

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3246 Name John Candow Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name?
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 Majesty's Forces, naval or military, if so,* which?
8. Are you willing to be vaccinated or re-vaccinated?
9. Are you willing to be enlisted for General Service?
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 1. <u>John Candow</u>
2. <u>St. John's, Newfoundland</u>
3. <u>Yes</u>
4. <u>20</u> Years <u>9</u> Months
5. <u>Fireman</u>
6. <u>no</u>
7. <u>no</u>
8. <u>yes</u>
9. <u>yes</u>
10. { Name
{ Corps
11. { Name
{ Corps |
|--|---|

I, John Candow, 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.

8 Nov. 15/16 John Candow SIGNATURE OF RECRUIT.
Carole Knight Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Candow, 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 at St. John's on this 15th day of November 1915.

Signature of Attesting Officer Carole Knight

† 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 2nd Company.

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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Cardow
 Apparent age 26 years 9 months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin David Cardow
Manchester Relationship Father
 Particulars as to Marriage

(a) Christian and Surname of Woman so when 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 Depot	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 D. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pensions " " " " " " " " " " " "									

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

Meth

No. 3246 Name John Candow Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|---|---|
| <p>1. What is your name?</p> <p>2. What is your full Address?</p> <p>3. Are you a British Subject?</p> <p>4. What is your age?</p> <p>5. What is your Trade or Calling?</p> <p>6. Are you Married?</p> <p>7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which?</p> <p>8. Are you willing to be vaccinated or re-vaccinated?</p> <p>9. Are you willing to be enlisted for General Service?</p> <p>10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?</p> <p>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?</p> | <p>1. <u>John Candow</u></p> <p>2. <u>New Government St. John's</u></p> <p>3. <u>yes</u></p> <p>4. <u>20</u> Years <u>9</u> Months</p> <p>5. <u>Fireman</u></p> <p>6. <u>no</u></p> <p>7. <u>no</u></p> <p>8. <u>yes</u></p> <p>9. <u>yes</u></p> <p>10. { Name
Corps</p> <p>11. II. <u>yes</u></p> |
|---|---|

I, John Candow 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.

8. Nov. 15/16 John Candow SIGNATURE OF RECRUIT.
James Edgington Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Candow 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 15th day of November 1916

John Edgington
Signature of Attesting Officer

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 that.....

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

Date.....1916

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 immediately endorsed in red ink, as follows:—(Form).....re-enlisted in the (Regiment).....on the (Date).....



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

Examination of John Bando
aged 30 years 9 months conducted at C. F. B.
Date: Nov 14th / 16 Recruiting Officer:

NO OF TEST FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no NO
- 10 "
- 11 "
- 12 "
- 13 "
- 14 Joint enlarged. ~~the~~ opened on.
- 15 "
- 16 "
- 17 "
- 18 "
- 19 Engl. $\frac{1}{2}$ in eye.
- 20 "
- 21 "
- 22 "
- 23 "
- 24 "
- 25 "
- 26 "
- 27 "
- 28 "
- 29 "
- 30 "
- 31 "
- 32 "

~~3246~~

NO

yes 10 cm left arm 10 years ago
5 ft 6 in
136 lbs
35-37
240 per year
father Mr David Bando New South
yes Aunt Mrs Jessie Bando St City

Signature of Medical Examiner: [Signature]

To Officer Commanding.

Cas Co 6 - 10th Bn.

(B178A)

Infantry Coy.

Herewith completed Medical History sheet
of No. 3246, Private Lindow, John

who was discharged from Hospital

19-7-17 to details
Coy.

Kindly acknowledge receipt hereon.

J. A. Spangler

Lt.-COL., A.M.C., C.M.P.

H.Q. 1/c Military Hospital.

Halifax, N.S.

2-2-18.

District Officer Commanding
St Johns Hfd.

Passed to you, this man was sent forward to
Newfoundland on July 28th 1917. per S.S. Florisel.

