



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No 3659 Name John T. Ayers Corps C of E

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

1. What is your name? ..... 1. John T. Ayers
2. What is your full Address? ..... 2. Lamaline (Pointe-Croix)
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years 11 Months
5. What is your Trade or Calling? ..... 5. Judge
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. ....
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 ..... C of E
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, John T. Ayers 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.

John T. Ayers SIGNATURE OF RECRUIT.  
H. Edwards Signature of Witness.

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

I, John T. Ayers 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 entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 20 day of April 1915.  
Signature of Attesting Officer H. Edwards

### †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.....  
If enlisted by special authority, such will be attached to the original attestation.  
Date.....191..... }  
Place..... } 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).....





# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3659 Name John T Ayers Corps C of E

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

1. What is your name? ..... John T Ayers
2. What is your full Address? ..... Lanaline (Point) (New)
3. Are you a British Subject? ..... Yes
4. What is your age? ..... 21 Years ..... Months
5. What is your Trade or Calling? ..... Sergeant
6. Are you Married? ..... No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Are you willing to be enlisted for General Service? ..... 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

John T Ayers 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.

John T Ayers ..... SIGNATURE OF RECRUIT.  
H. Edwards ..... Signature of Witness.

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

John T Ayers 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 condition 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 entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at .....  
on this 20 day of April 1915.  
Signature of Attesting Officer W. Fraser

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

Date ..... 1915 }  
Place ..... } 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) .....



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

# MEDICAL HISTORY

OF

Surname *Ayers*

Christian Name *John*

Table I.—GENERAL TABLE.

Birthplace:—Parish *Lamaline*

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>20<sup>th</sup></i> day of <i>April</i> 1917 at <i>Hdqtr</i>		on _____ day of _____ 191____ at _____	
Declared Age	<i>21</i> years _____ days		_____ years _____ days	
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>8</i> inches		_____ feet _____ inches	
Weight	<i>148</i> lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded <i>40</i> inches		_____ inches	
	Range of Expansion <i>4</i> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V	<i>4/6</i>	R. E.—V	_____
	L. E.—V	<i>4/6</i>	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)	<i>Lamm Paterson</i>			
(Rank)	<i>major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at <i>St Johns</i> on <i>20<sup>th</sup></i> day of <i>April</i> 1917		at _____ on _____ day of _____ 191____	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>441<sup>st</sup> Regt</i>	<i>3659</i>		
Transferred to	<i>Royal Newfoundland</i>			
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature)				
(Rank)				



Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 <sup>rd</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	21	4	18	22	5	18	G. S. W. face L Subula: region	31	Wounded in France 18. 4. 18	G. C. Hall Capt Med
Bethnal Green Military Hospital, Cambridge Road,	19	10	18	14	1	19	S. S. W. back - angle of scapula	87	Wound healed Good function In dispersal. Rule "or" "or"	Richard Howard Capt. R.M.C.







The Royal Wld. Regiment

DEMOBILIZATION

No 3659 Rank

Name

Warned for demobilization on

JUN 5 1919

18524-P  
C.R. 3609

Extract from Casualties received from Pay & Record Office  
London, dated May 2nd, 1918.

#3659 Pte. J. Ayers.

Wounded April 13th, 1918.

18524-P

C.R. 365-9

extract from War Office List No. G 1732 dated 1. 11. 18.

#3659 Pte. J. Ayres.

WOUNDED 14. 10. 18.

BC.

18524-P  
C.R. 3659

**Extract from Casualties received from Pay & Record Office,  
London, dated April 29, 1918.**

#3659 Pte. J. Ayers.

Gunshot wound Lower Jaw.

**Admitted 3rd London Gen. Hosp. Wandsworth, April 21, 1918.**

C.R. 3659

Extract from War Office List No. H.A. 30366.

ADMITTED 32 STY. H. WIMBREUX 15 OCT. 1918.

#3659 Pte. J. <sup>Ayers</sup> Ayres.

S.W. BACK.

C.R. 3659

Extract from Daily Orders part II, Unit the R. Mld. Regt.  
dated ~~July 21st~~ July 21st. 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by O .190 D Records on 3-7-19.

#3659 Pte. J. Ayres.

C.R. 3659

Extract from Orders by Major G.T. Mathias, D.S.O. Commdg.  
1st Battn, Royal Nfld. Regt. 20-8-18.

The following joined the Battn. 19-8-18 and is posted to  
D. Company.

3659 Pte. A. Ayres.

C.R. 3659

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

Date June 7th, 1919

3659 Pte. John Ayres

Reported at Headquarters 1-6-19.

