

5073

ROYAL NEWFOUNDLAND REGT.

Deceased 10-11-53

1914-1918



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5073 Name Duncan Andrews Corps Infantry

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Duncan Andrews
2. What is your full Address? ..... 2. Westville B Bay
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 24 Years ..... Months
5. What is your Trade or Calling? ..... 5. Soldier
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name ..... Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, Duncan Andrews 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.

Duncan Andrews SIGNATURE OF RECRUIT.

J. R. Raymond SIGNATURE OF WITNESS.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Duncan Andrews do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### 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 offered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 16 day of May 1915.

Signature of Attesting Officer Edwards Lieut

### 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 compiled with. I accordingly approve, and appoint him to the .....

If enlisted by special authority, such will be attached to the original attestation.

Date May 16 1915

Place St. John's } Approving Officer.

\* 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) ..... re-enlisted in the (Regiment) ..... on the (Date) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

5093

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Surcan Andrews  
 Apparent age 24 years \_\_\_\_\_ months. Height 5 feet 10 1/2 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
 { Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Elizabeth Howell  
Ford Cove B Bay | Relationship mother  
 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)	(b)	(c)	(d)

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards length of engagement reckons from <u>16-5-18</u>									
Joined at <u>St Marks</u> on <u>16-19-18</u>									
Discharged <u>July 7, 1919</u>									
<u>Embarked at St. Louis B. Costantello to Halifax N.S. 22 1/8</u>									
<u>Embarked for St. John's 23-11-18</u>									
<u>Disembarked at home 28-1-18</u>									
<u>Joined Beith 5 19</u>									
<u>Transferred from Beith 22 19</u>									
<u>Arrived Newfoundland 23 19</u>									
<u>Arrived Kierupmoutland 1-6-1919</u>									
<u>Remobilization at St. John's 7 7 1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-7-1919 (date of discharge) 1 years 53 days  
 Pensions \_\_\_\_\_

C.R. 5073

Extract from Daily Orders part II, Unit the Royal  
Newfoundland Regiment dated July 9th. 1919.

The discharge of the undernoted on demobilization has  
been C O N F I R M E D by Officer i/c Records on noted date

#5073 pte. Duncan Andrews.

7-7-19.

C.R. 5073<sup>1</sup>

Extract from Daily Orders Part II Unit the Royal Nfld.  
Regt. Depot St. John's, June 15th, 1919

The discharge of the undernoted on debilitation has been  
APPROVED by C.O. Discharge Depot with effect from 22-6-19.

5073 Pte. Duncan Andrews.

C.R. 5073

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

Date 11-6-19

5073 Pte. Duncan Andrews

Reported at Headquarters

1-6-19.

BY "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5073

Extract from Memorial Roll from 1st. Battalion  
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.

#5073 Pte. D. Andrews.

C.R. 5-073

Extract from Nominal Roll of Draft No. 56, from the 2nd.,  
Battalion of the Newfoundland Regiment to the 1st., Battalion  
of the Newfoundland Regiment, E. M. F.  
Embarked Southampton from 23/11/18.

#5073 Pte. D. Andrews.



C.R. 5073

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated July 25, 1918.

The following ~~assist~~ man embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#5073 Pte. Duncan Andrews.

C.R. 5073

Extract from Daily Orders part 11, from Unit The Royal  
Mfld. Regt. St. John's, dated May 17, 1918

#5073 Pte. D. Andrews

Attested for General Service with the Royal Mfld.  
Regt. from 16.5.18

D Andrews

C.R. 5073

~~PKO~~

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.) 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. *Hofal Newfoundland* } *Lieberman*  
 7. Former Trade or Occupation }  
 2. Regtl. No. *5073* 3. Rank. *Pt* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Andrews* *Duncan* (a) Former Regts. or Corps; with Regtl. Nos.  
 (Surname) (Christian Names)  
 5. Age last birthday *24*  
 6. Posted for duty on *May 13/18* at *St. 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;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state:—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179a (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 general 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. *nil*  
 12. Place of origin of disability. *nil*  
 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. *nil*  
*nil*

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. }

na.  
na.  
na.

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of no disability.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

16. Was an operation performed? If so, when and what was its nature?

na.

17. If not, was an operation advised and declined?

na.

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

na.

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?

na.

Repatriation

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W. S. Prosser Capt R.A.M.C.  
Medical Officer in charge of case.