W. H. H. H. H.
.....
O. i/c Casualty Unit, M. D. 6

CASUALTY UNIT, M.D. No. 6
WELLINGTON BARRACKS

FEB 4 1918

No. 2-7-9

HALIFAX, N.S.

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

MEDICAL HISTORY

Surname Landers OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 14 day of Nov 1916 at St. John's		on _____ day of _____ 191	at _____
Declared Age	20 years 9 days		_____ years _____ days	_____ years _____ days
Trade or Occupation	fireman		_____	_____
Height	5 feet 5 1/2 inches		_____ feet _____ inches	_____ feet _____ inches
Weight	136 lbs.		_____ lbs.	_____ lbs.
Chest Measurement	Grith when fully expanded ... 39 inches		_____ inches	_____ inches
	Range of Expansion ... 6 inches		_____ inches	_____ inches
Physical Development	_____		_____	_____
Vaccination Marks	/		10001	_____
	Number ...		_____	_____
When Vaccinated	10 years ago		_____	_____
Vision	R.E.—V= 5/9 L.E.—V= 6/20		R.E.—V=	L.E.—V=
	(a)		(a)	_____
(a) Marks indicating congenital peculiarities or previous disease	_____		_____	_____
(b) Slight defects but not sufficient to cause rejection	_____		(b)	_____
Approved by (Signature)	Edmund Paterson		_____	_____
(Rank)	Major		_____	_____
Enlisted	at St. John's		at _____	_____
	on 15 day of Nov 1916		on _____ day of _____ 191	_____
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	5th Regt.	5th	_____	_____
Transferred to	_____		_____	_____
Became non-effective by	_____		_____	_____
(Signature)	on _____ day of _____ 191		on _____ day of _____ 191	_____
(Rank)	_____		_____	_____

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

MEDICAL HISTORY

Surname Lauder OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.				
	on	day of	191	191			
Examined	on	14	day of	Nov	191	at	at
Declared Age		20	years	9	days		
Trade or Occupation		fireman					
Height		5	feet	5 1/2	inches		
Weight			136	lbs.			
Chest Measurement	Grith when fully expanded		39	inches			
		Range of Expansion		6	inches		
Physical Development							
Vaccination Marks	Right						
	Left		10001				
When Vaccinated		10 years ago					
Vision	R.E.—V	5/9				R.E.—V	
	L.E.—V	6/20				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)		L. M. Paterson					
(Rank)		Major					
Enlisted	at	St. John's					
	on	16	day of	Nov	191	6	
Joined on Enlistment		5/10	Regt. No.	5266			
Transferred to							
Became non-effective by							
(Signature)							
(Rank)							

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

MEDICAL HISTORY

Surname Laudon OF Christian Name Jean

Table I.—GENERAL TABLE

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 14 day of Nov 1916 at St. Jouis, La.		on _____ day of _____ 191	at _____
Declared Age	20 years 9 days		_____ years _____ days	_____
Trade or Occupation	fireman		_____	_____
Height	5' feet 5 1/2 inches		_____ feet _____ inches	_____
Weight	136 lbs.		_____ lbs.	_____
Chest Measurement {	Grith when fully expanded ... 39 inches		_____ inches	_____
	Range of Expansion .. 6 inches		_____ inches	_____
Physical Development....	_____		_____	_____
Vaccination Marks {	Arm	_____	_____	_____
	Number	10001	_____	_____
When Vaccinated	10 years ago		_____	_____
Vision	R.E.—V=	6/9	R.E.—V=	_____
	L.E.—V=	6/20	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>Amunt Paton</u>		_____	_____
(Rank)	Major		_____	_____
Enlisted	at <u>St. Jouis, La.</u>		at _____	_____
Joined on Enlistment....	on 15 day of Nov. 1916		on _____ day of _____ 191	_____
	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to ..	<u>5/10/16</u>		_____	_____
Became non-effective by	_____		_____	_____
(Signature)	_____		_____	_____
(Rank)	_____		_____	_____

