

FIRST NEWFOUNDLAND REGIMENT 3527

| No. 3527 Name Keuben Vardy Corps meth |
|---|
| Questions to be put to the Recruit before Enlistment. |
| 1. What is your name? I Kenten Varsly |
| 2. What is your full Address? |
| 3. Are you a British Subject? 4. What is your age? 5. What is your Trade or Calling? 6. Are you Married? 7. Have you ever served in any Branch of His Ma 7. What is your British Subject? 8. Years 9. Months 10. Married? 11. Married? 12. Married? 13. Months 15. Married? 16. Married? 17. Mare you ever served in any Branch of His Ma 18. Married? 19. Married? |
| jesty's Forces, naval or military, if so,* which? 7. 8. Are you willing to be vaccinated or re-vaccinated? 8. 4. 9. 9. 9. 9. 9. 9. 9 |
| 9. Are you willing to be enlisted for General Ser- |
| stand its meaning, and who gave it to you?} 10 |
| 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? |
| I. A do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made. SIGNATURE OF RECRUIT. 10-3-17 Signature of Witness. |
| OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. I |
| CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER. The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act. |
| The above questions were then read to the Recruit in my presence. |
| I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at |
| †CERTIFICATE OF APPROVING OFFICER. |
| I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the: |
| Date |
| † The signature of the Approving Officer is to be affixed in the presence of the Recruit. ‡ Here insert the "Corps" for which the Recruit has been enlisted. |

• If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name)......on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT erioding Form B. forg Name. Height.... months. feet Apparent ageinches Girth when fully expanded inches Chest Measurement Range of expansion inches Distinctive marks and the second second second second second second INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin Relationship Particulars as to Marriage (a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage. (c) Present address. (d) Initials of Officer verifying entry. (a) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service not al-lowed to reckon for fixing the rate of pension Service in Re-serve not allow-ed to reckon to-wards G. C. Pay Signature of Officers certifying correctness of Corps in Rgt. or Which served Depot Promotion, Reductions, Casualties, &c. Army Rank Dates entries Days 10-3-1 a Service towards limited engagement reckons from 3-8-17 Joined at 21-12-18 Sanat 1 Total Service forfeited as above..... [date of discharge] 121 Total Service towards Engagement Pensions



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety-" perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

| | | a contract | Station | 14-r |
|----|------------------|--|-------------------------------|--------------|
| | | in the second | DateJune 5, | /19. |
| | | in the second se | | |
| ı. | Unit Royal Ne | | 5. Age last birthday | 21. |
| 2. | Regimental No. 3 | 527. | 6. Enlisted on | March 10/17. |
| 3. | Rank S | gt. | i ut es per at | St. John's. |
| 4. | Name V | ardy R. | 7. Former trade or occupation | Storekeeper. |

8. Disability

Hernia (Operated). Pleurisy & Pneimonia.

official CHP poorly What is his present condition? rub on L. Mide over lower love. Some from nourished. Priorition rub on L. Mide over lower love. Some from (This is the important question. Be herbite operation in healthy condition. brief—the clearer the case the less on walking feals pain over site of some need be written. Read note f above). Heart normal. Hastarday of Mills Newfounding Was advised and refused ? 12. Do you recommend discharge as permanently unfit? S.G. KEAN. Signature CAPT. Rank or Qualification Remarks if any by Officer i | c Hospital.

Signature

Rank

Place

Date

Opinion of the Medical Board

14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

(b) Climate.

be considered as aggravated by:

(c) Ordinary Military Service

In para. 13, the President should write "may" or "cannot" at x Erase inapplicable words

13. For pension purposes, the disability x

(a) Service during this war. Remarks if any:—

| . 0 | y. y | ery 1111 | ile cough. | Weight 1 | 45 Lbs. | | | |
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| | | 10.0 | | | | and the second of the | | |
| 15. | (a) | THE ENT | 'IRE DISABILI velihood in the g | ITY—To wh eneral labor | at extent is market? | his capacity lesse | ned at present for ear | n- |
| | (b) | livelihood i | n the general lab | LITY—To w | hat extent is essened by the | his capacity at p hat portion of his | resent for earning a f disability to or incurr | 111 ed |
| (Stat | e in pe | during serv rcentage.) | ice r | | | | | |
| | Rem | arks if any : | _ | | • 199 | 20% 3 Month | 18. | |
| | | | | | | | | |
| 16. | Is th | e disability 1 | permanent? | | | | | |
| 17. | Has | the disabilit | y been aggravate | d by | (a) Inte | mperance | (b) Miscondi | ıct |
| 18. | The | refusal of — | operation sanitorium is :— | (a) R (b) Un | easonable reasonable | | | |
| | Rema | arks if any :- | _ | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 19. | If fit | subject for l | Hospital do you r | ecommend a | dmittance to | General Hospita Naval and Milit valescent Hos Jensen Tubercu | tary Con- spital, | |
| 20. | We | recommend | discharge from retention in | the Army | | | | |
| Ren | arks | if any : | • | | | | 1.00 | |
| | | | | | | | | |
| | | | | | n.s.bras | ER | President | ••• |
| | | | | Signature | J.S.TAIT | • | | |
| | | | | | J.B.O.RI | ELLY. CAPT. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Plac | e .81 | ZOHNA | š | . | | | Harrison Committee | |
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| Date | ·#(| 图3 · 5/19 | | | | | | |
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| API | PROV | ED 3 | OR OF MEDICAL | SER | | | | |
| Stat | ion | ·····/(§ | JUN 5 1918 | | • | | | |
| Date | e | | No | esy | • | | | |
| | | 1 | FWFOUNDLAND | | (SGD.)I | PATERSON. | Control of the Contro | |
| | | | The state of the s | | | Administra | tive Medical Officer. | |
| | | | | | | | | |



