

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

| | Questions to be put to the Regruin before Enlistment. |
|------------------------------------|---|
| | la lasta |
| I | |
| | 2. O Witless Bay |
| 2 | . What is your full Address? |
| 3 | Are you a British Subject? 3. 465. |
| | What is your age? Months |
| | What is your Trade or Calling? |
| | Are you Married? |
| | |
| / | jesty's Forces, naval or military, if so,* which? |
| 8. | Are you willing to be vaccinated or re-vac-) o |
| | cinated? |
| 9. | Are you willing to be enlisted for General Service? 9 |
| | |
| 10. | Did you receive a Notice, and do you un lerstand its meaning, and who gave it to you? |
| | Corps |
| 11. | Are you willing to serve upon the conditions as emb died in the roll of service to be a signed by you if you are accepted? |
| | signed by you it you are accepted? |
| ma | de by me to the above questions are true, and that I am willing to fulfil the engagements made. SIGNATURE OF RECRUIT. |
| ma | James Atklie L. C. Signature of Witness. |
| ma | de by me to the above questions are true, and that I am willing to fulfil the engagements made. SIGNATURE OF RECRUIT. Signature of Witness. |
| bea | de by me to the above questions are true, and that I am willing to fulfil the engagements made. SIGNATURE OF RECRUIT. SIGNATURE OF RECRUIT. Contact of Witness. Only To Be Taken by Recruit on Attestation. I |
| bea | SIGNATURE OF RECRUIT. OAH TO BE TAKEN BY RECRUIT ON ATTESTATION. I true alegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will be faithful and ad, honsely and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all miles, according to the conditions of my service. |
| bea our | de by me to the above questions are true, and that I am willing to fulfil the engagements made. SIGNATURE OF RECRUIT. SIGNATURE OF RECRUIT. Completed the Signature of Witness. Other to be taken by recruit on attestation. do make oath, that I will be faithful and refer and successors, and that I will as in duty and faithfully defend his Majesty, his Heirs and Successors, in Person, Crown and Dignity against all miles, 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. |
| oea ou: | It is a second to the above questions are true, and that I am willing to fulfil the engagements made. SIGNATURE OF RECRUIT. Signature of Witness. Offer to be taken by recruit on attestation. It is a make oath, that I will be faithful and on 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 would be liable to be punished as provided in the Army Act. |
| bea oou | de by me to the above questions are true, and that I am willing to fulfil the engagements made. SIGNATURE OF RECRUIT. Signature of Witness. Offil TO BE TAKEN BY RECRUIT ON ATTESTATION. I |
| bea oou ene | SIGNATURE OF RECRUIT. Offer to be taken by Recruit on Attestation. do make oath, that I will be faithful and on 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 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 presence. |
| bea bourener | de by me to the above questions are true, and that I am willing to fulfil the engagements made. SIGNATURE OF RECRUIT. Signature of Witness. Offil TO BE TAKEN BY RECRUIT ON ATTESTATION. I |
| bea our ener | SIGNATURE OF RECRUIT. Or He To be Taken by Recruit on Attestation. I |
| bea oou ene | SIGNATURE OF RECRUIT. Order to be above questions are true, and that I am willing to fulfil the engagements made. SIGNATURE OF RECRUIT. Signature of Witness. Order to be taken by recruit on attestation. I do make oath, that I will be faithful and true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all mies, 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 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 concrete the said recruit has made and signed the declaration and taken the oath before me at this. Signature of Attesting Officer |
| bea bourener | SIGNATURE OF RECRUIT. Of the Tope Taken by Recruit on attestation. I |
| bea boundeners he as | SIGNATURE OF RECRUIT. OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. I |
| bea boureness he as | SIGNATURE OF RECRUIT. OAL TO BE TAKEN BY RECRUIT ON ATTESTATION. I |
| he as | Offit to be taken by Recruit on Attestation and that I am willing to fulfil the engagements made. Signature of Witness. Offit to be taken by recruit on Attestation. I |
| bea bourenes he as | Signature of Witness. Offit TO BE TAKEN BY RECRUIT ON ATTESTATION. I |
| bea boureness he as on | Signature of Witness. Orall TO BE TAKEN BY RECRUIT ON ATTESTATION. I |

Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name)......on the (Date)

| parent de | 23 years | month | | | ځ. | feet らえ' inche |
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| | INFORMA | TION SI | | | CONT. | |
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| (a) | n and Surname of Woman to (c) Prese | ent address. (d) | Initials of Off | icer verifying e | ntry. | (d) |
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| Chris | stian Names | Particular | rs as to Cl | illaren | Date and I | Place of Birth |
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| orps in Rgt. or | STATE Promotion, Reductions, Casualties, &c. | EMENT (| OF THE | SERVI Service not allowed to recke for fixing the rate of pension | Service in Ren serve not allo | Signature of Officers certifying correctness of entries |
| h served l'epot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not al lowed to recko for fixing the rate of pension Years Day | Service in Re serve not allo ed to reckon to wards G. C. Pi | - entries |
| ice towards limite | Promotion, Reductions, | Army Rank | | Service not al lowed to recko for fixing the rate of pension Years Day | Service in Re serve not allo ed to reckon to wards G. C. Pi | - entries |
| h served l'epot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not al lowed to recko for fixing the rate of pension Years Day | Service in Re serve not allo ed to reckon to wards G. C. Pi | - entries |
| h served l'epot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not al lowed to recko for fixing the rate of pension Years Day | Service in Re serve not allo ed to reckon to wards G. C. Pi | - entries |
| h served l'epot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not al lowed to recko for fixing the rate of pension Years Day | Service in Re serve not allo ed to reckon to wards G. C. Pi | - entries |
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| ice towards limited at III | Promotion, Reductions, Casualties, &c. | Army Rank 122 Army Rank 123 144 114 114 125 125 125 125 125 | Dates 4-1918 22-11 1919 151-1918 | Service not all lowed to recke for first the rate of pension the rate of pension Years Day | Service in Re serve not allo ed to reckon to wards G. C. Pi | - entries |

No. 4591 Name Waster Sheet No. Signature O.C. Company, etc. Date of last entry in Company Conduct Sheet No. and date Period not reckoning towards freedom from extra fine Date of award or of order dispensing with trial Date of Names of Witnesses Punishment awarded By whom awarded Remarks Rank Place CSM ansty 2 Days CB Cares. such 11 4 [P.T.O.

C.R. 4591

extrest from saily orders part II noyal newfoundle nd Regiment. Dated 17-7-19. Depot bt. John's.

The discharge of the undernoted on demobilisation has been CONFINARD by Officer 1/c Records from noted date 6-7-19.

4591, Pte. Jas. Carter.

C.R. 4591

Extract from Daily Orders Fart 11 Unit The Royal Nfld. Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been ARPROVED by O.C. Discharge Depot with effect from 27-6-19.

4591 Pte. Jas. Carter.

Extract from Meminer. Foll from let. Battalion Royal Newfoundland Regiment lated 30-4-19.

The undermentioned of the 1st. Battalion left Rouen Camps 22/4/19, otherwise at Eavre 22/4/19, disembarked at Southeapton 23/4/19 and reached Hazeley Down Camp 23/4/19

#4591 Pte. J. Carter.

Section from Formal Soll received from Pay and negari Office Sondon, of Draft No. 86 from the Sad., Battalion, Windhester to the Sat., Battalion S. A. Fr., Smberked Fouthempton 25/11/18..

#4591 Pte. J. Carter

C.R. 459/

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

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

#4591 Pte. James Carter.

C.R. 45-91

Extract from Daily Orders part 11, from Unit the Royal Mild. Regiment, St. John's, dated April 83,1918.

#4591 Pte. James Carter.

Attested for General Lervice with the Royal Bild. Regt. Tresh w th effect from 22/4/16

- Lauter

Station Hazeley D Comp

Medical Report on an Invalid.

| | 8 | | | 1 | |
|--------------|--|------------------|------------------------------|-------------------|-----------------|
| 1. | Unit Noyal Newflod | | . Former Trade or Occupation | Black | mulh |
| 2. | Regimental No. 46 91 | | A. If with previo | ous service in | Army, state- |
| 3. | Rank / LE | | (a) Former Uni | t; | |
| 4. | Name Carter L | | (b) Regimental | | |
| 5. | Age last birthday 24 | | (c) Date of Disc | | |
| | | | (d) Cause of D | ischarge. | |
| 6. | Enlisted on 10. 4. 5. | | | | |
| | 8. Disability in respect | of which | invaliding | is Propos | ed. |
| | (Other disabilities should be re | | | | |
| | | | | | |
| | * | are | | | |
| | | | | | |
| | * | | | | |
| | Sta | tement of Ca | se. | | |
| case in h | Note.—The answers to the following que i. In answering them he will carefully discrimi- is military and medical documents. He will also | nate between the | man's unsupported | statements and ev | idence recorded |
| 9. | Date of origin of disability. | hel | | | |
| | and the American State of the S | , .) | | | |
| 10. | Place of origin of disability. | nel | | | |
| 11. | Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. | nė | | ž. | |
| | | | | | |
| | | | | | |
| | K-12-1-K | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 12. | Give your opinion as to the causation of the disability, stating whether in your opinion it is— | hie | | | |
| | (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condi- tion to which it is attributed | | | | |
| | should be stated, see Notes on | | | | |