BR "Corsican"

which sailed Liverpool May 22/1919.



C.R. 3659

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. Depot St. John's, June 9th, 1919.

The discharge of the following on demobilisation has been  
APPROVED ~~HM~~ by O.C. Discharge Depot with effect from 19-6-19

3659 ( Pte. John Ayres.

C.R. 3659

Extract of Orders By Lt. COL. B.J. BARTON.D.S.O.,  
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT,

4/1/19.

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The following having reported back from the 1st Battalion  
is taken on the strength and posted to "H" Company from  
3/2/19.

#3659 Pte. J. Ayers.

C.R. 3659

Extract of Casualties from Pay Record Office London, dated Jan.  
14/1/19.

The u/m., ex Mil. Hospl. Bethnal Green, 14/1/19, is granted furlough  
to 23/1/19. | Duty

3659 PTE. J. Ayers.

A.Fs. W.3016 from Hospital.

C.R. 3659

Nov. 6th., 1918.

Mr. John Ayres,  
Point Crew,  
Lamaline.

Dear Sir:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 3659 Private John T. Ayres is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 3659

**Extract from Nominal Roll of sick and wounded  
from the France Expeditionary Force to the  
Military Hospital Bethnal Green 19/10/18.**

**3659 PTE. J. AYRES.**

AYERS

**G.S.W BACK.**

C.R. 3659

Extract of Memorial Roll. Royal Rifles, Regt. Embarked "Southampton"

9-3-18. Draft # 50 Hazley Down Camp. Winchester, to 1st, Bn

R.Nfld.R. EBB. F.

3659 Pte. Ayres, J.T.

C.R. 3659

Extract of Orders Part 11 by Lt. Col. R.A. Hornors, D.S.O., Commanding  
Smo. Bn. Royal Newfoundland Regiment, dated 8/6/18.

The following having reported back from the 1st. Battalion is posted to  
"H" Company:-

3659 Pte. Ayers

7/6/18.

C.R. 3659

EXTRACT OF CASUALTY RECEIVED FROM PAY & RECORD OFFICE

LONDON, DATED 23rd May, 1918

Discharged from 3rd Echelon General Hospital

22/5/18, granted furlough to 31/5/18      Fit for 1, Duty

3658, Pte. J. Ayers







30/18 O.K. A.O.G. M.P. Receipts 6.914  
Mary & 15/18



to Chief Master

Please pay Beater,  
the sum of one Pound.

to 365-9. R. J. Ayers.  
Royal Infirmary, Regt.  
18. Victoria Street, S.W.  
Infirmary, Contingent.



Approved  
S. C. Hall  
Capt  
[Signature]



No. 3659 Rank Pte Name Ayers J.

Pay	F.A.	Wkg	Total	N. No. 573
100	10		110	
Less Allotment			60	<i>Wgt</i>
Net Rate			50	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d				
						From	To			\$	¢			
Balance				-	Balance <i>10 levy</i>		15 <sup>3</sup> / <sub>8</sub>				1	14	5	
Acquittance Rolls		2	4	0	Pay @ Net Rate	16 <sup>7</sup> / <sub>8</sub>	22 <sup>5</sup> / <sub>8</sub>	96	50	48	00	9	17	3
Hospital Advances			3	6	<i>Ration Allow</i>							1	0	10
A.B. 64.			11	0	<i>10 days @ 1/1</i>									
P.&R.O. Payments			1	0										
<i>M.A. 264</i>			1	15										
<i>5-13-6</i> Cheque 8107	22 <sup>5</sup> / <sub>12</sub>	6	10	0	<del>6-19-50</del>									

*12-14-6*

*W.C.*  
*7/2/51*

P.K.F 2-0-0. N.R. 23/11/18

Nov. 18<sup>th</sup> 1918

Dear Sir

Would you kindly forward 2 lbs of credit money to John. Ayres.

no 3639

R. nfld Regiment.

Catharine Gladstone's  
convalescent home

19212 Mitcham

19212 26/11/18 Surrey.

Pay master :-

Royal nfld Regiment  
68 Victoria Street  
London.

Catharine Gladstone Auxiliary Hospital  
Mitcham.

S. M. Owen (Thomas) (Matron) P.P.A.

19212/1

Catherine Gladstones  
Auxiliary  
Mitcham,

25th November 8

3659 Pte

John Ayres

2:0:0

P.P.d.

TO, - The Chief Quartermaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
3659	Pte	Ayres	2-50	J. A

I have the honour to be, Sir,  
~~for the Committee,~~  
Your obedient servant.

Date 12-7-18

J. Ayres

Ayres, John

3659

Ray rept.