ON HIS MAJESTY'S SERVICE

To the Officer in Charles of Technology,

1.0.1.7

Royal Wild. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

onujate ...

augustinis

Fold Here

British War Medal

| | Reuben Vardy | |
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| A STATE OF THE PARTY OF THE PAR | and the second s | |
| | properties and the second | A |
| n respect of hi | s service as No. 35 | 27 Rank A/Cpl. |
| The sale of the sa | | <i>"</i> |
| lameI | R. Vardy | Royal Nfld. Regt. |
| | | Corns. |
| 194. | | |
| Receipt of | the same should be ac | knowledged hereon. |
| ` | | |
| Received_ | 1 Butes | l warmeda |
| | / / * * | |
| Signature T | 0)/10/0 | |

The accompanying Victory M.

is/are forwarded herewith to

July 29th 1919.

Mr.Reuben Vardy,

Hickman's Hr. T.B.

Dear sir:

Referring to your Amplication, I enclose cheque for seventy dollars (\$70.00) being amount of first payment due you on account of "war service Gratuity.

Yours truly,

Capt . Paymaster.

RS/.

(

1030

DEPARTMENT OF MILITIA. WAR SERVICE GRATULTY.

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 debhes. If any questions are not applicable, the words TEOT APPLICABLE must be written out. On ecoplation this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOENS 3. 5. Address in full to which future payments of gratuity are to be forwarded, Hickmans Harbour, Gunity Bac ... our foundland 6. Date of enlistment in the Regiment 10.5 M. arch. 1917..... 7. Name of dependent, if any, to whom Separation Allowance is being issued or was boing issued immediately prior to your discharge..... 8. Relationship of such dependents...... 9. Address in full of such dependents............. 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?...... 11. Were you on active service only in Nfld. II so give dates and particulars of such service..... 12. Give total length of time which you served on active service,

| 13. Have you had more than one enlistment? If so, give particulars |
|---|
| 13. Have you had more than one entistable it so, give partial numbers. of discharge and re-onlistments, and under what regimental numbers. |
| of discharge and re-units man to, the same |
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| · · · · · · · · · · · · · · · · · · · |
| 14. Have you already received any payment of Post Discharge pay or |
| War Service Gratuity? If so, state amount you and your dependents |
| have already received and by whom paid |
| |
| |
| 15. Have you been issued with a War Service Badge? |
| 16. Have you during the present war, served in the Imperial porces. |
| 17. Are you entitled to receive, or have you received any Gratuity |
| in the nature of Post Discharge Pay from the Imperial Forces? If |
| so, state mount received, or to which you are entitled |
| *************************************** |
| 18.Did you revert Oversees to a rank lower than the substantive |
| rank held by you on your arrival in England? |
| (b) If so, was such reversion in consequence of Misconduct or |
| inefficiency? |
| 19. Are you now serving in the Rogt.? If not give? - (a) date |
| of discharge (b) Reason for discharge |
| |
| |
| 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 |
| Wall: 11 50 Gave parties |
| ************************************* |
| 21.(a) Are you receiving treatment from the Wivil Re-Establishment |
| 21.(c) Are you receiving treatment from the city and collegences from |
| Com.(b) If so are you in receipt of full pay and allowances from that Committee |
| that Cormitteeit to |
| And I she this soleun declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if |
| nede under octh. |

Signature of Applicant: Reuben Vardy

Place of Residence: Hickman Harbour, 4.73. Afld.

Declared before me at: It forms

This of the day of June 19.19.

Signature of Barrister of the Rannie, of how; Supreme Court, Stippeddiery Heristrate; Notery Feblic, Hastice of the Lumbers Court of Peace, or Corressioner of affidevits. New Joundand.

POST DISCHARGE PAY.

Date paid Foid War Service Ret amount Gratuity.

Cortified correct.

Paymaster

Jan. 13th. 1919

John Vardy, Esc.

Hickman's Hr.,

T. B.

Dear Sir:-

I am directed to acknowledge receipt of your letter of Doc. 6th, in which you ask if your sons, No. 939, Private James Vardy and No. 3527, Corpl. Reuben Verty can be repetriated at an early date.

It is hoped that as soon as possible all Hewfoundland troops will be returned to this country. The work entailed in arranging for transportation, and preparation of the documents of these men, means that the Staff of the Pay & Record Office are working at high pressure. I am afraid that for the present the services of men in the Pay & Record Office, London could not easily be dispensed with without the work suffering considerably.

I trust, therefore, that you will be satisfied to wait a while longer before pressing for the return of your two boys, whose services are still required for military purposes

Yours faithfully,

Lieut. Cd.

Extract from Casualties received from Pay & Record Office, London, 19th, Jan. 1918.

3527, L/Cpl. R. Vardy,

P.&.R.o. Staff ex Queen Alexandra Military Hospital 19-1-18, is granted furlough to 9.30, a.m. 26-1-18 on the recommendation of the M.C., and is ordered to report at the P.&.R.o. on the latter date for duty.

Extract of Calualties received from Pay & Record Office, London, dated January 19,1918.

#3527 L/Cpl. R. Vardy. Pay & Record Office Staff, ex Queen Alexandra Military Hospital 19/1/18, is granted furlough to 9:30 a.m. \$\frac{1}{2}\$ 6/1/18 on the recommendation of the M.O. and is ordered to report at the Pay & Record Of ice, on the latter date for duty.