page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

| 13. | What is his present condition? | · i · - |
|-----|--|--|
| | Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. | Hearthing for health's |
| 14. | If the disability is an injury, was it caused— | |
| | (a) In action? | |
| | (b) On field service? | ~ |
| | (c) On duty? | 하다 내용한 다 나는 가장 하면 되는 것이 되고 있다. |
| | (d) Off duty? | |
| | | |
| 15. | Was a Court of Inquiry held on the injury? | ~ |
| | If so—(a) When? | |
| | (b) Where? | |
| | (c) Opinion? | |
| | | |
| 16. | Was an operation performed? If so, what? | 4 |
| | | |
| 17. | If not, was an operation advised and declined? | ~ |
| | decimed : | |
| 18. | In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? | L |
| 19. | Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war. | 4 |
| | | |
| | - | |
| | | |
| | | M in in |
| | | 1 (epatriation |
| | | |
| | | |
| | | , we |
| 20. | (a) Discharge as permanently unfit, or | Repatriation wire of |
| | (b) Change to England? | |
| | | Q. |
| | | Major |
| | | Officer in medical charge of case. |
| | | |
| | I have satisfied myself of the | general accuracy of this report, and concur therewith, |
| exe | cept† | |
| Sta | ation A.D Camp | |
| Da | te_1. 05 19 | Officer in charge of Hospital. |
| •Lo | ss of teeth on or immediately after, active service, | should be attributed thereto, unless there is evidence that it is due to some other cause. |

† Delete this word if no exceptions are to be made.

Nº 4722



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

hereby agree, until further notification by me, and in similar official form to make an Allotment of

to, and for the benefit of the undermentioned Person or Persons, such payment to be made on proof

Dollars and Forth

, Regl. No. 45-91

Cents, per diem, from my Pay,

| ertificate | Whether Wife, Child, other Relative or | NAMR (in full) | Address | | DUNT |
|------------|---|--|---|------------------|---------|
| No | Mother | Mrs. Martin Rich | w Willes Bay | (each | person) |
| | | | | | |
| | | | | | |
| | | . ** | | | |
| | | | Total Allotment, 5 | | 4 |
| 81 | McLum | completed by the Officer Commanding Company and hand on application. | ng Company, signed by the Volumed to the Paymaster as authority | teer, co to make | te the |

Nº 4722



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

| concerne | A CONTRACTOR OF THE PARTY OF TH | | Identity Certificates by the Person | |
|--------------------------------|--|--|---|---------------------------|
| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | Address | AMOUNT (each person) |
| *423 | Mother | Mars B. Asten C | ites Watters Bay. | 40 |
| | | (- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 1 | | |
| | | | | |
| | | | | |
| | | | | |
| is a file | | | | |
| . 4 | | r Commanding Company and | manding Company, signed by the Volument of handed to the Paymaster as authority | |
| Sig.) | " Ocan | fficer Commanding | (8) James X France | reter Nestau Before |

N.F.P. /79.

NEWFOUND

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

Winchester.

ficer Commanding.

30th October 1918

Subject: 4591. Pte. J. Carter

With reference to the following telegram (9397) from the Hon. Minister of Militia, received

Pay to 4591 Carter £4:0:0

4:0:0 is enclosed Draft £ for payment to this Soldier. Kindly obtain his receipt hereon?

Chief Paymaster & O. 1/c Records.

hou. 2 40 1918

2/Bn Royal Newfoundland Regt.

Receipt hereunder. . LIEUT, COLONEL.

COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT. Royal Newfoundland Regiment

Received the sum of Jean

Quado on account of

cable remittance from Newfoundland. James Carter

No. 459, Rank Private Witness: J. Kungey PG

Carter & 4591

Aay soips.