July 3, 1919

#3659 Pte. John Ayres,

Point Crew,

Lemaline.

Dear Sir:-

D

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 & Officer i/c Records.

530

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 *John* ..... 2. Surname *Ayles* .....

3. Rank *Pte* ..... 4. Regtl. No. *3659* .....

5. Address in full to which future payments of gratuity are to be forwarded, *Pout Creux, Lavallee* .....

6. Date of enlistment in the Regiment. *Apr. 25/17* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. ....  
*No*

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. If so, give dates and particulars of such service. ....  
*Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. ....  
*From Apr 25/17*

*to June 5/19* ..... 1.  $\frac{1}{2}$  .....

C.R. 3659

Extract from Casualties received from P.&.R. Office London,  
May 13th, 1918.

Association Visiting Committee reports condition of following  
man in Hospital:  
Progressing Favourably.

3659 Pte. John Ayers.

C.R.

3659

Extract from Code Telegram from Secretary of State  
Received May 11th, 1918. To Governor May 13, 1918.

Following from Reeve:-

The Visiting Committee of the Newfoundland Contingent  
Association reports the condition of the following man  
in hospital:-

#3659 Pte. John Ayers.

Progressing favourably.

C.R. 3657

May 8th, 1918.

Mr. William Ayers,  
Lamaline.

Dear Sir:-

With further reference to your wire dated 27th April and our letter of May 2nd, the Record Office, London has forwarded reply to our enquiry, as follows:-

"In answer to your telegram of April 30th  
"3659 Ayers progressing favourably."

Yours faithfully,

*C.G.B.* Lieut.,

For Chief Staff Officer

C.R. 3659

Extract from Telegram received from London, dated  
May 2nd, 1918.

3659 Ayers, Progressing. favourably.

C.R. 3659

May 1st, 18

Mr. William Ayers,  
Lansdowne.

Dear Sir:-

I am directed to reply to your wire dated 27th April concerning No.3659, Private John Ayers, and to inform you that a cable enquiry has been despatched to the Record Office, London. We are now awaiting reply which will immediately be notified to you upon receipt.

Yours faithfully,

Major, C.S.O.

C.R. 3659

Extract from Telegram despatched to Synoptical, London,  
dated April 30, 1918.

Please inform condition of 3659 Ayre.



C.R. 3659

NEWFOUNDLAND POSTAL TELEGRAPHS.



CABLE CONNECTION WITH ALL PARTS OF THE WORLD

ANSWERED  
MAY 2 1918

Line No. 1 Sent by J.D. Rec'd by J.D. Check ✓

Place from Amaliner?

To Minister of Militia

POSTAL TELEGRAM  
APR 27 1918  
KINGSTON

Please advise how  
C.R. 3659 John G. Ayres  
is progressing Wandsworth  
emissions

Wm Ayres

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

CR 3659

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated April 23rd, 1918

To Mr. John Ayres, Point Crew, Lamaline.

Regret to inform you that Record Office, London, officially reports **No. 3659, Private John T. Ayres at Wandsworth G.S.W. Jaw.**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

**J.R. Bennett**

Acting Minister of Militia.

**FOR TYPEWRITER**

C.R. 3659

Extract from Nominal Roll, Draft No. 56, 200 Other Ranks  
from 2nd., (Reserve,) Battrn. Royal Newfoundland Regiment,  
and proceeded to join the 1st., Battrn, Royal Newfoundland  
Regiment. B. E. F., Embarked Southampton 4/2/18.

3659 Pte. J. T. Ayres.

BC.

C.R. 3659

Extract from Nominal Roll Embarked St. John's for Overseas,  
per S.S. "Florixel" Aug. 4, 1917

3659 Pte. J. Ayres.

3659

C.R.

Extract from Daily Orders Part II Unit The Royal WFLD.  
Regt. St. John's, Apl. 20th, 1917.

3659 Pte. J. Ayers.

Attached to the Strength from April 20th, 1917.



J. Ayers.

C.R. 3659

*[Handwritten signature]*

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), 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 N. F. L. B.* 7. Former Trade or Occupation }  
 2. Regtl. No. *3629* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Ayres* *John* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday .....  
 6. Posted for duty on *20 April* at *St. John's* .....  
 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  
 (b) Where (if any)  
 (c) Opinion of Court

NOTE.—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. *9. 5. 11 Scapular Region*  
 12. Place of origin of disability. *Oct 1915 Upper*  
 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. *1st Wound submaxillary region left side & back no bone injury caused. 2nd Right Scapular region scar healed. Discharged hospital functions good*



14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | yes                 |                   |
| (ii.) Previous active service.. .. .                               | no                  |                   |
| (iii.) Climate in pre-war service .. .. .                          | na                  |                   |
| (iv.) Ordinary military service before the war .. .. .             | na                  |                   |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | na                  |                   |

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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 ?