Auth: A.F.B.256 from Hospital.

Extract of Ca ualties received from Pay & record Office, London, dated January 15,1918.

O.C. Que n Alexandra Military Hospital, Millbakk, S.W.l. reports:

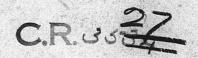
#3527 L/Cpl. R. Vardy. V

Admitted Hospital, 11/1/18 (Nature of Illness not stated)
Auth: Memo from Hospital.

C.R. 3527

Extract from Hominal Roll, ombarked St. John's for Oversees 19-5-17

#3527 L/C R. Vardy.



Extract from Daily Orders Part 11 Unit The Royal Hild. Regt., St. John's, May 10th, 1917.

353 Pte. R. Vardy.

To be Lance Corporal from May, 10th. 1917.

C.R.

Extract from Daily Orders Part 11 Unit The "oyal Nfld..Regt., March 10th, 1917.

3527 Pte. R Vardy.

Attached to the Strength from 10-3-17.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.
Number of Sheet

| | R 121. | • | | | Regiment of | 150 herste | mudland. | | Signature of O. C. Company | ask ayob |
|---|--|--------------------|------|--------------------------------|--|----------------------------------|--|---|----------------------------|-----------|
| | Regimental Number and Name No. Joined Date Joined Date Joined Date | | | | Age on 19 year 3 months Place and Date Stoken 445 of Enlistment 10.3.11 Period of with Colour 251 years. Period of sik Reserve 36.5 years. | Storekeeper Religion Metts | Good Conduct Badges, Service payor proficiency pay | | | |
| | Place | Date of Offence | Rank | Cases of Drunk- eness | ORANGE | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
| | | | | | AND CONT | | | | | |
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| | | | | | | | | | | 121. |
| | | , | | | To be carried over | | | | | |
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NEWFOUNDLAND CONTINGENT

CANCELLATION of ALLOTMENT.

D'

| 1. I, (No) 2 / (Rank) Mwakeme) Vard | 4/6. |
|--|--------------------|
| hereby apply for cancellation of Allotment made | |
| Ho2 4 23 dated 21/3717 | in favour of |
| John Vardy, Belleram | |
| for \$ ctsles per diem. | |
| Such cancellation to take effect on the 30 | A. day of |
| November 197. | |
| 2. I agree to accopt all risks and consequences | of this applica- |
| tion failing to reach Headquarters, St. John's, | in time to become |
| operative at above nominated cancelling date; | and that in the |
| event of such non-delivery, and thereby the all | otment continuing |
| to be paid to the Allottee, I also agree to such | h further stoppage |
| in the Pay Books as may be necessary, or otherw | ise to refund such |
| overpaid amount or amounts. | |
| To take effect Dec. | 31/17. |
| Dated at _ // | B |
| 10170 Office | |
| Lordon | |
| Dec 3rd 191 | |
| Reuber | 4 C . 1 |
| To eutre | lottor. |
| | V |
| Approved and Witnessed: | NOTED |
| IN Thandally | Wilmartin |
| CHIEF PAYMANTO OF ACEDIAL PCOMPANY. | what Toin |

To be made out in TRIPLICATE and delivered at the Pay & Record Office not later than date of cancellation, in accordance with P.& R.O. C.L./10, 9/12/16.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

| Date of Enlistment, D. Address Auchanage District Occupation Short Reefow. Classification for Discharge. Medical Category. Recommendation S.M.B. Permanuful Bisability Rating 3.0.7.3 Mth. Passed to Demobilization Officer with following documents: N.F. P[36 | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Recommendation S.M.B. Services Service | | | | | | | | | |
| Passed to Demobilization Officer with following documents: N.F. P 36 | | | | | | | | | |
| Passed to Demobilization Officer with following documents: N.F. P 36 | | | | | | | | | |
| B 178. | | | | | | | | | |
| B 178a. D 400A | | | | | | | | | |
| 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. 6. Date. G. Discharge Depot. PARTICULARS FOR DEMORPLIZATION 1. Civil Re-Establishment I am in a position to resume civilian occupation. | | | | | | | | | |
| B 179b. B 105 ME 2 6 6 ME 2 6 ME 2 7 O. C. Discharge Depot. PARTICULARS FOR DEMORPLIZATION 1. Civil Re-Establishment I am in a position to resume civilian occupation. R Vardy | | | | | | | | | |
| Date. G. G. J. G. PARTICULARS FOR DEMORPLIZATION 1. Civil Re-Establishment I am in a position to resume civilian occupation. R Vardy | | | | | | | | | |
| Date | | | | | | | | | |
| PARTICULARS FOR DEMORILIZATION 1. Civil Re-Establishment I am | | | | | | | | | |
| I. Civil Re-Establishment. I am | | | | | | | | | |
| I amin a position to resume civilian occupation. Relardy | | | | | | | | | |
| | | | | | | | | | |
| Particulars passed to Vocational Officer for information and action. | | | | | | | | | |
| Particulars passed to Vocational Officer for information and action. | | | | | | | | | |
| Date | | | | | | | | | |
| 2. Clothing: | | | | | | | | | |
| Certified that Clothing Regulations have been complied with:— | | | | | | | | | |
| (a) Clothing Allowance payable. | | | | | | | | | |
| (b) Clothing Supplied | | | | | | | | | |
| Date. 10 - 6 - 79. Oilc. Re-clothing. | | | | | | | | | |

| 3. Transportation and Release Certificate. The above named has been provided with Travelling Warrant No. 1966. to his home |
|--|
| Date 10-b-19 NOTASILIA A Survey Coff Demobilization Officer |
| 4. Pay and Allowances. The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to the settled. He has received pay and allowances to the settled to the |
| Date 10 - 6 - 19. Depot Paymaster. |
| Discharge approved for |
| N.F. P 36. |
| Date Demobilization Officer. |
| APPROVED. Documents as above forwarded to: Officer ile Records. Board of Pension Commissioners. with following additional documents. Eligible for War Service Gratuity |
| Date July 24 1919 Date On the American State of Company of of Compan |
| Received the above noted documents from O. C. Discharge Depot. |
| Date |