July 12,1919

#4591 Pte. James Carter.

witless Bay,

Ferryland Dist.

dear sir:

heferring 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,

DEPARTMENT OF HILLITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th.1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dakhes, If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C

| RECORDS, PAY & RECORD OFFICE, ST. JOHN'S. |
|--|
| Christian name |
| 3. Ronk. 4. Rogtl. Po. 4. 8 91 |
| 6. Address in full to which future payments of antivity are to be |
| forwarded. Workless Day Westgret of |
| A11211h |
| 6. Date of enlistment in the Regiment |
| 7. Name of dependent, if any, to whom Separation Allowance is being |
| issued, or was being issued, immediately prior to your discharge |
| |
| 8. Relationship of such dependents |
| 9./ddress in full of such dependents |
| |
| 10. Is said dependent, now, or was said dependent at may time in receipt |
| of Separation Allowance on account of the saldiers |
| 11. Word you on active service only in lifted, In so, give dates and |
| perticulars of such service |
| · · · · · · · · · · · · · · · · · · · |
| ······································ |
| 12. Give total length of time which you served on active service, |
| whother in lift d. or Overgoes. The after Joseph To |
| June 1+419 |
| |

| | 13. Have you had more then one enlistment? If so, give particulars |
|---|---|
| | of discharge and re-enlistments, and under what regimental numbers. |
| | |
| | 210 |
| | |
| | 14. Have you already received any payment of Post Discharge pay or |
| | War Service Gratuity? If so, state amount you and your dependents |
| | have already received and by whom paid |
| | |
| | |
| | 15. Have you been issued with a War Service Badge? |
| | 16. Have you, during the present wer, served in the Imperial Boroes. |
| | 17. Are you entitled to receive, or have you received any Gratuity |
| | in the nature of Post Discharge Pay from the Imperial Forces? If |
| | so, state mount received, or to which you are entitled |
| | |
| | 18. Did you revert Oversees to a rank lower than the substantive |
| | renk held by you on your arrival in England? |
| | (b) If so, was such reversion in consequence of Misconduct or |
| | inefficiency? |
| | 19. Are you now serving in the Rost.? If not give?- (a) date |
| | of discharge full 14/16 Reason for discharge |
| | Demporary, 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. |
| a | yee Belgium + Germany - rom Ne 19 |
| 7 | 8 apl 1919 |
| | 21.(a) Are you receiving treatment from the Wivil Re-Establishment |
| | Com. (b) If so are you in receipt of full pay and allowances from |
| | that Committee |
| | And I take 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. |

1. 1 -3-Janies X Signature of Applicant: Place of Residence: We Declared before me at: This Signature of Berrister of the Supreme Court, Stipendiary Hegis-trate; Hetery Public, Justice of the Pocce, or Commissioner of affidevits. POST D'SCHARGE PAY. Het amount Tale Sally. - Rid avo Date para wild . Baid . Baldher . Dayendan e Paymester cortified correct.

July 11,1919

#4591 Pto. James Carter.

Witless Bay.

Ferryland Dist.

Dear Sir:-

Flease find enclosed Discharge Certificate #2954.
Yours truly

faymaster & U.i/c Records

The Royal Newfoundland Regiment

| PROCEEDINGS ON DISCHARGE |
|--|
| I. No. 4594 Rank Ple Name Carter Jes Intended place of residence Wittens Bay |
| 2. Occupation Blackswith Classification of soldier Medical Category AI |
| 3. The above named man is discharged in consequence of DEMOBILIZATION. Eligible for War Service Granity |
| 4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations. Place JUN 13 1919 A. Comanding Distance 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 JUN. 1.3. 1319. Signature of soldier Signature of witness |
| CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER 6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge. Place and DateJUN. 1 |
| 7. Enlisted for service 2.2. 4.18 No of days on Military Discharged from service. 27.6 19. Plus 14. days Service 4.4.6 |
| APPROVAL OF DISCHARGE 8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ilc Records The Royal Newfoundland Regiment, twenty-eight days from date. Place Officer Commanding Discharge Depot The Royal Newfoundland Regiment. Date |
| ONFIRMATION OF DISCHARGE 9. The discharge of above mentioned soldier is hereby confirmed Mocwley Caft Place A fouris . Upd. Date |