* 3246

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				
St John's, Nfld. 14-11-16										
Military Hospital Halifax, N.S.	29	3	17	19	7	17	nephritis	114	Much Improved. 28/6/17. Cystoscopic exam., nothing remarkable.	Wicks Details Coy. Blaney Captain, R.M.C.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Loss of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
29-11-16	Vaccination <i>SP</i>
21-11-16	} <u>TAB</u> <i>SP</i> } <u>3</u> <i>SP</i>
25-11-16	
15-12-16	

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<i>S.S. Florizel</i> <i>Windsor MS</i>	<i>May 31</i>	<i>June 3/17</i>			

Trachyleuonites
is rather long period
for this core well
An examination

W.D.P.

1917. Statement of Pay @ 1¹⁰ per day. ^{23 months} ^{31st} Newfoundland Regt.

No	Name	From	To	Credit Balance for previous paymnts.	Total Credits	Allotment	Withd'n	Stoppage	Payt.	#			
		Apr 20	- 33.00	13.50	46.50	15.00	o	o	o	\$ 21.50			
3246	J. Landow	Apr 20	- 33.00	9.50	42.50	15.00	o	o	o	\$ 27.50			
3157	R. Heffernan	"	- 33.00	o	33.00	18.00	o	o	o	15.00			
3178	C. Moore	"	- 33.00	o	33.00	18.00	o	o	o	15.00			
<hr/>						99.00	23.00	122.00	48.00	o	o	o	74.00

These men have been paid the following amts. while in Hospital.
Halifax. Vouchers are enclosed for \$32⁰⁰/₁₀₀. Previous vouchers have been sent.

✓ J. Landow \$ 12⁰⁰/₁₀₀
 ✓ R. Heffernan \$ 13⁰⁰/₁₀₀
 ✓ C. Moore \$ 10⁰⁰/₁₀₀
\$ 35⁰⁰/₁₀₀

H. H. Moore Capt.

A. A. Adams, Secy. MS
 O. C. 31st Newfoundland Regt.,
 Camp Seaboard.

(Station)

Halifax N.S.

(Date)

May 2nd 1917

RECEIVED of

Capt. H. A. Lewis

the sum of

Ten Dollars

in respect of

Ray

\$ 10⁰⁰ / 100 :

H. A. Lewis

* Insert the designation of the officer making the payment.

93

(Station) Halifax N.S.

(Date) May 25 1917

RECEIVED of Capt. A.A. Ross

the sum of Ten Dollars

in respect of Pay

\$ 10 ⁰⁰ / 100 : R. X.fferman

* Insert the designation of the Officer making the payment.

(Station)

Halifax N.S.

(Date)

May 25th 1917

RECEIVED of*

Capt. H. H. Ross

the sum of

Two Dollars

in respect of

Pay

\$ 2⁰⁰/₁₀₀

: R. Nefferman

* Insert the designation of the Officer making the payment.

(Station)

Aslipex 78

(Date)

May 25 1917

RECEIVED of

Cap. A. A. Ross

the sum of

Ten Dollars

in respect of

Ray

£ 10/100

: Charles Moore

* Insert the designation of the Officer making the payment.

Pm 420
Coandaw John

Pm @ \$12.50 Gms 1-1-21 to 1-5-21

50.42

NEWFOUNDLAND.
REPORT OF MEDICAL BOARD
ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS

Station **ST. JOHN'S NFLD.** Date **AUGUST 3rd., 1917.**
No. **3246** Age **21** Height
Rank **PRIVATE** Complexion **FAIR**
Name **CANDON JOHN** Eyes **BROWN** Hair **LIGHT BROWN**
Unit **1ST NEWFOUNDLAND**
Address **14 MONROE STREET** Former Trade **FARMER**
Enlisted at **ST. JOHN'S NFLD.** on **NOVEMBER 15th., 1916.**
Disease or disability **PYELONEPHRITIS**
Present condition