Lemporary

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. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF Christian Name Surname TABLE III. - Boards; Courts of Enquiry, Vaccination TABLE I.—General Table Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars Birthplace of Dental Treatment, etc. Brief Details and Signature Examined Weight Ohest Physical Developm Vaccination Marks It is hereby certified that this soldier has been before the Standing Medical been classified (a) Marks indicating congenital peculiarities (b) Slight defects but not sufficient to cause Approved by .. TABLE IV .- Service Table (Signature) ..

(Rank)

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

| Name of | Admitted to Hospital | | | Dis | charged f Hospital | rom | Number Disease of days in | 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 heavital | Signature of | |
|-----------------|-------------------------|------------|------|-----|-----------------------|------|---------------------------|---|--|-----------------|
| <u> </u> | Day | Month | Year | Day | Month | Year | 2000 | Hospital | Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of sphilis, 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. | Medical Officer |
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Sandy. R.

3527

Pay Depi-

The Royal Newfoundland Regiment

| 17/0/64 | |
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| Clas | s for Demobil- |
| | ization:- |
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Report of Demobilization Travelling Board, held on soldier for discharge.

| Discharge Depot | : Headquarters The Royal Newf | oundland Regiment |
|---------------------------------------|-------------------------------|--|
| | | Date9:6:19 |
| Regimental No. | 3527 99 | n Syl |
| Name | aroy lunbe | 71 : |
| Address | 18 commans. | N.V. |
| | Category | |
| Present Medical | | |
| | | (a) Iramediate discharge |
| | Recommended for:- | - { (a) I ramediate discharge (b) Standing Medical Board |
| · · · · · · · · · · · · · · · · · · · | | RH Lair Capt |
| | | O.C. Discharge Depot. |
| | Members of Boa | 10 aserson |
| , | Members of Boa | Senior Medical Officer |
| | | Delburden |
| | | M. O. Depot |

Hickman's Hr.,

T.B.

Oct 16th 1919.

The Hon. The Minister of Militia, St. John's.

Dear Sir: -

Will you kindly advise me what date the last cheque was sent to me for War Service Gratuity, and if there was any cheque sent me to cover cost of Transportation to Trinity on the 6th inst, as I have an idea that some error has occured in sending the last cheques and mine are mixed with my brothers, as he has received one just recently which he thinks does not belong to him, but we will hold it here pending advice from you. We would also like for you to have our last cheques for War Service Gratuity carefully checked over.

Appoligising for any inconvenience this causes you,

I remain,

Your obedient servant

#3507 Fy Senet

fust hun received with weeker

Hickmans Hr., T.B. Nfld. July 23rd 1919.

Militia Dept., St. John's.

Dear Sirs:

I returned from England on th S.S. "Corsican" 1/6/19 and was discharged (pending Demobilisation) 8/7/19. So far I have not received any cheque in respect of War Service Gratuity or pension, while others who came with me have received their first payment some weeks past.

Presumably this was overlooked. Kindly advise if there is any ammount due, me, and what time it will be mailed, as I intend leaving home for a short while on a rest. Trusting the above will cause you no inconvenience.

I am, Sirs,

Your obedient servant,

July 10 7000

Ex.Sgt.

· Nº 3423



ALLOTMENTS Regi No. 3527 hereby green well further polification by a state of the state of the

| Certificate No. | Whether Wife, Child other Relative or Friend | NAME (in full) | Address | AMO (each p |
|--------------------|--|----------------|---------------------|----------------|
| 030. | Father | John | Harber | |
| | | | TB | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | 1 | | |
| | | | Total Allotment, \$ | |

Hickmans HI
352 man 93/18 Mr. H. Maddick. — Coear Sir. - Received your letter wish Thanks referring to the check That my son Capt Edmund Vardy lost Glonging to L. Corp Rewhen Vardy and we note that you will issure duplicate on conditions Them conditions will be alright I will redund money if Check is found which I don't expect is will as it was lost in Boat I hankefight you for domilance puter of the hold of Sumain John Vardy,

ST. JOHN'S, JUN 1 3 1919

Royal Newfoundland Regiment.

| Billeting | Accoun | t, To_s | lgt. | R. | - % | andy | ; |
|-------------|-----------|------------|---------------------|-------------------|------------|------|-------|
| Billeting S | | | | | <i>t</i> . | | |
| from from | e 12. | /19 | to fin | u 12° | /19 | | |
| 351 | 3 | lat | R | Va | 1 | 12 | 20 |
| | ACCOUNT | 7 | By | no. | c | -/2 | 70 |
| | IND. LEDG | | 2,23 _ INIT.ALS_ | <u>Cu</u> | | 1 | 0 |
| Certified c | rect for | | INITIALS | 0 | K | 1 | |
| | R.J | _U | AN L | WW Ileting Off | UD. | | _ |

18 Cardy

ACCOUNT Stand, Cettine 10 th 1919 The Department of Milittle The Sum of ten dellars 10.00 is due Sergt R. Vardy Hickmans Hr. for transportation to his home. certified correct authorities Vouchers attached.