A ABrong prost

The Royal Newfoundland Regiment

| Class for Demobil- ization:— | | Report of Demobilization Travelling Board, held on soldier for discharge. |
|---------------------------------|-----------------------------|---|
| 16% | | 1 |
| Discharge Depot: Headqu | arters The Royal Newfoundla | nd Regiment |
| Regimental No. 45.91 | | |
| Name Cartin | James | P L |
| Address . Willess | Bay | |
| | | |
| Present Medical Category | /+.7 | |
| | Recommended for:- (a) | Immediate discharge |
| | (b) | Standing Medical Board: |
| | (::: | O.C. Discharge Depot. |
| | | 26 aser |
| | Members of Board | Senior Medical Officer |
| | | Duburden |
| | (| M. O. Depot |

The Royal Newfoundland Regiment

| Pag Not 15 (2) | Rank The Name Carted Same |
|-------------------|---|
| | |
| //4/ | nt. 22 14-18 Address Wittes Def District Trothan |
| Occupation | web Amust. Classification for Discharge. F. Medical Category. |
| | S.M.B |
| | lization Officer with following documents:— |
| N.F. P 36 | B 268 |
| 3 178 | W 3494 B 122 Board 1st " 2 |
| 178a | D 400A |
| 3 179 | D 400B Form L do 3rd " 4 |
| 179a | D 400C Form K do 4th " 5 |
| 3 179Ь | B 103 " 6 " 6 |
| 179c | В 120 М 93 |
| | PARTICULARS FOR DEMOBILIZATION |
| Civil Re-Establis | shment. |
| I am | in a position to resume civilian occupation. |
| | |
| | Jones Carler |
| | |
| Particulars | s passed to Vocational Officer for information and action. |
| Date | |
| | |
| Clothing. | |
| Certified | that Clothing Regulations have been complied with:- |
| (a) | Clothing Allowance payable 1.60 |
| |) Clothing Supplied |
| | · · · · · · · · · · · · · · · · · · · |
| ate | 6-19 Oile Pa clothing |

| 13-6-19 | Demobilization Officer |
|--|---|
| . Pay and Allowances. The herein named soldier's accounts have been | orrectly balanced and all matters in connection |
| therewith settled. He has received pay and allow the following the settled pay and allow the settled pay allows the set | vances to A A A A A A A A A A A A A A A A A A |
| Discharge approved for. | 1 - 6 - 19 |
| Forwarded with following documents to O.C Di | scharge Depot. |
| 5 178 W 3494 B 122 B 3 178a D 400A B 1915 B 3 179 D 400B Form L | do 2nd |
| APPROVED. | |
| Documents as above forwarded to:— Officer ilc Records. | |
| Board of Pension Commissioners. | |
| with following additional documents. | |
| Higible | for War Service Gratuity |
| Date JUN 27 1919 | O. C. Discharge Depot. |

Civil Re-establishment Committee



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

Jesume Jornel Eccupation

Jesume Jornel Eccupation

Jesume Jornel Eccupation

Signature of Man. 4591

Reg. No.

Signature of the Vocational Officer or his Representative.

Place 21 Johns

Date 13-6-19.

191

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

MEDICAL HISTORY

| Surname Carl | e | · | r Christian N | ane Ja | meo | |
|---|--------|------------|------------------|----------------|------------|-----------------|
| | / Tab | le I.—GENI | ERAL TABI | E. | | |
| Birthplace:—Parish Wh | itle | es Ma | y Cou | nty 1 | la | |
| | | SPECIAL R | ESERVE. | 10 | REGULAR AR | MY. |
| | on s | VY day of | Ceps 191 | 8 on | day of | 191 |
| Examined | at | 8 2 | hus | at | | |
| Peclared Age | 3 | 73 years | de | ys. | years . | days |
| rade or Occupation | 1 | Blac | Komit | + | | |
| leight | | of feet | S 34 incl | nes | feet | inche |
| Veight | | | 172" | DB. | | lb |
| Chest Girth when fully expanded. | | | 38 mel | 38 | | inche |
| ment (Range of Expansion | *** | | of inch | ies. | | · inche |
| hysical Development | | | | | | |
| (Arm | | Right | Left | Rig | ht | Left |
| accination Marks Number | | | | | N. Parker | |
| hen Vaccinated | | 1. | | | | |
| ision | { R.EV | | | R.EV= L.EV= | | |
| | | 6/10 | | L.B,- | | |
| | (a) | | | (a) | | |
|) Marks indicating congenital pecu arities or previous disease | di- | | | | • | |
| | | | | | | |
| | (6) | | | (6) | | |
|) Slight defects but not sufficient cause rejection | to | | | | | |
| The lease of | 1 37 | 15 17 3 | | | | |
| Approved by (Signatur | e) 5 | and and | 2.4 | 1 | | |
| (Ran | 12 m | nmer | estron | - | | |
| | | 00 | Medical Officer | | M | edical Officer. |
| | f at | 1 Jaca | | at | | edicai Omcer. |
| listed | on A | of day of | apr 191 | S on | day of | 191 |
| | no o | orps. | Regtl. No. | Corp | s. R | egtl. No. |
| ned on Enlistment | ne | Hayal | 4591 | 10 | | |
| | yea | Kegt | | | | |
| nsferred to | 1 | | | | | |
| ame non-effective by | | | | | | - 1 N/S - 11 |
| ame non-effective by | | | | £ | | |
| | on , | day of | 191 | on | day of | 191 |
| ! [Signature | | | | | | |
| [Rauk | 1 | | | 1 | | |
| | | | 100 | | | [P.T.O. |