*See report of Home Medical Board.
Albumenuria still present.*

Estimated disability *Total*

Recommendation of Medical Board
Admission to Hospital

Class

Members of Board
*H. G. [unclear]
L. [unclear]*

Approving Medical Officer. *[Signature]*
Clay Macpherson, Major



NEWFOUNDLAND.
REPORT OF MEDICAL BOARD
ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS

Station ST. JOHN'S NFLD. Date SEPTEMBER 29th., 1917.
 No. 3246 Age 21 Height
 Rank PRIVATE Complexion FAIR
 Name CANDOW, JOHN Eyes BROWN Hair LIGHT BROWN
 Unit 1st NEWFOUNDLAND
 Address 14 MONROE STREET Former Trade FARMER
 Enlisted at ST. JOHN'S NFLD. on NOVEMBER 15th., 1916
 Disease or disability PYELONEPHRITIS

Present condition *Albumen still present. No symptoms of failing health.*

Estimated disability

Recommendation of Medical Board

Admission to Convalescent Home

Class



Members of Board

*H. A. ...
 J. ...
 C. Macpherson, Major*

Approving Medical Officer.

C. Macpherson, Major

MEDICAL HISTORY OF AN INVALID.

1. Station. **Halifax, N.S.** 8. General remarks on his:—
2. Regiment or Corps. **1st N.F.'s Reg.** (a) Conduct.
3. Regimental No. and Rank. **3246 Pte.** (b) Habits. **Conduct sheets**
4. Name. **Camow, Jno.** (c) Temperance. **not available**
5. Age last Birthday. **31** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on **15 Nov 1916**
- at **St. John's N.F.'s.**
7. Former trade or occupation. **Farmer** Date. **30-8-17.**

9. Service.	Years.	Days.	
		PERIODS	
		FROM	TO
1st. Newfoundland Regiment.	15 Nov 1916		

10. (a) Disease or disability. **Pylonephritis**
- (b) Date of origin. **3-3-17.**
- (c) Place of origin. **Windsor, N.S.**
- (d) Cause. **-?-**



11. Present condition. (Most Important.) **Very well nourished, fair colour, occasional complaint of mild pain in right lumbar region. No other symptoms at present. Heart slightly enlarged, aorta secondly accentuated. B.P. 145/95. Urinalysis: Rt. kidney, pale normal neutral. Trace alb. No sugar. No deposit. Sed. pus, occasional red cell, epithelium. Lt. kidney, pale, normal, acid albumen present. No sugar, No deposit, pus cells, red cells, epithelial cells, granular matter. Bladder and ureteral orifices etc. normal.**
- (To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

12. (a) Is the disability the result of service or climate? **Yes**
- (b) Has it been aggravated by intemperance, vice or misconduct? **No**

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Scar on inner side right forearm.

- (b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held? **Not applicable**

- (c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. **Not exceptional**

14. Treatment. **Salines, Hexamina, Mist. Bismuths, Bed, Milk.**

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? **Not applicable**

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? **Indefinite**

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated. **1/3 at present.**

18. State if for discharge on account of unfitness for Service. **Yes. Category #2.**

M. M. M. M.
Medical Officer by whom the case is brought forward.
Captain

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. YES
11. YES
12. YES
15. YES
16. YES
17. YES
18. Is he unfit for Military Service. YES

Recommendations: The Board recommends that No. 3846 Pte Jno Candow be placed in Category 'E' & discharged the service as medically unfit and pass under his own control.

Mailing address:- No. 14 Munroe St.
St. John's, N'f'ld.

Signatures :-

McCahan President.
H. W. Schwartz
James Members.

Station. Halifax, N.S.

Date. 1/7/17.

Date. 3-7-17

Approved.

Date.

W. E. Macdonald Capt
Asst. Director of Medical Services.

Director-General of Medical Services.

C.R. 3246

Extract of Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, Headquarters.
dated March 11, 1918.

#3246 Pte. J. Candow.

Having been found medically unfit is struck off the
strength with effect from 8/5/18.