*Loss left sub maxillary region*  
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.) *healed no disability*

*Scars on back and over spine scapular other anfovers angle both healthy freely movable over unchry lying tissues no wasting muscles function shoulder joint good operation performed removal of F.B.*

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

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

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 ?

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 ?

(b) Change to United Kingdom ?

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

*Demobilization*

Station *Hazley Dismant*

Date *22/5/45*

*W. H. C. P. Rame*

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

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

*No*

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?

16. Have you, during the present war, served in the Imperial Forces?

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?

19. Are you now serving in the Regt.? If not give - (a) Date of discharge. (b) Reason for discharge.

*June 5/19*

*Demobilization*

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.

*France & Belgium - From Feb. 1918 to Oct. 1918*

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.

Signature of Applicant: *John Ayers*  
 Place of Residence: *Pontereve, Lamaline*  
 Declared before me at: *St. John's, Wfld*  
 This *5<sup>th</sup>* day of *June* 19*19*...

*John W. Carthy*  
*J.P.*

Signature of Barrister of the  
 Supreme Court, Stipendiary Magis-  
 trate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.				Not amount
Date paid	Paid	Paid	War Service	due
	Soldier.	Dependent.	Gratuity.	
.....	.....	.....	<i>James</i>	<i>350 00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	<i>W</i>

July 3, 1919

#3559 Pte. John Pres,

Lamaline, Burin

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2279.

Yours truly

Capt.  
Raymaster c/o O. I/c records.

# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

Regimental No. 3659.....

Name ..... Angus ..... Jahan .....

Address .....

Present Medical Category ..... A-1 .....

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

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

Members of Board {

..... R.H. Lait ..... Capt. ....  
O.C. Discharge Depot.

..... Pateron .....  
Senior Medical Officer

..... Geo. Borden .....  
M.O. Depot



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.1461 to his home  
 at Lemeline, Burn and Release Certificate No. 2279 issued.

Date 5-6-19

[Signature]  
 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 5-7-19

Date 5-6-19

[Signature]  
 Depot Paymaster.

Discharge approved for 19-6-19

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.		

Date 5-6-19

[Signature]  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 19 1919

[Signature]  
 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

Signature of Man.

*W. H. Lester*

Signature of the Vocational Officer or his Representative.

Reg. No. *4290*

Place

*at Johns-*

Date

*5-6-19*

*1919*







Army Form B. 103.

Regimental Number *15524-7*  
*3659*

**Casualty Form—Active Service.**

Regiment or Corps *Royal Newfoundland*

Rank *Pte* Surname *Ayers* Christian Name *John*

Religion *C of S* Age on Enlistment *21* years *—* months

Enlisted (a) *21-4-17* Terms of Service (a) *Duration* Service reckons from (a) *21-4-17*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and Rate .....

Occupation *Tradesman* Signature of Officer *T. E. Draper*



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36 or other official documents.
Date	From whom received				
		Embarked ...	<i>3 FEB 1918</i>		
		Disembarked... <i>Journal Battalion</i>	<i>6 FEB 1918</i>		
		<b>Wounded in Action</b>			
	<i>64 CCS</i>	<i>to surface</i>		<i>13/4/18</i>	<i>B13 1/4/18</i>
	<i>2 Aug 18</i>	<i>to surface</i>		<i>18/4/18</i>	<i>ED 409 18/4/18</i>
<i>21.4.18</i>	<i>—</i>	Transferred to England <i>for Peter de</i>	<i>Winnipeg</i>	<i>19.4.18</i>	<i>142 22568</i>
		<i>(to surface)</i>	<i>London</i>	<i>21.4.18</i>	<i>W 3083</i>
	<i>8.5.18</i>			<i>17 Filgate</i>	
				<i>G. 1/6 No. 1</i>	<b>MAJOR</b> <i>for Lt Col</i> Infantry Section <b>R.M.S. 3rd Echelon</b>

(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 entered.  
(b) Signaller, Shoosmith, &c. W. 21614—M1188 1000m 1/17 (2727) S P & Co, Ltd. Forms B.103/4 E.154. (P.T.O.)

Army Form B. 103.

Regimental Number **3659**

**Casualty Form—Active Service.**

Regiment or Corps *Royal Newfoundland*

Rank *Plt* Surname *Ayers* Christian Name *John*

Religion *C of E* Age on Enlistment *21* years *—* months

Enlisted (a) *21-4-17* Terms of Service (a) *Duration* Service reckons from (a) *21-4-17*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....