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

| Date | Brief Details, and Signature | |
|---------------------------------------|--|--|
| · · · · · · · · · · · · · · · · · · · | A Bits, to entire the second of the second o | |
| 23-4-18. | Vacc. 10 | |
| 13 - 6-18 | Vace B | |
| 20 - 6 - 18 | 70B 10 | |
| 27-6-18 | JaB. 18 | |

It is hereby certified that this soldier has been before a Travelling M dioch Board, and has been classiful as

tion. Medical outegory At. II

Date of Tarial Discharge Dept.-Nowscall

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 Disembarkatio |
|----------------------|--------------------------------------|---|---|--------------------------------------|--|
| | | | | | |
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The Royal Mild. Kegiment

DEMOBILIZATION

No. 139 Rank

Name (alle) f Warned for demobilization on

JUN 13 1919

Medical Report on an Invalid.

| | Station / Tue cay or own |
|--------------------------|---|
| | Date |
| 1. Unit Paopal hungs | rendland. 7. Former Trade } Blacks mil. 7a. If with provious service in Army, state— |
| 2. Regimental No. 4 5 %/ | 7a. If with provious service in Army, state— |
| 3. Rank Ole | (a) Former Unit; |
| 4. Name barter | (b) Regimental No.; |
| 5. Age last birthday 2 4 | (c) Date of Discharge; |
| 6 Enlisted on 20-4- | 18 (d) Cause of Discharge. |
| 8. Disability in respe | ct of which invaliding is Proposed. |

Nil

Statement of Case.

(Other disabilities should be reported upon in answer to question No. 19).

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

ne

10. Place of origin of disability.

mil

 Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. wil

 Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Wil

Mil

| 13. | What is his present condition? | |
|-----|---|--|
| | Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. | He complain of no decabely |
| 14. | If the disability is an injury, was it caused— | na. |
| | (a) In action? | |
| | (b) On field service? | |
| | (e) On duty? | |
| | (d) Off duty? | |
| | w G + 4 T + 1 1 1 - 4 | (ha. |
| 15. | Was a Court of Inquiry held on the injury? | |
| | If so—(a) When? | |
| | (b) Where? | |
| | (e) Opinion? | |
| | | 2. |
| 16. | Was an operation performed? If so, what? | |
| | | |
| 17. | If not, was an operation advised and | na |
| | declined? | |
| | 120 | |
| 18. | In case of loss or decay of teeth. Is the loss of teeth the result of wounds, | The state of the s |
| | injury or disease, directly* attributable to active service? | |
| | | |
| 19. | Give particulars of any other disabilities | 그릇으로 하는 그 선생님, 점점하다는 이 모르고 보다 |
| | existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present | na. |
| | war. | |
| | | |
| | | |
| | | 불병하는 왕이 되었다면 가장이 하고 있다면 다른데 없었다. |
| | | |
| | | |
| | | 10 |
| | | Shepatriation N |
| 20. | Do you recommend | 2// |
| | (a) Discharge as permanently unfit, or (b) Change to England? | Mr. |
| | | WI /. |
| | | |
| | | - nagart |
| | | Officer in medical charge of case. |
| | I have satisfied myself of the | general accuracy of this report, and concur therewith, |
| exc | ept† | |
| | 11 10 10 | |
| Sta | ation Itaz lay Wever | () |
| Da | ation Stay Lay November 1- 5-19 | Officer in charge of Hospital. |
| •Lo | ss of teeth on or immediately after, active service, | should be attributed thereto, unless there is evidence that it is due to some other cause. |