| | ING WARRANT |
|---------------------|---|
| No. 3527 Rank 891 | ass Passage and Meals for Rissy Name Vardy R. K. |
| From ST. JOHN'S - T | The Royal Beinfoundland Regiment DEFOT JOHNSON. SIGNALIAN DESCRIPTION Discharge Depot Region |

TRAVELLING WARRANT 599 The Royal Mewfoundland Regiment Received of Sergt B. Clarky for I & July Please issue 1st Class Passage and Meals for Name Vardy A. No.3527 Rank 891-From ST. JOHN'S - To Kickman Hr The Royal Dewfoundland Regiment ATEMENT AND MEAL CHECKS

| No600 TRAVELI | LING WARRANT |
|---|---|
| Date 15-179 The Royal P | ewfoundland Regiment |
| | ass Passage and Meals for w |
| No.3127 Rank 891- | Name vardy R. |
| From - ST. JOHN'S - THE SE QUOTE THIS WARRANT NUMBER ON STATEMENT AND MEAL CHECKS | The Royal Dewloundland Regiment |
| - 1 | SIGNATURE OF ISSUING OFFICER. Demokshadan Officer Detailer Death No. |

June 21st 1919 Trans. H The Bepatiment of Militia The Sum of Fige Dellars 2 Rayardy to transportation to his he Veucher Attached better con

Hickmans Harbour, Trinity Bay, Newfoundland.

June 14th 1919.

Capt. J. H. Snow, Demobilization Officer, Empire Barracks.

Sir,

I herewith enclose Travelling Warrant and receipt, certified correct and signed for your disposal.

Thanking you in anticipation of a prompt reply.

I am, Sir,

Your obedient servant,

Sergt. #3527.



Hickmans Harbour, Trimity Bay, Nfld. June 14th 1919.

Received from Sergt. R. Vardy the sum of five dollars \$5.00 for transpostation from Clarenville to Hickmans Harbour by Motor boat on 12/8/19.

Sgnd.



July 6th 1919.

Mr.R.Vardy.

Hickman's Hr. T.B.,

Dear Sir:

I enclose herewith cheque for five dollars (\$5.00) due you on account of Transportation to your home.

Yours truly,



Yardy

CR 3527

Extract from Telegram from Syn., London to Military. Be ted May 24th 1919.

Regretted that owing to error in last pay cortificate
officers and repetriation from this office not included
in accuments, accounts are equare May 22nd except the following
debit belonce.

3527, Sgt. Vardy. 10d.

C.R. 3527

Extract from Pailty Orders Part 11 Depot, St. John's, Date 13/6/19.

3527, Sgt. R. Vardy.

Reported at Headquarters 1/6/19. which sailed Liverpool May 22/1919.

mx "Corsican"

C.R. 35-17

Extract from Daily Orders Part 11 Unit The Royal Mild.
Regt. St. John's, June 14th, 1919.

The discharge of the undernoted on demobilization has been APPROVED BY O.C. Discharge Depot with effect from 24-6-19.

3527 Sgt. R. Vardy.

C.R. 3527

Extract from Preliminary Report Of a Medical Board held on Thursday Evening June 5th

Recommended Discharge from the Army.

3527, Sgt. R. Vardy,

COLUMN TO THE PARTY OF THE PARTY

C.R. 3527

Extract from Daily Orders Part 11 Unit The Royal Hild.
Regt. St. John's, July 14-19191.

The discharge of the undernoted on demobilization has been Configured by Officer 1/c Records from 8-7-19.

3527 Sgt. Reuben Vardy.

RECEIPS FOR ISSUE OF

C.R. 352

RURAND OF BRITISH WAR MEDAL-1914-1919.

I certify that I have received a issue of 2 inches of Riband of British War at 1 1914-1919

B. Wardy Ga Lgr

(Place) Hickman A. Th

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:

By Mount former occopations

By Mardy Signature of Man.

Reg. No. 3527.

Signature of the Vocational Officer of his Representative.

ST. JOHN'S.

#3527 Sgt. Reuben Vardy.

Hickman's Hr., T.B.

"ear Sir:-

Please find enclosed Discharge Certificate

Bo. 2830.

Yours truly

Captain & O.i/c Records.

Nº 3423





1 1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | Name (i | n full) | Address | Am (each | our |
|--------------------------------|---|---------|------------|---------------|-------------|-----|
| 30. | tatur | John | | Hickman | | y . |
| | | VVar | dy | Darto | <u> </u> | |
| | | | <u> </u> | T. 1 | 3 | - |
| | | le | 20000 | 1800 | | |
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| | | | | | 4 | |
| | * ** | | | Total Allotme | ent, S | |

3423



NEWFOUNDLAND REGIMENT

| to, and of iden | for the benefit of | Dollars and $\frac{1}{\sqrt{1 - \frac{1}{2}}}$ the undermentioned Person $\frac{\text{and}}{\text{or}}$ | Cents, per diem, Persons, such payment to be notity Certificates by the Person | from my Pa nade on pro |
|-----------------|----------------------|---|--|---------------------------|
| | Whether Wife, Child, | NAME (in full) | ADDRESS | AMOUNT (each perso |
| 030 | tatur | John | Hickman | |
| | 1 - | Vardy | Zharber | |
| | | | TB | |
| | | | | |
| | | | | |
| | , | | | |
| | 2.4 | | | |
| | J. | | | |
| | | | | |
| | | | | , |
| | | | Total Allotment, \$ | 1 6 |

(Sig.) Mass Cyclingt.

(Sig.) Reuben Vardy
(Rank) Piu.



