4336 Pte.George Tobin,
Flour de Lys,
Labrador.

Dear Sir:-

Please find enclosed Discharge Certificate #2949.
Yours truly

Captain.

The Royal Rewfoundland Regiment PROCEEDINGS ON DISCHARGE Rank Ple Name Dobri G.

| - | No. 4336 Rank Pte Name Dobni G. |
|----|--|
| | Intended place of residence. Olema de Lys |
| 2. | Occupation Lumbernen Classification of soldier 2 Medical Category AI |
| 3. | The above named man is discharged in consequence of DEMORILIZATION. Eligible for War Service Gratuity |
| 4. | His accounts are correctly balanced and I have impartially inquired into all matters prought before me, in accordance with Regulations. Place JIN 13 1919 Date 37: JOHN'S The Royal Newfoundland Regiment |
| 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, Reyal Newfoundland Regiment, of all financial responsibility in my connection. Place and date |
| | Signature of witness |
| | CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER I hereby certify that I am in a position to resume civilian occupation immediately on discharge. Place and Date 1. J. |
| 7- | Enlisted for service |
| 8. | APPROVAL OF DISCHARGE 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. Place Officer Commanding Discharge Deport The Royal Newfoundland Regiment. Date JUN 27 1919 |
| | The discharge of above mentioned soldier is hereby confirmed the following the place of the following the confirmed the following the followin |

24B2019/1949

The Koyal Pewfoundland Kegiment

| ization:— | Report of Demobilization Travelling Board, held on soldier for discharge. |
|---|---|
| Discharge Depot: Headquarters The Royal New | wfoundland Regiment |
| | Date 12.6.19 |
| Regimental No 4336. | |
| Name Lolis Wm Seve | e Rank Pte |
| Address Fluy-59- | go Rank Pto. |
| Present Medical Category A | |
| Recommended for :— $\left\{\right.$ | (a) Immediate discharge(b) Standard Medical Board |
| Members of Board | O.C. Discharge Depot, |
| | Mr. O. Depot |

The Royal Newfoundland Regiment

| _ DEMOBILIZATION OF | 1 0 |
|--|------------------------|
| Reg. No. 433 & Rank PF Name 10 | ling J. |
| Date of Enlistment 31 1.18 Address . Flant H | |
| | () / |
| Occupation | .CMedical Category |
| Recommendation S.M.B | lg |
| Passed to Demobilization Officer with following documents:- | |
| | |
| | D.F. 1 |
| B 178 W 3494 B 122 Board 1st | |
| B 178a | |
| B 179a D 400B Form L do 3rd b 179a do 4th do 4th | |
| B 179b B 103. ME 2. do 4th | |
| B 179c B 120 M 93 | |
| | 1,411 |
| ton 1 | Allino It |
| Date. 12. 6. 19 | O. C. Discharge Depot. |
| PARTICULARS FOR DEMOBILIZ | ATION |
| - TIMITODEM FOR PERIODICAL | |
| I. Civil Re-Establishment. | |
| I amin a position to resume civilian ootupat | tion. |
| G. 12 | 11 11 |
| 10 men | worm I |
| | but to poals |
| Particulars passed to Vocational Officer for information and a | ction. |
| Date | |
| | |
| 2. Clothing. | . 0104 Fun |
| Certified that Clothing Régulations have been complied with: | |
| (a) Clothing Allowance payable | 0// |
| (b) Clothing Supplied A Tom | wlast |
| | |
| Date. 13-6-19 | O i c. Re-clothing. |

| 3. Transportation and Release Certificate. |
|--|
| The above named has been provided with Travelling Warrant No |
| at How & lux and Release Certificate No issued. |
| A Limbell |
| Date /3-6-10 Demobilization Officer |
| 4. Pay and Allowances, |
| The herein named soldier's accounts have been correctly balanced and all matters in connect |
| therewith settled. He has received pay and allowances to |
| therewith settled. He has received pay and allowances to |
| Date Depot Paymaster. |
| Discharge approved for |
| |
| Forwarded with following documents to O.C Discharge Depot. |
| 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 |
| B 179 D 400B Form L do 3rd " 4 " 4 |
| B 179a do 4th " 5 |
| B 179b B 103 ME 2 " 6 " 6 |
| B 179c B 120 M 93 |
| 13-6-19 9 De Thaw Baft- |
| Date |
| Demobilization Officer. |
| APPROVED. |
| Documents as above forwarded to:— |
| Officer i c Records |
| Board of Pension Commissioners. |
| with following additional documents. HISIDIC TOT WAY SCIVICE GRAINLY |
| |
| |
| 1010 Frist apli |
| Date JUN 25. 1919. O. C. Discharge Depot. |
| |
| Received the above noted documents from O. C. Discharge Depot. |
| And the second of the second o |
| |
| |