C.R. 3246

Extract from list of men of the Royal Newfoundland Regiment
discharged on various dates.

3246 Pte. J. Candpw,

Discharged 8 - 3 - 18, Medically unfit

G.

30th March, 1917.

Dear Sir,

I regret to inform you that a report has this day been received, which states that No. 3246, Private John Candow, is Seriously Ill of Inflammation of Kidneys, at Windsor, N. S.

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

Yours faithfully,

Colonial Secretary.

Mr. David Candow,
Monroe Street.

CR 3246

The Honourable

The Colonial Secretary.

For necessary action.

30 March 1917.

Governor.

No. 1023.

Telegram from Major Montgomerie,

(recd. 30 March 1917)

3246 Sendow seriously ill hepatitis

Montgomerie.

CR. 3246

Extract from Daily Orders Part 11 Unit The Royal
Rifles, Regt., St. John's, Nov. 16/16.

3246 Pte. J. Candow.

Attested and attached to the strength from.

15-11-16.

Sept 14 3246
February 25th. 8.

From Officer Commanding,
Depot.

To Paymaster and Officer i/c Records,
Dept. of Militia.

3246 Pte. J. Candow.

3595 Pte. T. Woods.

Marginally noted men were recommended for discharge as permanently unfit by Medical Board held on February 22nd, 1918. I am sending him herewith for your attention and necessary action, please.

Their accounts have been squared up to and including February 25th, 1918.

Candow has an allotment of Fifty (50¢) per day and Woods Sixty cents per day.



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

3246

ST. JOHN'S, NEWFOUNDLAND.

February 23rd., 1918.

From:- The Director of Medical Services.
To:- O. C. Depot.

3246, Pte. Candow, John

The marginally noted man has been recommended for discharge from the Naval & Military Convalescent Hospital and has been ordered to report to you Monday, February 25th., for further orders.

Cluny Macpherson

Major, D. M. S.

March 8th. 1918.

The O. C.

Royal Newfoundland Regiment.

Headquarters.

Sir,-

The undermentioned men have been discharged
on the dates given.

Kindly note an post in Daily Orders,
Part 11.

I have the honour to be,

Sir

Your obedient Servant,

Signed. J. M. Hewley,

Capt. & Paymaster &

Officer i/c Records.

JMH/JH.

No. 384 L/Cpl. Cleary, W.R.	Mar. 8th. 1918 Med. Unfit.
No. 1821 L/Cpl. Newell, R.L.	Mar. 8th. 1918. Med Unfit.
No. 239 Pte. Clarke, S.	Mar. 8th. 1918 Med. Unfit.
No. 704 Pte. O'Neil, J.J.	Mar. 8th. 1918 Med. Unfit.
No. 3246 Pte. Candow, J.	Mar. 8th. 1918. Med. Unfit.
No. 3395 Pte. Woods, T.	Mar. 8th. 1918. Med. Unfit.

Reg. No. 3246 Rank Pvt Name Caudon J.

Attested _____ Address _____

Allotment 1st Lt Allottee _____

Date of Allotment _____ Returned from Overseas Feb - 26 - 17

Embarked for Overseas _____ Cause Wounded
Wounded from hand

3-8-17	Admitted General Hospital.
Oct 12-17	Rec'd adm to 700m. Genl Hosp
29-9-17	Rec. " "
22-2-18	Dec. Dis. N. M. C. H & Service P. Dept
7-3-18	Discharged

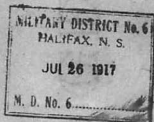
MILITIA AND DEFENCE

In reply please quote

N6D.59-C-679


Halifax, N.S. July 26th. 1917.

From: D.A.A. & Q.M.G.
Military District No.6.
To: Senior Medical Officer,
St. Johns, Newfoundland.



Pte. J. Candow

Attached please find Medical Board on the case of the marginally noted man of the 1st. Newfoundland Regiment. This man is being returned to Newfoundland per S.S. "Florizel" on or about the 28th inst. This man has been sent in charge of Lieut. Ledingham, 25th Overseas Battalion, C.E.F. who is also returning on leave.