This Form is to be used in connection with Pamph. M. E. (1) N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

| (| of that test. | | - |
|---------------|-----------------|---------------------------------------|---------------------------------------|
| Exami | nation of Reule | n Vaida | |
| aged | 19 3 mg | 14 conducted at 1/1 | |
| Date: | March 10 1 | D O.C. | 9 |
| NO OF TEST | | FINDING | • |
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| 2 | do | | |
| 3 | do | | |
| 4 | do | · · · · · · · · · · · · · · · · · · · | 1 4 7 4 3 3 |
| 5 | No | | |
| 6 | No. | | |
| 7.7 | Yes | | |
| 8 | yes " | | |
| 9 | leto - No | | |
| 11 | 4, | | |
| 12 | 4 | | |
| 13 | 4 | | |
| 14 | | • | |
| 15 | 4 | | |
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| 17 | . 7 | | |
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| 20 | 7 | h / | |
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| 30 | 4 | | |
| 31 | 7 | | |
| 32 | cho. | | |
| 33 | no | | |
| 34 | 5.10 | | |
| 35 | 1.37 | | |
| 36 | 34-37 34 | | |
| 37 | \$ 400 a year | | |
| 38 | Father John | · baidy Hickman Horbour This | ity Bax |
| 39 | None! | of Medical Examiner: Thoubour This | |
| 11 | Signature of | of Medical Examiner: ZW Durden | |

NEWFOUNDLAND. CONTINGENT

CANCELLATION OF ALLOTMENT

| 1. I, (No) 3527 Rank) Private (Name) Vardy R. | |
|---|----|
| | |
| hereby apply for cancellation of Allotment made by me on N.F.P./1 | 1 |
| No. 3423 dated 21/5/17 in favour o | f |
| John Vardy Belldram. | |
| for g _ cts looper diem. | |
| Such cancellation to take effect on the 30 12. day o | f |
| Movember 1917 | |
| 2. I agree to accept all risks and consequences of this appl | 4 |
| cation failing to reach Headquarters, St. John's, in time to become | |
| | |
| operative at above nominated cancelling date; and that in the even | nt |
| of such non-delivery, and thereby the allotment continuing to be | |
| paid to the Allottee, I also agree to such further stoppage in the | |
| Pay Books as may be necessary, or otherwise to refund such overpa- | ld |
| amount or amounts. | |
| | |
| Dated at | |
| Port Office | |
| - Marine | |
| - Loadon - | |
| <u> </u> | |
| Reuben Barde | |
| Allottor. | - |
| Approved and Witnessed | |
| NOTED WAR | |
| CHIEF PAYMANTER DEFICENTING AND | |
| Date 4/1 2/m PARA | |
| -/4/ | 1 |

To be made out in TRIPLICATE and delivered at the Pay & Record Office not later than date of cancellation, in accordance with P.&.R.O. C.L./10, 9/12/16.



To-DAY 19-1-18.

| 1/Newfoundland. 3527 L/Cpl. vardy.R. MCCOO OFFICE | Squadron, battery, or company. | Rank and Name. | |
|---|---|----------------|----------|
| Pay & Record Vardy.R. Vardy.R. | nd. | 15 | 18) lea |
| Office. Admitted, 11-1-18 Disease. Furunculosis. |) 3527 L/C | | FICE Gro |

Lt.Col:I.M.S. for Colonel.A.M.S. Q.A.M.Hospital.

NEWFOUNDLAND CONTINGENT

No.

| To: No. 3527 Jane Borp Vardy | Pay & Record Office, 58, Victoria Street, London, S.W. 1, 31 December 1917. |
|---|---|
| Herewith | 1 value £2:1:- being. |
| Please acknowledge receipt hereon. (Sig.) R. Vardy. (Date) 31 Dect 1917 on: | J. Marshalfa ief Paymaster & Officer Mc Records. |

WESTERN UNION

ANGLO-AMERICAN

WESTERNUNION DIRECT UNITED STATES

| int bound | SEN7 | FOR STAMPS |
|------------------------------|--|--|
| WORDS CHARGE | 7o | |
| 13 12 | VIA WESTERN UNION | THIS FORM WILL BE ACCEPTED AT AL POST OFFICE TELEGRAPH STATIONS |
| 11/3/18 TO PRE | EVENT MISTAKES PLEASE WRITE | DISTINCTLY. |
| To EPM JOHN VAR | D Y | |
| BRITANNI | A (Newfoundland) | and the second of the second o |
| HAS ED ARR | IVED ANXIOUS JIM WELL | LOVE |
| | ZIERK. | RUEBEN VARDY |
| | 17.80 M | 8/ |
| - 76 | 1 01 | |
| 321 | 2 MARY | |
| 2.8 | 2,517 | |
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| | | · · · · · · · · · · · · · · · · · · · |
| Authorised. | * * * * * * * * * * * * * * * * * * * | |
| NOT TO BE Union Telegraphed. | ad the conditions printed on the back hereof, I request than raph-Cable System, subject to the said conditions to wh | the above telegram be forwarded by the Westernich Lagree. 58 Victoria St. S.W. 1 |

Signature. Address CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

NEWFOUNDLAND CONTINGENT

To: Chief Paymaster & Officer i/c Records, Newfoundland Contingent,

26 AUG 1918

58, Victoria Street, London, S.W. 1.

pay Please week to 3527, Corp. R. Vardy, Newfoundland

Contingent, Pay & Record Office

the sum of ----s.(\pounds 0.10.0)

Approved

on account of any balance that may be due to me. .

| 10800 | 181 Dated | 14/8 N | or NR | | |
|--------|--------------|---------------|------------|----|----|
| enfl 1 | | | , V | | |
| F | -Dated | at_ <i>[a</i> | rug | 14 | 19 |

| Regtl. | No. | 160/R | ank | In | wel | |
|--------|-----|-------|-----|-------|-----|--|
| Name_ | Gu | 1607R | di | Paper | | |
| | | ile | | , | | |

NEWFOUNDLAND CONTINGENT

Railway Warrants issued under Authority A.C.I. 1935 of 1916.