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:

John Grand John Grand Grant Gr

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

| 1 | MEDICA | L HISTOR | | |
|--|--|---------------------------------|-------------------------|------------------------|
| Surname Tobi | w | Christian Nan | oges. W. | |
| A Marie Constitution of the Constitution | Table I.—G] | ENERAL TABLE | | |
| Birthplace: -Parish 2 | W. de- Rys | Count | Mowfou | udanó |
| | The second section of the second | L RESERVE. | REGULA | R ARMY. |
| | on 31 da | y of Jane 1918 | on da | y of 191 |
| Examined | at Sr. | Johns. | at | |
| Declared Age | 26 to year | ars days | year | rs da y s |
| Trade or Occupation | . Sumbe | AMAU. | | |
| Height | 5 fee | t 8 inches | fee | t inches |
| Weight | | lbe | | lbs. |
| Chest (Girth when fully expanded | 1.2 | 5 . inches | | inches |
| Measure- | ა | inches | | inches |
| Physical Development | | | | |
| | Right | Left | Right | Left |
| Vaccination Marks Arm | | | | |
| When Vaccinated | | | | |
| Vision | R.EV= 96 | | R.EV== | |
| | (I.E 1 = 6/6 | | L.E.—V= | |
| | (a) | | (a) | |
| (a) Marks indicating congenital pecul arities or previous disease | | | | |
| | | | | |
| | (6) | | (b) · | |
| (b) Slight defects but not sufficient to cause rejection | 1 100 000 | | | |
| | | | | |
| Approved by (Signature | 20 /2 10 | axerem | | |
| (Rank | and the second s | arong a | | |
| | 3111 | Medical Officer. | - 7 | Medical Officer. |
| | Tat & Y. Inl | us. | at | |
| Enlisted | · (on · 31 d | ay of Jaw . 1918 | | r of 191 |
| | Corps. | ay of . 1918 Regtl. No. | Corps. | r of 191 Regtl. No. |
| Joined on Enlistment | Royal | 4336 | | |
| | Martenaka | | | |
| Transferred to | . Care Journe | | | |
| | Land Committee | | | |
| Became non-effective by | | | | |
| | on d | ay of 191 | on day | of |
| [Signature | | | on day | of 191 |
| Congulature | A STATE OF THE PARTY OF THE PAR | PERSONAL PROPERTY OF THE LABOR. | Constant and the second | |

[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.

| Date | Brief Details, and Signature |
|--|---|
| 1 515 | The set of |
| | |
| 26-2-18 | Vacc. 40 |
| PROPERTY OF THE PROPERTY OF TH | 1.a.B. D |
| 23-3-18 | TAB. K |
| 26-3-18 | 1.A.B. ZP |
| | |

It is hereby certified that this soldier has been before a Travelling M. dical Board and has been c'assil t as for Discharge on Demobilisation. Medical category (26 Cabiata Date of TMB.

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 |
|----------------------|--------------------------------------|---|----------------------|--------------------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |



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 George William John Regiment from which discharged Royal Newfoundland Regimental number 4336 Intended address Flun-de- ly 5 Height on discharge 5 Feet 9 Color of hair on discharge Black Complexion Dank Color of eyes Blue Descriptive Marks -Figure on discharge medum Christian name of Father William Christian name of Mother Wife's maiden name in full -Date and place of marriage -Christian names of children Place and date of soldier's birth flue de-Lys. Oct. 15 1891 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) Glord LXWilliam John Oft

Witness W Munduhay (Rank) ST. JOHN'S Date 11. 6.19 Station presence, and the presence and the prese 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.