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Norss.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is, (1) caused or aggravated by service in the present war, (1) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.
- (iv). In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

- (a.) State whether the disability is clearly attributable to—
 - (i.) Service during the present war ;
 - (ii.) Climate;
 - (iii.) Ordinary military service;
 - (iv.) Want of proper care on the man's part, eq., intemperance, misconduct, &c.; or
 - (v.) Whether it is constitutional or hereditary.
 - (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?
- 22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?
- 23. Is the disability permanent?
- 24. If not permanent, how soon do the Board recommend re-examination?
- 25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

- 26. If an operation was advised and declined, was the refusal unreasonable?
- 27. Do the Board recommend-
 - (a) Discharge as permanently unfit, or
 - (b) Change to England?
- If discharge is recommended it should be stated whether further medical treatment (including orthopædic training) is desirable in a—
 - (a) Sanatorium;
 - (b) Hospital;
 - (c) Convalescent home;
 - (d) Asylum; or
 - (e) Other institution either as an inpatient or an out-patient, and if so the period for which recommended.
- 29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?
- 30. Does the man require the constant attendance of another person?

| Signatures :— | | President. |
|---------------|----------------|------------------|
| Station | | <u>·</u>) |
| Date | | Members. |
| Approved. | | |
| Station | Administrative | Medical Officer. |
| Date | | |

proch



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 t Board. | he consideration of the Pension | one and Disabilitie |
|---|--|---------------------|
| This section should be completed in the Hospital at w nation by a Medical Board, or, if the man is not in Hosp mand Depot. The Soldier should be given a full opporture subsequent identification depends on his confirming this de should be in his own handwriting. | ital, by the Medical Officer onity of examining it, as, if awa | f the Unit or Con |
| . The form will then be attached to the Proceedings of the O. i $\mid c$ Records together with the remainder of the man | he man's Medical Board and w 's documents. | rill be forwarded t |
| Changes occuring in the description subsequent to the red ink. | date of admission to pension | should be noted i |
| Name in full James Garter | | |
| Regiment from which discharged Royal Dewfou | ndland | |
| Regimental number 4591 | | |
| Regimental number 459/ Intended address & the Bay | | |
| Height on discharge | | |
| Color of hair on discharge Black | | |
| Complexion Dark Color of eyes Blue | | |
| Descriptive Marks Figure on discharge Folial | | |
| Christian name of Father | | |
| Christian name of Mother Frances | | |
| Wife's maiden name in full | | |
| Date and place of marriage | | |
| Christian names of children | | |
| Place and date of soldier's birth Cambridge, Me | us. , July 20 9 | 1894 |
| Nature and locality of civil employment required | | |
| I declare that I am the soldier referred to above and | d that all the particulars cont | ained in the abov |

statement are, to the best of my knowledge, correct

(Soldier's signature in fuli)

Imes (Rank)

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

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

Station

| my Form | В. 103, | the same of the sa | Reg | imental N | umber 459 |
|---------------------|---|--|--------------------------|---------------------|--|
| HATEL SITE OF ST | | Casualty Form Active | Service. | | T |
| 4 | | iment or Corport. / Lew found | lland | J | |
| nk J | Surnam | e Carter / Chri | stian Name | † | (Proposition 2) the Section 2 |
| ligion | 72.6 | Age on En | listment 23 | years. | mo |
| listed (a). | 22/4/18 1 | erms of Service (a) A Juration | Service reck | ons from (| a) 27/4/18 |
| te of pron | notion to present | rank Date of a | ppointment to 1 | ance rank | |
| tended |) | (Onalifort | ion (b) | | |
| tended | ne ne | engaged or Corps | Trade and Rate | · | |
| upation | -13 lacks | mith 77 | Trade and Rate | 900 | DY at Of |
| A TOP SERVICE | Report | | | Sig | The state of the s |
| Date | From whom received | 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 queted in each case, | Place of Casualty | Date of Casualty | Remarks Taken from Army F B.213, Army Form A or other official documents |
| | | Embarked | 15 100 9-16 | . 6 | |
| 4.25 | | Disembarked | 28 NOV 19 | 8 | |
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| | | | ATTENDED TO THE PARTY OF | 43.00 | |
| | | | | | |

Neat Hin:

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

(b) Signaller, Shoeing-Smith. So

(17591.) Wt. W 1887—P 1124. 1,000,000. e/18. D & S. Form B/103. (B. 1856.)