Captain,
for D.A.A. & Q.M.G. Military District No.6



1ST NEWFOUNDLAND REGIMENT

P. O. BOX NO 1242

TELEPHONE NO. 381

CABLES AND TELEGRAMS TO
"PAYDEPT."
ST. JOHN'S, NEWFOUNDLAND

ALL COMMUNICATIONS TO BE
ADDRESSED TO THE
PAYMASTER

PAY DEPARTMENT

ST. JOHN'S, NEWFOUNDLAND.

August 2nd. 1917. 191

Officer Commanding,
Headquarters.

Dear Sir:-

Re 3246 Private J. Candow.

This man has been paid up to and including
the 31st. of July, and has an allotment current of
50¢ per day.

Yours truly,

Lieut.
Deputy Paymaster.

J. Landow

C.R. 3246

~~AKRO~~

No. 3227



3 1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Candow, Regt. No. 3246

hereby agree, until further notification by me, and in similar official form to make an Allotment of 45 Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz :

Allotment begins January 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3192	Brother	Mr. Francis Candow	14 Monroe Street St John's Nfld	50 ^c
			Total Allotment, \$	

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

(Sig.) _____
 Officer Commanding _____
 Company _____
St John's
3rd Jan'y 1917

3246
 (Sig.) John Candow
 (Rank) Pte

Candow, J

3246

Jay seph

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No.	3246	Army Rank	Private
Name	John Bandow		
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)			
Corps	The Royal Newfoundland Regiment		
Battalion, Battery, Company, Depot, &c. (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be stated.)			
Date of discharge	March 8 th 1918		
Place of discharge	St. John's, Nfld.		
1.	Description at the time of discharge.		
Age	22	years	2 months
Height	5	feet	5 1/2 inches
Chest measurement	girth when fully expanded		ins.
	range of expansion		ins.
Complexion	fair		
Eyes	brown		
Hair	light brown		
Trade	fireman		
Intended place of residence (To be given as fully as practicable)	14 Monrope St. St. John's, Nfld.		
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)			
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>			
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)			
To be filled in on the soldier quitting the Colour.	3. Military character:—		
	4. Character awarded in accordance with King's Regulations:—		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2667* and that Army Form B. 468 was awarded in this case.			
			Initials of Commanding Officer.

Army Form B. 2658 has been issued to*

* Strike out if not applicable.

[OVER]

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Batta. _____ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) John's Field Josh. Land (Signature of Soldier.)

(Date) March 8th 1918 Co. Locke S.S.M. (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____ Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No Reservations!

Jack Sanders

C. L. Oke SSM

No 3227



3 1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Mr Candow, Regl. No. 3246
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 46 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons
 concerned, viz:

Allotment begins Jan 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3192	Brother	Mr Francis Candow	14 Monroe Street St John's Nfld	50
Total Allotment, \$				

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.) _____

Officer Commanding
Company

St John's
3rd Jan 1917

(Sig.)

(Rank)

3246
3246
John Candow
Pte



3 1st. NEWFOUNDLAND REGIMENT 16

ALLOTMENTS

I, Jean Baudouin, Regt. No. 3246

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins 1st Dec 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3167</u>	<u>wife</u>	<u>Mrs Jean Baudouin</u>	<u>St Johns</u>	<u>50</u>
<p><i>Cancelled</i> <i>Jan 27/1917</i> <i>New allotment</i> <i>Form K 3227</i></p>				
Total Allotment, \$				

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.) Charles R. Ayre Capt.
Officer Commanding
Company

(Sig.) J. Baudouin
(Rank) Private

St Johns
Nov 27 1916

August 2nd. 1917.

Officer Commanding,
Headquarters.

Dear Sir:-

Re 3106 Private J. Candow.

This man has been paid up to and including
the 31st. of July, and has an allotment current of
50¢ per day.