Station London D. Camp

Date 30-11-19

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

FORM K

No. 6206



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Duncan Andrews, Regl. No. 5073

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Sixty Dollars and Sixty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:

Allotment begins July 1<sup>st</sup> 1918

Identity Certificate No.	Whether Wife, Child, or other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>5173</u> <u>4608</u>	<u>Wife</u>	<u>George Winson</u>	<u>Virgin Islands</u> <u>St. John's</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) H. G. Lawes Lt  
 Officer Commanding  
John Company  
June 27 1918

(Sig.) Duncan Andrews  
 (Rank) Private

049932  
NB. D



No. 17776/1938

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. 1/c Records,  
Newfoundland Contingent,  
Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

2nd November 1918

nov 6 1918

Subject: 5073, Pte. D. Andrews

With reference to the following telegram (9426) from the Hon. Minister of Militia, received

Pay to 5073 Andrews £5:19:0

Draft of 5:19:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A.A. Munnell*  
Chief Paymaster & O. 1/c Records.

Receipt hereunder

*Chas. J. ...*

LIEUT. COLONEL

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. 2nd Batt'n,  
Royal Newfoundland Regiment.

Received the sum of Five

pounds returned on account of cable remittance from Newfoundland.

D. Andrews

No. 5073 Rank Private

Witness C. L. Carter, Pte.

No. 4399/175

From: NEWFOUNDLAND

Chief Paymaster & O.I/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

CHIEF PAYMASTER & OFFICER I/C RECORDS,  
NEWFOUNDLAND CONTINGENT,  
58, VICTORIA STREET, N.F.P. /80,  
S.W. 1.  
ENGLAND.

To: Officer Commanding  
1/Bn. Royal Newfoundland Regt.,  
B.E.F.

19th March 1919

5073 Pte. Andrews D.

With reference to the following telegram from the Minister of Militia, / / ( 82 )

"Pay to- 5073 Andrews,

£8:4:0

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

Chief Paymaster & O.I/c Records

5-4-1919

5073 Pte Andrews D.

*This man wishes this amount retained to credit of his account - please*

*Deposited 19/3/19*

*[Signature]*



No. *5073* Name *Andrews S.* Sqn., Batty., or Company *"D" Corps Royal Newfoundland* Date of enlistment *16-5-1865* Service of...  
 (Age) (Rank) (Pay) (Proficiency Pay)

Date of last entry in Company Conduct Sheet *1865* No. and date of last drink *1865* Period not reckoning towards freedom from extra fine *1865* Sheet No. *30* Signature O.C. Company, etc. *[Signature]* Character *Good*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

Army Form B. 122

Andrews, W

5073

Ray & Capt.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi), 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. Royal Newfoundland
2. Regt. No. 5073 3. Rank. plte
4. Name Andrews Duncan  
(Surname) (Christian Names)
5. Age last birthday. 24
6. Posted for duty on May 13/18 at St. John's in category (or grade).....
7. Former Trade or Occupation } Fisherman
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regt. Nos.
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;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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.
- Nil  
Nil  
Nil  
Nil

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? } *Yes*

In all cases such as facial injuries, eye, ear, nose and throat disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*He complains of  
 as disability*

16. Was an operation performed? If so, when and what was its nature? *Yes*
17. If not, was an operation advised and declined? *Yes*
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *Yes*
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? *Yes*

20. Do you recommend—  
 (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

*Repatriation*

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Signed by Lt. Procureur  
 Capt. R. A. M. G.*

Station *Hazely D. Camp*.....  
 Date *30-4-19*.....

Medical Officer in charge of case.

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

July 7, 1919

#5073 Pte. Duncan Andrews,

Pond Cove, B.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2753.

Yours truly

Captain  
Paymaster & O.i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5073 Rank \_\_\_\_\_

Name Andrews AO

Warned for demobilization on

**JUN 8 1919**

July 8, 1919

#5073 Pte. Duncan Andrews,  
Wesleyville, B.B.

Dear Sir:

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

Yours truly

Captain  
Paymaster & C. i. 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 dashes. 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.

- Christian name.. *Duncan* ..... 2. Surname.. *Andrews* .....
3. Rank.. *Private* ..... 4. Regtl. No. .... *5073* .....
5. Address in full to which future payments of gratuity are to be forwarded... *Wesleyville BB* .....
6. Date of enlistment in the Regiment.. *13<sup>th</sup> May 1915* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*Not applicable* .....
8. Relationship of such dependents... *Not applicable* .....
9. Address in full of such dependents... *Not applicable* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
11. Were you on active service only in Mfld, if so, give dates and particulars of such service... *Six months in France* .....
12. Give total length of time which you served on active service, whether in Mfld. or Overseas... *From May 13, 1915* .....



13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.  
*Only one*

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. *No*

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

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 amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *Not applicable*

19. Are you now serving in the Res.?  
*Yes* If not give - (a) date of discharge *Not applicable* (b) Reason for discharge *Not applicable*

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. *No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

his

Signature of Applicant:

Duncan ~~and~~ Andrew  
Wesleyville, BB

Place of Residence:

Declared before me at:

This *third* day of *June* 19*.19*....