To: No. 3527 Che A Vardy

whilst attached to Pay & Record Office, London.

| Date | Ref. | JOU | RNEY | |
|--------|---------|------|-------|---------|
| | No. | From | То | Remarks |
| 2-8-18 | 609953/ | | * *** | |
| | | | | |
| | • | | | • |

REDUCED FARE VOUCHERS ISSUED

Under Authority A.O. I of 1st July 1918 and A.C.I. 758 of 1918

| Date | Ref. | NUMBER | ISSUED | |
|---------|------|--------|--------|----------------------|
| | No. | Single | Return | Authority or Remarks |
| 27-9-18 | 25 | | / | |
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NEWFOUNDLAND CONTINGENT

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| NUM | , fa - | 子 | | 24 |
| ALL |) i . i . | O. | 0 | 0 |
| 11 | RLC | 3.1 | 10/ | |
| EXA | MINE | D | | |

CANCELLATION OF ALLOTMENT

| 1. I, (NO) 3527 (Rank) Sergt (Name) Reuben Var | du. |
|--|--------|
| Hereby apply for cancellation of Alletmont | |
| No. 4639 dated 3124 August 1918 in favor for \$ — cts 70 per diem. | our of |
| my self (Clo Bank of montrea | 1) |
| for \$ _ ots 70 per diem. | -/- |
| Such cancellation to take effect on the 9 th | day of |
| may 191 9 | |

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above-nominated cancelling date, and that in the event of such non-delivery, and thereby the Allotment continuing to bepaid to the Allottee, I also agree to such further stoppege in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

Approved and Witnessed: NEWFOUNDLAND CONTINGENT.

N.B. - To be made out TRIPLICATE and delivered to the Pay & Record. Office not later than the date of cancellation, in accordance with P.& R.O. C.L./10, 9/12/16.

NEWFOUNDLAND

PAY LEDGERS 11. CONTINGMEM. PROTE ALLOT, INDEX

| ALLOTA | | NX |
|--|--|----------------------------|
| I, (No.) 3527 (Rank) lo pl (Na | ame). P. Saraw | J . · |
| hereby agree, until further notific | sation by me, and in requir | red form. |
| to make an Allotment of | _ dollars and Seventy | cents |
| per diem, from my pay, to and for t | he benefit of the undermen | tioned |
| Person and/or Persons. Such payme | nts to be made on proof of | 'identity |
| of the Person and/or Persons concer Whether Wife, | ned, viz., | |
| Child, other NAME Relative or (In Full) Friend. | ADDRESS | AMOUNT (Each Person) |
| Self RVardy | Bank of Montreal 9. Waterloo place, Pall Mall. | - 70 - 70 |
| This Allotment to take effect from a | | |
| NOTE: - This Form must be completed a signed by the Officer Commanding | and gigned by the galage | |

Chief Paymaster in accordance with P.&.R.O. C.L.10, 9/12/16.

Officer Commanding

Dated at

L/C., R. Vardy

| Attached P & R. O. | 7/11/17 | |
|--------------------|--------------------------------|-------------|
| Sick | 9 - 12 (înc) 1/18 | 4 days |
| Hospital | 13 - 19/1/18, (inclusive) | 7 " |
| Furlough | 21 / 25/1/18 (inc). | 5 " 16 " |

| Days | actually | spent | at | work |
|----------|----------|-------|----|------|
| November | 23 | 1100 | | |
| December | 31 | | | |
| January | 14 | | | |
| February | 28 | | | |
| March | 25 | | | |
| | 121 | | | |

Probationery period of 10 weeks (70 days) expired on the 2/2/18, after making all deductions for time sick, in hospital, and on furlough.

M.

Major Gimewell And Ayr.

By Phila Cont.

By Phila Cont.

By Phila Cont.

By Phila Cont. but have in many ways physically benefitted by the change. Particulars of my illness may be 8 is; april 28 \$ 1919 obtained from Major I night, who gave me I came to ayr on the a permit for medicine 25 = inst. for four days Easter leave, plus one day on thursday the 24 th, which for working good Griday, have proved successful. « as you are undoubtably as my leave expires aware of, I was far at 9.30 a.m. 1/5/19, +2 from well prior to understand I will be leaving bondon, + have sailing for Newfoundland been confined in my on or about may 22 3, d room practically ever since I came to agr, therefore respectfully request-

that you grant me two - a half days extension. I enclose herewith stamped telegraph form Thanking you in anticipation. of am, Sir, Your obedient servant, 18. Vardy Sergt # 3527

Vardy. 35, Park Circus. Ayr.

Furlough extension granted.

Timewell.

Bank of Montreal.

GAMONT, LONDON.

TELEPHONE NºP REGENT 701/2.

AW.

9. Waterloo Place.

Pall Mall

London, s.w.i. 13th.1919

Ref. 4037.

Dear Sir.

We are in your favour of the 10th instant enclosing relittance value £4.0.6. which we have placed to the credit

to a vise that this gentlema posted on the 3rd

Sub-Agent.