OF DERLY RE Medical Officer i|c Hospital. Unit, or Command Depot. John's Mewtowndiano 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.

It is ease of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of

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. Mayal Newfoundland 1997. Former Trade or Occupation

2. Regtl. No. 4.336 3. Rank ple

4. Name Lobin Lewisian Names

5. Age last birthday. 2.7....

6. Posted for duty on Jan 22/15 at ... I To turn 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;

7a. If the soldier claims previous service in Army, he should state—

 (a) Former Regts. or Corps;
 with Regtl. Nos.

- (c) Cause of Discharge.
- 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 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 veneral 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.
- 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.

nit

nil

nig

| | 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? | M. | Mauro Au |
| In all cases such | 15. | What is his present condition? | DE Com | plamo of |
| as facial injur- ies, eye, ear, nose and throat, disabilities, &c., a specialist's re- port is to be attached with radiographs | | (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.) | Disabe | lity. |
| where possible; and in cases of amputation the exact position should be stated. | | | | |
| | | | | |
| | | | | |
| | | per landemarker in the contract of the con- | ne | |
| | 16. | Was an operation performed? If so, when and what was its nature? | | |
| | 17. | . If not, was an operation advised and declined? | na. | |
| | | *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 | na | |
| 71.7 | | service under such conditions that dental treat- ment was unobtainable? | 7 | |
| | 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? | and the feet of the | |
| | | (b) Change to United Kingdom? | | |
| | | Note—(b) is only applicable to soldiers invalided at Foreign Stations. | Jenne | aft. Knu |
| | | 4.1 5 | Madigal Officer to | above of acco |
| | Sta | ation Dozelsy Down | Medical Officer in | charge of case. |
| | Da | ate . 34/4/19 | | |
| | it | * Loss of teeth on or immediately after active service, should be to some other cause | uld be attributed thereto, u | nless there is evidence tha |

July 12,1919

#4326 Pte. George Tobin,

Fleur de Lys.

White Bay.

Dear Sir:-

Referring to your spplication I enclose cheque f or Seventy dollars (\$70.00%, being amount of first payment due you on account of the ser Service Gratuity.

Yours truly

raymaster & 0.1/c Records

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 dakhes. 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. lorge 2, summer Lob 5. Address in full to which future payments of gratuity are to be flow. De Luci. White Ba, A. D.B. 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, imediately prior to your descharge..... Lot applicable 8. Relationship of such dependents tot. applicable. 9. Address in full of such dependents ... hot office il 10. Is said dependent, now, or was said dependent at my tire in receipt of Separation Allowance on account of another soldier?.... Il. Were you on active service only in lifld, Ii so give lates and particulars of such service. . hot applicable, ... 12. Give total length of time which you served on active service, whether in liftdor oversees ...

The Armond a commentary price

| 13. Have you had more than one enlistment? If so, give particulars |
|--|
| of discharge and re-enlistments, and under what regimental numbers. |
| hat applicable |
| |
| |
| 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 paidho |
| |
| |
| 15. Have you been issued with a Wer Service Badge? |
| 16. Have you, during the present wer, served in the Imperial Borces |
| 17. Are you entitled to receive, or have you received any Gratuity |
| in the nature of Pest 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 hold by you on your arrival in England? |
| (b) If so was such reversion in consequence of Misconduct or |
| inefficiency? hot applicable |
| 19. Are you now serving in the Rost ?. Lo If not give? - (a) date |
| of discharge Que. 13.1919.(b) Reason for discharge |
| Deroholy ad. |
| |
| 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 |
| how Y Sermony |
| |
| 21.(c) Are you receiving treatment from the Wivil Ro-Establishment |
| Com.(b) If so are you in receipt of full pay and allowances from |
| that Cormittee. A. Lo. B. LO. |
| And I the this solenn 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: George & John
Place of Residence: How Se Luce. h. S. Bay Declared before me at: Stack 19.1.9.... 13 th This

Signature of Barrister of the Supreme Court, Stipendiary Magis-trate; Notery Public, Nustice of the Peace, or Commissioner of affidavits.

| Po | DET DISCHARGE PAY. | i i yan Sarvice | Net amount |
|---------|------------------------------------|---------------------------------------|------------|
| Date pa | ned Held Beid Soldier Dependenc | : "(DeSuley. | |
| ····· | | · · · · · · · · · · · · · · · · · · · | |
| | | Paymo | etor |
| | | Payin | 2000 |

Onte of last entry in Company Conduct Sheet No. and date of last drunk Period not reckoning towards freedom from extra fine Cares of Drunken-Offence Names of Witnesses

Ir.T.O.