Signature of Barrister of the  
Supreme Court, Stipendiary Magis-  
trate, Notary Public, Justice of the Peace,  
or Commissioner of affidavits.  
*(having been first read  
over & explained)*

POST DISCHARGE PAY.			Net amount due
Date paid	Paid	War Service Gratuity.	
	Soldier. Dependant.		
.....			
.....			
.....			
Certified correct.			Paymaster

RECEIVED  
BOARD

# The Royal Newfoundland Regiment

Class for Demobilization: *R*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

*1.6.19*

Regimental No. *5073*

Name .....

*Andrews Duncan*

Address .....

*Healeyville B. B.*

Present Medical Category .....

*A1*

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board {

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

*A. Paterson*  
Senior Medical Officer

*See [Signature]*  
M. O. Depot

2429 3011A  
The Royal Newfoundland Regiment

## DEMOLIBIZATION OF

Reg. No. 5075 Rank Pte Name Andrews D

Date of Enlistment 16-5-18 Address Pond Cove District Bonaville

Occupation Truckman Classification for Discharge A Medical Category A1

Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:-

N.F. P36	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	3
B 179	D 400B	Form L	/	do 3rd	" 4	/
B 179a	D 400C	Form K	/	do 4th	" 5	/
B 179b	D 403	ME 2	/		" 6	/
B 179c	B 120	M 93	/			/

Date 7-6-19 O. C. Discharge Depot.

## PARTICULARS FOR DEMOLIBIZATION

## 1. Civil Re-Establishment.

I am ..... in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date .....

## 2. Clothing.

Certified that Clothing Regulations have been complied with:-

(a) Clothing Allowance payable. \$ 60.00

(b) ~~Clothing~~ Supplied .....

Date 7-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1608.9648* to his home at *Dombore BB* and Release Certificate No. *2472* issued.

Date *9-6-19* ..... *J.A. Snowball*  
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 *7-7-19*

Date *9-6-19* ..... *H. W. Lewis*  
Depot Paymaster.

Discharge approved for *23-6-19* .....

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	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		

*2 Form B*

Date *9-6-19* ..... *J.A. Snowball*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date *JUN 23 1919* ..... *R.H. Sait Capt.*  
O. C. Discharge Depot.

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

## Civil Re-establishment Committee

I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

*To resume former occupation*

*Andrew D.*

Signature of Man.

Reg. No. *5073*

*J. A. Snow Capt.*

Signature of the Vocational Officer or his Representative.

Place *St. Johns.*

Date *JUN 9 1919*

191

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

## MEDICAL HISTORY

Surname AndrewsOF Christian Name Duncan

Table I.—GENERAL TABLE.

Birthplace:—Parish Port Cove St.County Wex

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	16 <sup>th</sup> day of May 1918	S. Johns	day of	191
Declared Age	24 years	— days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 10 $\frac{1}{2}$ inches		feet	inches
Weight	128 lbs.			lbs
Chest Measurement	Girth when fully expanded	34 inches		inches
	Range of Expansion	4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
		1/5 can		
When Vaccinated	17 <sup>th</sup> 2 <sup>nd</sup> 1910			
Vision	R. E.—V=	6/15	R. E.—V=	
	L. E.—V=	6/12	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Duncan</u>			
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at S. Johns		at	
	on 16 <sup>th</sup> day of May 1918		on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	The Corps 5073			
	Wex Regt			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				







## Casualty Form—Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pte Surname Andrews Christian Name P. D.

Religion Methodist Age on Enlistment 24 years — months

Enlisted (a) 16/5/18 Terms of Service (a) DURATION Service reckons from (a) 16/5/18

Date of promotion to present rank 17/11/18 Date of appointment to lance rank —

Extended — Re-engaged — Qualification (b) —

Occupation Fisherman or Corps Trade and Rate —

Signature of Officer W. D. ...

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		28 NOV 18	
		Joined Batt.		5 JAN 19	
		Arrived in UK		7/4/19	

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

(b) Signaller, Shooting-Smith, &amp;c.

(1791) Wt. W 1887—P 1134, L 000,000; 6/18, D &amp; S, Form B. 103. (R. 1250.)

P.T.O.

Next of kin:— Mother: So well Elizabeth Mrs:— Pond Cove; B. Res: 7 F. L. D.

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet OneForms  
B. 121.  
39.