Mother:

Without Holling Baliners Annual Marking Without Baliners Annual Marking Baliners.

[P.T.O.

No 4722

St bohns of



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS , Regl. No. 45-91 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Fortit Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz. : Allotment begins Identity Certificate No. Whether Wife, Child, other Relative or Friend AMOUNT (each person) NAME (in full) Mrs. Martin Vickers Wither Bary Total Allotment, 5 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.) James X Come Witness
(Rank) & Spurrell. Officer Commanding

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

. Number of Sheet, Oul Trade Good Conduct Badges, Service pay or proficiency pay Regimental Number and Name Enlistment No. months Ageon 4501 Place and Date Joined Date of Enlistment Joined Date with Colours , 81 years. Joined Date Period of Joined Date Date of award or of order dispensing with trial Of Drunk-enness. By whom awarded Names of Punishment awarded REMARKS Date of Rank OFFENCE Place Witnesses Offence Demolilized St John's To be carried over

14191

Demobilisation Form

The Royal Newfoundland Regiment

| DEMOBILIZATION OF | |
|--|-----|
| Reg. Not/2 9/ Rank The Name Cartes sames | |
| Date of Enlistment 32 14- 8 Address Witter Landistrict Taris | lan |
| Occupation March Medical Category . All | , |
| Agmmendation S.M.B. Disability Rating | |
| Passed to Demobilization Officer with following documents:— | |
| | |
| N.F. P 36 D.F. 1 B 121 N.F. Med D.F. 1 | |
| B 178 | |
| B 178a D 400A 2 1915 do 2nd " 3 5 | |
| B 179 D 400B Form L do 3rd " 4 | 1 |
| B 179a D 400C Form K do 4th " 5 | |
| B 179b B 103 / ME 2 " 6 " 6 | |
| B 179c B 120 M 93 | |
| PARTICULARS FOR DEMOBILIZATION | |
| z. Civil Re-Establishment. | |
| I amin a position to resume civilian occupation. | |
| | |
| Ames Carlor | |
| | |
| Particulars passed to Vocational Officer for information and action. | |
| Date | |
| Classic | 100 |
| Clothing. Certified that Clothing Regulations have been complied with:— | / |
| #1 -01 | 11 |
| (a) Clothing Allowance payable 100 | WA |
| (b) Cleathing Supplied | V |
| 13 6-10 | |
| Date. $13-6-19$ Oile Reclathing | |

| 3. Transportation and Release Certificate. The above named has been provided with Trav | elling Warrant No. a 2. to his home |
|--|--|
| at William Boryand Release Co | |
| Date | 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 allow | ances to |
| Date | Depot Paymaster. |
| Discharge approved for | - 6 /9 HIII |
| | Med. D.F. 1. |
| E 178 W 3494 B 122 B94 | rd 1st "2 J Form! [2 3 3 3rd "4] |
| APPROVED. | |
| Documents as above forwarded to:— Officer i c Records. Board of Pension Commissioners. | |
| with following additional documents. | |
| Higible f | or War Service Grateily |
| Pate JUN 27 1919 | O. C. Discharge Depot. |
| Received the above noted documents from O. C. Discharge Date | Janobach of the forons |

| Reg. No 4591. Rank 12 Namey Casher Jas Attested Address Willers Bay | |
|--|---|
| Allotment Allottee Returned from Overseas A. Returned on S.S. Countries Cause Asserting | 19. |
| 12.6.79 PASSED TO LING AND OFFICER 27.6.79 DISCHARGE APPROVED AND OFFICER 2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | |
| 27.6 79. DISCHARGE APPROVED ATTION. | |
| talente municipalità del management | |
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| The same of the sa | . ,,,,,,,,,,,,,, |
| · · · · · · · · · · · · · · · · · · · | *************************************** |

Withes Bay Jan. 20th. 19. W. F. Bendell, Leuk-Col Chief Staff Offices Dear Sir. - as the hest of Kin of to 4591 Shall be glad to hear of anything to his his mother mrs. Frances Victors