FORM K

Nº 3978



1 1st. NEWFOUNDLAND REGIMENT

| of ident | tity of, and pro | | | | rsons, such payment to be n r Certificates by the Person | |
|--------------------------------|---|----------|-----------------|------------------------|---|-------------------------------|
| Identity Certificate No. | Whether Wife, Child other Relative or Friend | | Name (in full) | | ADDRESS | AMOUNT (each person) |
| 3731 | Jellen | ww | Toli | ^ · . | Hen-Je-Figs. | 70 |
| N _E | | - | | | | |
| | | | | | | |
| | Ein | | | | 1 No. 1 | |
| | | | e 1 | - | | - |
| | | | | | | |
| | | 3 | | | Total Allotment, \$ | (-> |
| | his form must be igned by the Office equired payments | r Commar | iding Company & | mmanding and handed | Company, signed by the Volunt to the Paymaster as authority | teer, counter- to make the |
| šig.) | Money | J/J- | | (Sig.) | Jory 10 | lus |

4336 Hour De Vis Fieb 14 199 So H. Rendell, J. P. , Den Sir My Son S. A. To fine of enlished in the P. F. Sand Reg. tash Jan. I received his money love. since negtilar. and one and of that was last april of Jany Inevertruceioled ! I have written before

-ful-gol- no answer of the Aclay on mouls I lease Et me Kinow if you can where for it work look Som Lobin M. Place Rec. Am. John 1. 8 My Lons No My lone to - 1. C. - + Please answer and let my wow, where he Police Secret. is how I have it heard South him do the last three months: Church get no letters on account

Nº 3978



1 1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

| Identity Certificate No. | Whether Wife, Child, other Relative or Priend | NAME (in full) | 118 | Address | Amount (each person) |
|--------------------------------|---|--|-----|------------------|----------------------|
| 15 [2] | Jelle | wortehin | · 7 | Sail. | 57 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | The second | | | Total Allotment, | 5 |
| | | completed by the Officer C er Commanding Company on application. | | | |
| ig) | Whale | yh- | 2 | _P | N. |

CR 4336

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 Mcdal-1914-1919.

Nama H336. Expt. If W Tobin

Place fleur Me Go

| 1000 | | | |
|------|-----------|--|--|
| 1921 | ***** | | |
| | | the relative by the best of the contract of th | |

Fold Here discuss that yours stand

While well and the control of the parties of the little

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

Signature

Date

Address

| SEP | 28 | 1921. |
|-----|----|-------|
| ~ | | |

The accompanying Victory Medal and/or British War Medal is/are forwarded herewith to

| n respect of his service as No | 4336 Rank Pte. |
|--------------------------------|----------------|
|--------------------------------|----------------|

George W. Tobin

Receipt of the same should be acknowledged hereon-

Name__

| Received Victory Hedal & B. W. Hedel |
|--|
| Received Vietory Hedel & B. W. Hedel Signature Leage N. John |
| Date Oct 18 th 1921 |
| Address Flour - de Los Treaty Coach |