Regiment of

Royal Newfoundland

Signature of O. C. Company

Capt Duke Hunt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
<u>5073</u>	<u>Andrew Duncanson</u>	Place and Date of Enlistment	<u>St Johns</u>	<u>Fisherman</u>	
Joined	Date	Period of	with Colours	Religion	
Joined	Date			<u>16.5.18</u>	
Joined	Date	with Reserve	years.	Place of Birth	
Joined	Date			<u>32</u>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
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Demobilized John's 7 19

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5073 Rank Pfc. Name A. Andrew D  
 Intended place of residence Ponds Cove Bonaville

2. Occupation Fisherman  
 Classification of soldier E Medical Category A<sup>2</sup>

3. The above named man is discharged in consequence of.....

### DEMOBILIZATION.

**Eligible for War Service Gratuity**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ..... St. John's ..... J. M. Russell

Date ST. JOHN'S JUN 9 1919 ..... for Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot Royal Newfoundland Regiment of all financial responsibility in my connection.

Place and Date ST. JOHN'S ..... James Andrew

JUN 9 1919

Signature of soldier

Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S ..... J. M. Russell

JUN 9 1919

Signature of soldier

Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 16-5-18 ..... No of days on Military  
 Discharged from service 23-6-19 plus 14 days ..... Service 418.....

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S ..... R.H. Sait Capt

JUN 23 1919

Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

Date .....

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's ..... J. M. Russell

Date July 7/1919 ..... J. M. Russell  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

2079/2753

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5073 Rank Plt Name Andrews, D.  
 Date of Enlistment 16-5-18 Address Pond Cove District Bonaville  
 Occupation Postman Classification for Discharge F Medical Category H1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 125	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 7-6-19 J. O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### i. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

D. Andrews  
Plt  
Postman

Particulars passed to Vocational Officer for information and action.

Date 7-6-19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:

- (a) Clothing Allowance payable \$60.00  
 (b) Clothing Supplied [Signature]

Date 9-6-19 O i/c. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1608.9648* his home at *Dombore B.B.* and Release Certificate No. *2472* issued.

Date *9-6-19* *J.A. Lambell*  
Demobilization Officer

A. 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 *7-1-19*

Date *9-6-19* *J.A. Lambell*  
Depot Paymaster.

Discharge approved for *23-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
F. 178	W 3494	B 122	Board 1st	" 2
F 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		

*Form B*

Date *9-6-19* *J.A. Lambell*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 23 1919* *R.H. Sait*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date *June 24/19* *Janebrack*  
for O.C. Records

Reg. No. *2073* Rank. *PL* Name *Andrews, A.*  
Attested ..... Address. *1000 Cove*  
Allotment..... Allottee ..  
Date of Allotment..... Returned from Overseas. *1.6.19.*  
Returned on S.S. *Crossman* Cause. *Discharge*

*7.6.19.*  
*23.6.19.*

PASSED TO DEMOBILIZATION OFFICER

REGULATIONS APPROVED ON DEMOBILIZATION



## 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 Office 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 *Andrews Duncan*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5073*

Intended address *Wesleyville D.B.*

Height on discharge *5 Feet 6*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *—*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Wesleyville 30-5-1894*

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) *Duncan & Andrews* *med* *AG* (Rank)

Station *ST. JOHN'S.* Date *5-6-19*

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.



Station

Date





CANADA

WAR VETERANS' ALLOWANCE BOARD

URGENT

IN YOUR REPLY REFER TO FILE NO.  
AND PLEASE QUOTE  
YOUR REGIMENTAL NUMBER

DALY BUILDING

OTTAWA, May 26th, 1950

Director of Records, (Army)  
Department of National Defence.

Re ANDREWS Duncan Regt. No. 5073  
(Surname) (Christian Names)

Veteran states he served in the following units: **Nfld. Regt.**

Dear Sir:

To enable the War Veterans' Allowance Board to determine the eligibility of the above named, will you kindly furnish the following particulars concerning his service during the Great War.

- |                                                                                                                                                               |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. Did the applicant serve in the C.E.F.                                                                                                                      | No                             |
| 2. If Permanent or Non-Permanent Active Militia Service, did any part of his service constitute service in the C.E.F. as under P.C. 1569 dated June 22, 1918. | N.A.                           |
| 3. Field of service in Great War.                                                                                                                             | FRANCE                         |
| 4. If in France, unit and period of service.                                                                                                                  | R. Nfld. Regt., 5 Mos.         |
| 5. Date and place of all enlistments.                                                                                                                         | 16 May 1918, St. John's, Nfld. |
| 6. Date of all discharges and reason.                                                                                                                         | 7 July 1919, Dembb.            |
| 7. Rank on discharge.                                                                                                                                         | Pte.                           |
| 8. Date and place of birth as per attestation paper.                                                                                                          | 24 Years                       |
| 9. Domestic status, and if married, name in full of wife.                                                                                                     | Single                         |
| 10. Military Service prior to Great War, (or prior to enlistment in C.E.F.)                                                                                   | Nil                            |
| 11. Has he received any special Medals or Decorations.                                                                                                        | Nil                            |

for H.M. Jackson

Director of Records

recovered

2102/PS 30-5-50