Occupation *Fisherman* or Corps Trade and Rate *T. E. P. Captain* Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked	3 FEB 1918		
		Disembarked	6 FEB 1918		
		<b>Wounded in Action</b>			
	<i>64 CCS</i>	<i>Ad surface</i>		<i>13/4/18</i>	<i>B 13 11/4/18</i>
	<i>2 Aug 18</i>	<i>sw face</i>		<i>18/4/18</i>	<i>CD 409 18/4/18</i>
<i>21-4-18</i>	—	Transferred to England per Peter de	<i>Winnemur</i>	<i>19-4-18</i>	<i>112 22 258</i>
		<i>(sw face)</i>	<i>Coninck</i>	<i>21-4-18</i>	<i>W 3083</i>
	<i>8.5.18.</i>				



*John Ayers*

*W. J. Filgate*  
MAJOR  
for Lt-Col  
Infantry Section  
G.M.C. 3rd Echelon

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



23659

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2659 Rank Pte Name Ayers John  
 Date of Enlistment 20-4-17 Address Lamaline District Burin  
 Occupation Gasman Classification for Discharge E Medical Category A.I.  
 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.....
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.....		

Date 4-6-19

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

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

*[Signature]* J Ayers

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 new cap

Date 5-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. TR. 1461 to his home at Lamline, Burma and Release Certificate No. 2379 issued.

Date 5-6-19

*[Signature]*  
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 3-7-19

Date 5-6-19

*[Signature]*  
Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
F 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		

Date 5-6-19

*[Signature]*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—  
Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 19 1919

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

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

Date June 17 19

*[Signature]*  
*[Signature]*

Reg. No. 3659 Rank Pt Name Ayers, J.T.  
Attested ..... Address Pt. Crew, Lanaline  
Allotment..... Allottee .....  
Date of Allotment..... Returned from Overseas 29-5-19  
Returned on S.S. Corsican Cause Discharge

5.6.19 Rec. Dis. from the Army.

4-6-19  
19-6-19

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE 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 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 *John Ayers*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3659*

Intended address *Pont Croix, L'Anoline*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks *Scar on Back*

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Emily*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *L'Anoline, 9th June, 1897*

Nature and locality of civil employment required *—*

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

*John Ayers*

*Pt.*  
(Rank)

Station

**ST. JOHN'S.**

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.



Station

Date

Demobilization Form 2.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 36579 Rank Pvt Name Ayers, John  
 Intended place of residence Lamaline Burns

2. Occupation Fisherman  
 Classification of soldier E Medical Category A1

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 ..... H. M. S. Leut.  
 Date JUN 5 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 .....  
JUN 5 1919 .....  
J. Ayers .....  
 Signature of soldier  
J. D. Snow Capt. .....  
 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 .....  
5-6-19 .....  
Ayers J. .....  
 Signature of soldier  
John O. O'Rourke .....  
 Signature of witness Dr.

### STATEMENT OF SERVICE

7. Enlisted for service 20-4-17 ..... No of days on Military  
 Discharged from service 19-6-19 plus 14 days ..... Service 803

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S ..... R. H. Leut. Capt.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date JUN 10 1919 .....

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's Nfd. ..... M. Bowley Capt.  
 Date July 3/1919 .....  
 Officer i/c Records  
 The Royal Newfoundland Regiment

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), 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 Artillery*
- 2. Regtl. No. *3659* 3. Rank... *Pvt*
- 4. Name... *Agnes John*  
(Surname) (Christian Names)
- 5. Age last birthday... *23*
- 6. Posted for duty on... *20 July 1917* at...  
in category (or grade).....
- 7. Former Trade or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.
- 8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Date of Discharge ;  
(b) Where (c) Cause of Discharge.  
(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 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. *Oct 1918*

12. Place of origin of disability. *Ypres*

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.

*Y.S.W Scapular Region, 1st wound sub maxillary region left side. flesh no bone injury cured & wound right Scapular region scars healed discharged hospital functioning good*

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

- 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?

In all cases such as facial injuries, eye, ear, nose, and throat, disabilities, &c., 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.)

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

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

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?

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? (b) Change to United Kingdom?

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

Immobilization

White C. P. Rhone

Medical Officer in charge of case.

Station: ...

Date: 22/3/19

\* 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

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. (b) The present condition thereof.

22. State whether the disabilities are:—

- (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 part of the soldier Give details:

(a) Attributable to (b) Aggravated by

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last? (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