| | | Casualty Forth | n-Active | Service. | | |
|------------|--------------------|---|--|-------------------|---------------------|---|
| · D | | giment or Corps. 10 | | | | 31-9-189 |
| Rank | Surname | Joban | Chri | stian Name | 120794 | . W. |
| Religion | R.C. | | Age on Enlis | stment 26 | years | |
| Enlisted (| 234 1.18 | Terms of Service (a) | Daration | Service reckons | from (a) | |
| | | nt rank | | | | |
| Extended | { | Re-engaged | | ualification (b) | | |
| Occupation | Lunder | · · · · · · · · · · · · · · · · · · · | 17 | 12000 | 7 70 | ature of Officer. |
| (| Report | Record of promotions, reductions &c., during active service, as rep B 213, Army Form A. 38, or in oth | transfers, casualties, orted on Army Form | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213. Army Form A. 36. |
| Date | From whom received | The authority to be quoted in each | h case. | | Casualty | or other official documents. |
| 76. 8.18 | N S | AI . | I Embarked | | 3 1 (AL | G-1918 |
| | 10 Lun | (| Disembarked | | -21 A | 1G 1915 |
| | - an. | | ARRIVED | ⊃ 1. B. D. | - 32 - ZE | AF. |
| | | 0 | Joined Battalion | | 6 SEP | 1918 |
| | | Ormed in | uk. | | 13/4/19 | , |
| | | | - | Manipal Sa | | |
| | | | | | | |
| | | | | | 1,461,421 | |
| | | | | | | |
| | | | | | | |
| | | | ` ` ` ` I - | 12 45 EW | 100 | |
| più Pers | | 4 | | 1 | | |
| X | lext of Kin: | Father: Was | ohin Fler | de Lin 1 | yes | |

⁽a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be estered.

(b) Signaller, Shoeing-Smith, &c.

W. 5527-M2993 1000m 7/17 (25886) C, P & S., Ltd. Forms B, 103 E/1555.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

| Regimental Number and Name No. 1336 Joined Date Joined Date Joined Date Joined Date | | | | Age on 26 years months Place and Date of Enlistment 270 years. with Colours 770 years. | Trade Sunderman Religion K. C. Place of Birth Pluv So - Rys. | Signature of O. C. Company Whileffs. Good Conduct Badges, Service pay or proficiency pay | | | |
|--|--------------------|--------|--------------------------------|--|--|---|---|-----------------|---------|
| Place | Date of Offence | , Rank | Cases of Drunk- eness | OFFENCE | Names of Witnesses | - Punishment awarded | Date of award or of order dispension with trial | By whom awarded | REMARKS |
| | | | | 0 11 11 | 7 | | | | |
| | | | 1 | Demobilies St fo | knis 11 79 | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | ** | | | | | | | | |
| A STATE OF THE STA | | | | | | | | | |

Trionspi Francisco

To be carried over

The Royal Newfoundland Regiment 9,236

| DEMOBILIZATION OF |
|--|
| Reg. No. 433 6 Rank The Name John |
| Date of Enlistment 31: 1: 15 Address Fleur Dety District Laborator |
| Occupation Lumberman. Classification for Discharge. 16 Medical Category. A.I. |
| · 발문경 보통하게 되면 함께 하는 아니는 사람들은 사람이 되었다면 하게 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 |
| Recommendation S.M.B |
| 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 5 |
| B 179 D 400B Form L do 3rd " 4 |
| B 179a D 400C Form K do 4th " 5 |
| B 179b B 103 ME 2 |
| B 179c B 120 M 93 |
| D #///wp.21 |
| Date. 12:6.19 O. C. Discharge Depot. |
| PARTICULARS FOR DEMOBILIZATION |
| |
| r. Civil Re-Establishment. |
| I amin a position to resume civilian occupation. |
| Teomero bin |
| by to Healor |
| Particulars passed to Vocational Officer for information and action. |
| THE STATE OF THE S |
| Date |
| |
| 2. Clothing. Certified that Clothing Regulations have been complied with: |
| \$ () |
| (a) Clothing Allowance payable from the control of |
| (b) Clothing Supplied |
| Date # 3-6-19 Oilc. Re-clothing. |

| 3. Transportation and Release Certificate. |
|--|
| The above named has been provided with Travelling Warrant No. |
| at . How D. M. and Release Certificate No. issued |
| WHI Annual Capol |
| Date |
| 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 |
| Date |
| Discharge appealed for |
| Discharge approved for |
| Forwarded with following documents to O.C Discharge Depot. |
| N.F. P 36. B 268 B 121 N.F. Med D.F. 1 E 178. W 3494 B 122 Board 1st 2 3 Form 7 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 Demobilization Officer. |
| APPROVED. |
| Documents as above forwarded to:— ; Officer i c Records. Board of Pension Commissioners. |
| with following additional documents. |
| JUN 27-1919 Date |
| O. C. Discharge Depot. |
| Pate June 30/19 Las Perceived the above noted documents from O. C. Discharge Depot. Amalianth of Date June 30/19 |
| |

Kr