Yours truly,

Lieut.
Deputy Paymaster.

No 3849



3 1ST. NEWFOUNDLAND REGIMENT 16.

ALLOTMENTS

I, John Gaudois., Regl. No. 3246.
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and 50 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz. :
Allotment begins Dec 1/16

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3167	aunt.	Mrs Gaudois Gaudois	Newfoundland St John's	50
Replaced by no 3227				
Total Allotment, \$				

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

(Sig.) Charles Aye Cpl.
 Officer Commanding
 Company
St John's
Nov 27 1916.

(Sig.) J. Gaudois
 (Rank) P6

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. Gordon* ... Surname... *Gordon* ...
3. Rank... *Private* ... 4. Regtl. No... *2246* ...
5. Address in full to which future payments of gratuity are to be forwarded... *14. Monroe Street* ...
6. Date of enlistment in the Regiment... *Nov. 15th. 1916* ...
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *N.O. Applicable* ...
8. Relationship of such dependants... *N.O.* ...
9. Address in full of such dependants... *N.O.* ...
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *N.O.*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *Embarked for Overseas 29.6.17 and admitted Hospital Halifax 7.5.17. Nephritis & Kidney Trouble. Disgd. 19.7.17. Returned to Newfoundland*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *15.11.16 to 8.3.18* ...

20a

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.

Have received my three payments

15. Have you been issued with a War Service Badge?

Yes

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?

N.B. applicable

19. Are you now serving in the Res? If not give - (a) Date of discharge

8.3.18

No

(b) Reason for discharge. *Medically unfit*

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.

Signature of Applicant:

John Leonard

Place of Residence:

14 Monroe, St. St. John's.

Declared before me at:

St. John's, Nfld

This

23rd

day of

April

19*.19...*

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

John M. Cahthy

POST DISCHARGE PAY.			War Service Gratuity.	Net amount due
Date paid	Paid	Paid		
	Soldier.	Dependent.	7.80	
			<i>7.00</i>	<i>one month</i>
Certified correct.			Barrister	<i>9</i>

Nº 3849



3 1ST. NEWFOUNDLAND REGIMENT 16.

ALLOTMENTS

I, Jean Bandow. Regl. No. 3246.
herby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and 50 Cents, per diem, from my Pay,
to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
concerned, viz :

Allotment begins Dec 1/16

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>5167</u>	<u>wife.</u>	<u>Mrs Peadar Bandow.</u>	<u>Newfound St St John's</u>	<u>50.</u>
			Total Allotment, \$	

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.) Charles A. Ayle Cpl.
Officer Commanding
Company
St John's
Nov 27 1916.

(Sig.) Jean Bandow
(Rank) 50

Form
C, 348
41

MEMORANDUM.

From

A. Strong Lt.

From

To

Sergeant

To

ANSWER.

*St John's &
Jan 1917*

191

*Enclosed herewith
New allotment
for 3246 J. Candow
which Cancels
his previous one.
also allotment
for 3326 G. H. Harworth.*

*A. Strong
Lieut*

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 20⁰⁰/₁₀₀

April 23 1919

Received from the First Newfoundland Regiment
the sum of twenty ⁰⁰ Dollars.
~~amount~~ of Pay. Clothing
balance

John Luntow

Ck. No.	16711	Initials	EW
Pay Ledger	38	Initials	JL
Gen. Ledger		Initials	

Regtl. No.

Rank

J. C. B.

No. 3246 Rank Pt

Name Sandow J.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

54930/

Mar 8 1918

Received from the First Newfoundland Regiment
the sum of Twenty Nine³⁰/₁₀₀ Dollars.
balance of Pay.

Jack Landow

Ch. No. <u>1145</u>	Initials <u>ew</u>
Pay Ledger <u>RSB</u>	Initials <u>[Signature]</u>
Gen. Ledger <u>[Signature]</u>	Initials <u>[Signature]</u>

Regtl. No. _____ Rank _____

No. 3526

Rank _____

Name

Hansen

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 86 ⁴⁰/₁₀₀

Dec 4th 1918

Received from the First Newfoundland Regiment
the sum of Eighty Six ⁴⁰/₁₀₀ Dollars.
~~on account~~ of Pay.