The Chief Paymaster, Newfoundland Contingent. Pay & Record Office, 58. Victoria Street S.W.1.



No 116

VOUCHERS MUST BE OBTAINED FROM THE MAN'S UNIT.

To be handed to Booking Clerk, and Fare to be paid at the time of Booking.

Stamp of Issuing Office.

| | | | A TOTAL CONTRACTOR OF THE PARTY |
|---|---------------------------|-------------------|--|
| APPLICATION for issue Fare to MEN of His | Majesty's Force | es, Naval ar | nd Military, and |
| of Ambulance Corps | engaged with | the Forces | travelling on |
| leave IN UNIFORM. | | P | , |
| | | | |
| | | . بر | |
| To the Railway Company at | | har y | Station. |
| n 21 | 9/2 | | r |
| Please issue to (No.) 33 | (Ran | k) eg | /· |
| (Name) //ardy. | (Reg | - Imoural and | WFOUNDLAND- |
| | | | |
| *One Third Class Single Ticket | | | Minimum charge |
| *One Third Class Return Ticket (*The words which are | at the ordinary si | ngle fare | One Shilling (1/-). |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | · INDENT. |
| to | 14 % | 11.10 | Railway Station). |
| | Mul | HILLOV | 5// |
| () () | 10.01 | 7000 | 21/10 |
| (P/0) | HILL PAYMANTE | CA OFFICER | A CHENTAL |
| . \ \ | Signatu | re of Officer Com | manding. |
| This voucher is not valid after | 2 _ / | 10 | |
| | | | |
| (This date to correspond w | oith the date of the term | ination of the me | in's leave.) |
| To be filled in by Booking Clerk | | | |
| No. of Ticket Issued. | Fare Paid. | Initials of | Booking Clerk. |
| No. of Ticket Issued. | Fare Paid. | Initials of | Booking Clerk. |

Unless this Voucher is surrendered at the time of booking, the ordinary fare will be chargeable, and no refund will be made in respect of the extra fare or fares paid.

* If the Booking Clerk cannot issue a Ticket through to destination, he will book to furthest point and issue a re-booking Voucher.

TO BE HANDED TO BOOKING CLERK.

with the Forces proceeding on leave.

Forms O. 1800.

Wt. 14710/M81. 150,000. 1/16. (99,060). J. P. & Co., Ltd.

| Fare to be paid at time of booking. |
|--|
| To the Booking Clerk at |
| (any Railway Station in Great Britain and Ireland). |
| Please issue to bearer, in uniform, a Third-Class Return Ticket to |
| of the Single Fare for the Return Journey, and on surrender of this Voucher. ON SINGENT OFFICE SIGNATURE OF OFFICE SIGNATURE OF OFFICE SIGNATURE OF OFFICE SIGNATURE OF OFFICE OFFICE OF OFFICE SIGNATURE OF OFFICE OFFICE SIGNATURE OF OFFICE |
| To be filled in by Booking Clerk. |
| No. of Ticket Issued. Fare Paid. Initials of Booking Clerk. |
| Unless this Voucher is surrendered at the time of booking, the ordinary fare will be chargeable, and no refund will be made in respect of the extra fare or fares paid. |
| *If the Booking Clerk cannot issue a Ticket through to destination, he will book to furthest point and issue a re-booking Voucher. |

APPLICATION for issue of Third-Class Railway Tickets at reduced fares to MEN of His Majory's Forces, Naval and Military (including Territorials and National Reservists), and of Ambulance Corps engaged

Army Form O. 1800. (In Pads of 50.)



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 Keuben Vardy Regiment from which discharged Royal Dewfoundland Regimental number 3527 Intended address Hikmans Hr. Height on discharge ' 5 Feet // Color of hair on discharge Dark Brown Complexion Lain Oolor of eyes Blue Descriptive Marks Operation on Right Side Figure on discharge medium Christian name of Father John Christian name of Mother Sarah Wife's maiden name in full . Date and place of marriage _ Christian names of children Place and date of soldier's birth Hikamans As Nov 7 1898 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 fuli) Reuben Gardy. St Johns Date 4-6-19 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.

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

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

| Finher | |
|--------|---|
| ı. | No. 3.5.27 Rank Sergt Name Vardy R. |
| | Intended place of residence. Hickureus H) |
| 2. | Occupation Storkeeper |
| | Classification of soldier |
| 3. | The above named man is discharged in consequence of . DEMOBILIZATION. |
| | Gentle for War Country Contract |
| | Eligible for War Service Gratulty |
| 4. | His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations. |
| | Place T. JOHN'S |
| | Date JUN 1.0.1919 |
| | 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 and date JUN J. A. 1919 |
| | ST. JOHN'S. |
| | Signature of witness |
| | CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER |
| 6. | I hereby certify that I am in a position to resume civilian occupation immediately on discharge. |
| | Place and Date |
| | gt. JOHN'S. Wealon Ques |
| | Signature of witness |
| | STATEMENT OF SERVICE |
| 7. | Enlisted for service .10 - 3 .17 |
| | Discharged from service. JUN 24 1913 Plus 14 & aug Service 831 |
| - | |
| R | APPROVAL OF DISCHARGE The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i c Records, |
| Ů. | The Royal Newfoundland Regiment, twenty-eight days from date. |
| | Place Officer Commanding Discharge Depot |
| i | The Royal Newfoundland Regiment. |
| | Date JUN 24 1919 |
| | CONFIRMATION OF DISCHARGE |
| 9. | The discharge of above mentioned soldier is hereby confirmed to the soldier is hereby |
| | Place Officer il Records |
| D | The Royal Newroundland Regiment |