John Leonard

CA. No. 6294	Initials. WA
Pay Ledger 181	Initials. WA
Gen. Ledger.....	Initials.....

Regtl. No. Rank

6294

WA

No. 3246

Rank

Pl-

Name

Candow J

||||

Nov. 15/1916
Mar. 8/1918

Squadron, Troop, Battery and Company Conduct Sheet

Army Form B. 121

 Form
B 121
Re

Number of Sheets

 Regiment of *1st Newfoundland*

 Signature of O. C. Company *Frank Lloyd*

Regimental Number and Name <i>3246 Candow John</i>		Enlistment Age on <i>20</i> years <i>9</i> months	Trade <i>Fireman</i>	Good Conduct Badges, Service pay or proficiency pay
Joined _____ Date _____	Place and Date of Enlistment <i>St. John's Nfld. 15. 11. 16</i>	Religion <i>Meth.</i>		
Joined _____ Date _____	Period of <input type="checkbox"/> with Colours <i>4 1/2</i> years. <input type="checkbox"/> with Reserve _____ years.	Place of Birth		
Joined _____ Date _____				

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
-------	-----------------	------	---------------------	---------	--------------------	--------------------	---	-----------------	---------



*Discharged Medically unfit
St. John's 8th*

To be carried over

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. F. Gajlich & Sons Ltd., Printers, Old Bailey, E.C. 4.

Forms B. 121, 22.

Regiment of *1st Newfoundland*

Number of Sheet

First

Signature of O. G. Company

W. H. [unclear]

Regimental Number and Name		Enlistment		Trade	
No.	<i>3246 Craudner J.</i>	Age on	years months	<i>Farmer.</i>	
Joined	Date	Place and Date of Enlistment)	<i>15-11-16</i>	Religion	
Joined	Date	<i>St. John's</i>		Place of Birth	
Joined	Date	Period of { with Colours years.			
		{ with Reserve years.			

Colours Conduct Badges, Service Pay or Proficiency Pay

Original sent to Windsor not returned.

Place	Date of Offence	Rank	Case of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order discharging with trial	By whom awarded	REMARKS

To be carried over

Army Form B. 121.



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 *Caudon John.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *3746.*
 Intended address *14 Monroed.*
 Height on discharge _____ Feet
 Color of hair on discharge *Brown*
 Complexion *Fair*
 Color of eyes *Brown*
 Figure on discharge *medium.*
 Christian name of Father *David.*
 Christian name of Mother *dead.*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *St. John's, Jan. 1896.*
 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 Caudon

(Rank) *Private*

Station

St. John's

Date

Aug. 2nd/17

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.

Geo. Borden

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

Station

St. John's

Date

Aug. 7/17

Mrs John McNeil

1521 Drummond Street - Apt.1
Montreal, March 19th, 1935

Mr. Oke,
Secretary Board of Pension Commissioners,
St. John, Nfld.,

Dear Sir:-

I have been advised that if I wrote you, you could probably trace my brother, John Candow, who belonged to the Newfoundland Regiment, and left Newfoundland about fourteen years ago. We have not got his regimental number. Any information that could be furnished would be gratefully appreciated.

Yours respectfully

Sister

April 12th., 1935.

Mrs John McNeil,
1521 Drummond Street, Apt., 1.
Montreal, Que.

Dear Madam:-

With reference to your letter of March 19th., making enquiries as to the whereabouts of your brother John Candow, ex-member of The Royal Newfoundland Regiment, I beg to advise you that as your brother is not in receipt of a pension from this Department, we have not got him on our books, and consequently are not able to furnish you with an address for him.

Yours very truly,

Clerk,
Dept., of War Pensions.

BT: