



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5520 Name Walter Davis Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------|
| 1. What is your name? | 1. <u>Walter Davis</u> |
| 2. What is your full Address? | 2. <u>Safe H. B.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>30</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Construction Worker</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 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. <u>Yes</u> |

I, Walter Davis 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.

Walter Davis SIGNATURE OF RECRUIT.
Pte. Powers Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Walter Davis 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 30 day of May 1918

Signature of Attesting Officer: Edwards Lieut

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the:

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

Date.....191..... } Approving Officer.
 Place..... }

† 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

5520

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

Name Walter Davis
 Apparent age 30 years months. Height 5 feet 6 3/4 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Davis
Safe Hs. | Relationship Father.
BB. Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>30-5-18</u>									
Joined at <u>Wales</u> on <u>1004 30-1918</u>									
Discharged <u>July 5 1919</u>									
Embarked <u>Wales S.S. Co. L. L. Co. to Halifax N.S.</u>					22.7.18				
Embarked for <u>B.C. S. 23 1/2</u> Disembarked <u>Home</u>					25.11.18				
Joined <u>Battle 5 19</u> Admitted to <u>Gen Staff House</u> <u>Wales</u>					22.2.19				
Went to duty <u>2.3.19</u> <u>Leaves sent</u> <u>3.3.19</u> <u>Transferred to</u> <u>Home</u>					22.4.19				
Arrived <u>Wales</u> <u>22.4.19</u> <u>to</u> <u>Wales</u> <u>for demobilization</u>					22.5.19				
Arrived <u>Wales</u> <u>1.6.1919</u>									
Demobilization <u>Wales</u>					5.7.1919				
Total Service forfeited as above.....									

Total Service towards Engagement to 5-7-1919 (date of discharge) 1 years 37 days
 " " Pensions " " " " " " " " " " " "

C.R. 5520

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

The discharge of the undernoted on demobilization has
been CONFIRMED by O.C. Discharge Depot on 5-7-19.

#5520 Pte, Walter Davis.

C.R. 5520

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

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 21-6-19.

5520 Ptw. Walter Davis.

C.R. 5520

Extract from Daily Orders Part A1 Depot, Sj. Johns,

Date

10-6-19.

5520 Pte. Walter Davis

Reported at Headquarters 1-6-19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 5590

Extract from War Office List No. H. A. 55131

INFLUENZA.

Admitted 6 Gen. H. Rouen 22nd., Feb. 1919.

5520 Pte. W. Davies.

C.R. 5520

Extract from Nominal Roll of draft No. 56, from the
End., Battalion of the Regiment to the 1st., Battalion
B. A. F. embarked Southampton 8/11/16.

#5520 Pte. W. Davis.

C.R. 5570

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

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

#5520 Pte. Walter Davis.

CR 5520

WOUNDED AND SICK N.G.O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

MACHINE GUN CORPS.

LIST NO-H.A.35300.

159946 Pte. Greenhalgh R. 104/MGBn.
29985 Pte. Lamb J.H. 36/MGC.
138946 Pte. Fisher A. 3/Bn-MGCps.

Tonsillitis-Mild-Adm.53 Gen.H-Dannes Camiers 2 Mar.19.
Fissure in Ano...Adm.53 Gen.H-Dannes Camiers 2 Mar.19.
Mild.
Inj.Thighs Face..Adm.83 Gen.H,Boulogne 3 Mar.19.
Sev.

MILITARY POLICE.

LIST NO-H.A.35300.

48609 Pte. Potter J. 5/R-In-Fus.
P/5923 L/C. Rea A. att MFP-the Yard.
MFP-Paris.

Bronchitis.....Dis.to Duty Havre ex 2 Gen.H.3 Mar.19.
Dental Caries...Adm.6 Gen.H-Rouen 2 Mar.19.
Sev.

ADMIRALTY.

LIST NO-H.A.35300.

11810 Pte. Grawdon J. RMIC-Henriville-Cont.Back.Sev..
2288 Trmr.Pilkington C. RMRT.Kosmos
Base.

Adm.83 Gen.H-Boulogne 3 Mar.19.
Influenza Mild...Adm.2 Gen.H-Havre 3 Mar.19.

NEWFOUNDLAND CONTINGENT.

LIST NO-H.A.35300.

5520 Pte. Davis W. 1/R-Newfnd.

Influenza.....Dis.to Duty ex 6 Gen.H-Rouen
2 Mar.19.

EXPEDITIONARY FORCE - CANTEENS.

LIST NO-H.A.35300.

2631 Cpl. Tosh H.H. RASC-MFC.att.
40729 Pte. Trotter A. RLL.att.RASC.
RFC.
10814 Gnr. Gessage.T. RFA.att.MFC.

Influenza Mild...Adm.2 Gen.H-Havre 3 Mar.19.
Tonsillitis.Mild-Adm.83 Gen.H-Boulogne 3 Mar.19.
Bronchitis.Mild...adm.2 Gen.H,Havre 3 March.19.



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C.R. 5520

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 31, 1918

#5520 Pte. W. Davis.

Attested for General Service with the Royal Nfld. Regt.
from May 30, 1918

W Davis

C.R. 5520

~~1x86~~

Medical Report on an Invalid.

Station Hazelton Down CampDate 1. 5. 19

1. Unit Royal Newfoundland 7. Former Trade } Construction Work
 or Occupation }
 2. Regimental No. 8820
 3. Rank Pvt
 4. Name Davis W.
 5. Age last birthday 31
 6. Enlisted { on May 30. 1918
 at St John

7A. If with previous service in Army, state—

- (a) Former Unit ;
 (b) Regimental No. ;
 (c) Date of Discharge ;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

meStatement of Case.

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. me
 10. Place of origin of disability. me
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. me

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

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.

Decompain favorable

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (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?

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

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?

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.

Repatrication

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Major J. D. S.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *H. D. Camp*

Officer in charge of Hospital.

Date *1. 5. 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.

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

Davis, D^u

5520

Hay Sept.

Safe ⁶⁷¹³ Harbor Sep^d 30. 1919
A C Hickman Esq Minn. Mo

Dear Sir, My son Walter Davis
has written me re gratuity
of \$70 dollars a month granted
returned Soldiers, saying he told
them at the pay office to have
it sent to the Bank of Montreal
and a receipt of same to be sent
home to me, and if it has not
been sent to the Bank and a
receipt of same forwarded to me
to notify him accordingly,
I trust you will kindly attend
to this quickly, as I did not know
the address of the pay office, and see
this put through all right, and I
shall be greatly obliged to you
Yours Faithfully
William Davis over

Walter Davis

Please advise the pay
office to send receipt
to my address of each
monthly gratuity of \$40
dollars

William Davis
Safe Harbor B.B.

Bank of Montreal,
1-1002

St. John's Nfld.

October
Tenth,
1919.

Major J. M. Howley,
Paymaster, Department of Militia,
City.

Dear Sir:-

We beg to acknowledge receipt of
your letter of the 8th instant enclosing cheque
for \$69.86 not \$70. as stated by you, proceeds
of which we have placed to the credit of Walter
Davis, Safe Hbr., as requested.

Yours faithfully,

File

[Handwritten signature]
Manager.

Safe Harbor Aug 16th 1919

Hon A E Nickman

Dear Sir

I have received
 cheque from the regimental pay office
 with your signature, Aug 1 for three dollars
 50 cents only, will you kindly explain to
 me is it from my son Walter Davis
 and why it is only that small allotment
 instead of the usual allotment at the
 end of the month, Walter is away from
 home and I cannot learn any thing from
 him in the matter

Hoping soon to hear
 from you with regard to same

I am yours very truly
 W^m Davis

5520 Walter Davis

Disch'd 5/7/19 Allot 70⁰⁰ per day

July 5, 1919

#5520 Pte. Walter Davis,

Safe Harbor, B.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2617.

Yours truly

Captain,
Paymaster & U.i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5520 Rank

Name Lavis W

Warned for demobilization on

JUN 7 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5520 Rank Pfc Name Davis Walter
 Intended place of residence. Safe Hill Bonaville
2. Occupation Construction Worker
 Classification of soldier E Medical Category A 1
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
 Date JUN 7 1919
- H. Mus H.
 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 7 1919
- W. Davis
 Signature of soldier
Ambleston H.
 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
JUN 7 1919
- W. Davis
 Signature of soldier
James O. Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 30-5-18 No of days on Military
 Discharged from service 21-6-19 plus 14 days Service 402

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S
 Date JUN 21 1919
- R.H. Lat Capt
 Officer in Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
- Place St. John's
 Date July 5/1919
- W. Howley Capt
 Officer in Records
 The Royal Newfoundland Regiment

2922079/2617

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5520 Rank Pvt Name Davis Walter
 Date of Enlistment 30-5-18 Address St. John's District Bonaville
 Occupation Construction Worker Classification for Discharge E1 Medical Category A1
 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 6-6-19 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W Davis

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied _____

Date 7-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 1565- to his home at Sepe M. Bonarista and Release Certificate No. 2435- issued.

Date 7-6-19 J.A. Snow Capt
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 7-1-19 J.A. Snow Capt
Depot Paymaster.

Discharge approved for 21-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
E 178	W 3494	B 122		Board 1st	" 2	1
B 178a	D 400A	B 1915	1	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 7-6-19 J.A. Snow Capt
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

JUN 21 1919

Date R.H. Salt Capt
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization: *8.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *6.6.19*

Regimental No. *5520*

Name *Lewis Walter*

Address *Safe St.*

Present Medical Category *A.i.*

Recommended for:— (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board

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

Waters
Senior Medical Officer

D.W. Burden
M. O. 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 follows:

To resume former occupation

W Davis

Signature of Man.

Reg. No. 5520

J. A. Snowball

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

JUN 7 1919

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

MEDICAL HISTORY

Surname Davis OF Christian Name Walker

Table I.—GENERAL TABLE.

Birthplace:—Parish Saint John's B.B. County Mea.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	30	May	1918	191
Declared Age	30	years		
Trade or Occupation	Construction worker			
Height	5	feet 6 ³ / ₄		
Weight		131		
Chest Measurement	Girth when fully expanded	35		
	Range of Expansion	4		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	1 Scar		
When Vaccinated	1 month ago			
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Pearson</u>			
(Rank)	Major			
Enlisted	at	<u>St. John's</u>	at	
Joined on Enlistment	on	day of <u>May</u>	on	day of
Transferred to	Corps.	Regtl. No.	Corps	Regtl. No.
Became non-effective by	on	day of	on	day of
(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 case of syphilis, admissions and re-admissions to hospitals 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				
Hazley Down	19	8	18	6	9	18	Mumps	18	Discharged to duty.	<i>E. S. Twiss</i> CAPT., R. A. M. C.



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

Walter Davis

Regiment from which discharged

Royal Newfoundland

Regimental number

5570

Intended address

Safe Str.

Height on discharge

5 Feet *7*

Color of hair on discharge

Black

Complexion

fair

Color of eyes

Blue

Descriptive Marks

Figure on discharge

medium

Christian name of Father

William

Christian name of Mother

Louisa

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Safe Str., Aug. 2nd, 1858

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)

*Walter Davis**Mr*
(Rank)

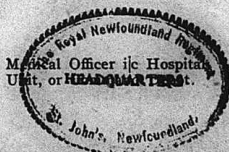
Station

ST. JOHN'S.

Date

6-4-19

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

Medical Report on an Invalid.

Station Hazley DownDate 1-5-19

1. Unit Royal Newfoundland
2. Regimental No. 5520
3. Rank Pte
4. Name Davis W.
5. Age last birthday 31
6. Enlisted { on 30th May 1918
at St John's
7. Former Trade or Occupation } Construction Worker.
- 7A. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

Statement of Case.

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. Nil
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Nil
12. 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). Nil
- (b) constitutional or hereditary, and not aggravated by service during the present war. Nil
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. Nil

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.

Acceptance of no disability

14. If the disability is an injury, was it caused—

na.

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

na.

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

na

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

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?

na

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.

na.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatration

W.M.C. / Major [unclear]

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Base Coy Down*

Officer in charge of Hospital.

Date *1. 5. 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.

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

Sept. 2, 1919

Wm. Davis,
Safe Hr.

Dear Sir:

I have been directed to acknowledge receipt of your letter of Aug. 16th. to the Minister of Militia, and to advise you that as your son #5520, Walter Davis, was discharged on July 5th, and his allotment is 80¢ per day, therefore his allotment was only paid up to the date of his discharge, which is 5 days in July @ 70¢ per day, which is \$3.50.

Yours truly,

Capt.
For Paymaster

Oct 8, 1919

Manager,
Bank of Montreal,
City

Dear Sir:-

I enclose cheque for Seventy dollars
(\$70.00) which please place to the credit of
Walter Davis, and oblige,

Yours truly,

Paymaster. Major

July 16, 1919

#5520 Pte. Walter Davis,

Safe Harbor, B.B.

Dear Sir:-

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

Yours truly

Captain & Paymaster

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim War Service Gratuity under Order-in-Council dated January 28th, 1918.

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 & RECRUIT OFFICE, ST. JOHN'S.

- Christian name *Walker* 2. Surname *Davis*
3. Rank *Pte* 4. Regiment *5520*
5. Address in full to which future payments of gratuity are to be forwarded, *Safe St. B. B.*
6. Date of enlistment in the Regiment. *May 31/18*
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. 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 Hfld. If so, give dates and particulars of such service. *Overseas*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas. *From May 31/18 to June 7/19* 13.

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?.....

..... *No*

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

..... *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

..... *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?.....

..... *No*

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

..... *June 7/19*..... *Remobilization*.....

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 & Germany - From*

..... *Nov. 1918 to Apr. 1919*

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: *Walter Davis*
 Place of Residence: *Safe Hr. B.B.*
 Declared before me at: *St. Johns, Nfld*
 This *7th* day of *June* 19*19*...

John McCarthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

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

FORM K

Nº 6185



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Walter Davis*, Regl. No. *5520*

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and *Seventy* 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 *August 1 1918*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4849	Father	Mr William Davis	Safe Harbour B. Bay	70
Total Allotment, \$			70	

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.) *Watson*

Officer Commanding
B Company

H. Johns

July 5 1918

(Sig.) *Walter Davis*

(Rank) *P6*

7285

Safe Harbor Oct 29th 1919

Dear Sir, In reply to yours of 18 inst
I beg to say that Walter Davis (my son Reg^t
Number ~~10~~ 5520 I received a receipt for

\$69.86 cents dated Oct 10 from the Bank
of Montreal, saying they had on that date
placed to Walter Davis's credit of his
savings acct - ^{that sum} from the Department of
Militia

Yours Faithfully

William Davis
Safe Harbor - B. B.

File

RECIPENT.

FOR ISSUE OF BRITISH WAR METAL-1914-1918.

C.R. 5520

I certify that I have received an issue of 2 inches
of Riband of British War Metal-1914-1918.

NAME. *Walter G. Davis*.....

DATE. *Jan 12 1920*.....

PLACE. *Halifax N.S.*.....

Army Form B. 103.

Regimental Number **C.R.** 5520

Casualty Form - Active Service.

Regiment or Corps **H. Newfoundland**
 Rank **Pte** Surname **Davis** Christian Name **W**
 Religion **C of E** Age on Enlistment **30** years **—** months
 Enlisted (a) **30/5/18** Terms of Service (a) **Duration** Service reckons from (a) **30/5/18**
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended (.....) Re-engaged (.....) Qualification (b).....
 or Corps Trade and Rate.....
 Occupation **Construction - worked** **M. Lodge** 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 ...			
		Disembarked...	28 NOV 1918		
		Joined Batt.	5 JAN 1919		
	6 New Lt.	Adm. Influenza		22-2-19	Ad 35731
		Discharged W/P		3/3/19	B 213

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

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

(17591.) Wt. W 1887-P 1124, 1,000,000. 6/18. D & S. Form B.103 (E. 1256.)

[P.T.O.]

Next of kin:

Father: **William Davis** Safe to: **B. Bay** N. F. L. D.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of The Royal Newfoundland

Number of Sheet One
Signature of O. C. Company W. B. Dickson Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5520 Walter Davis</u>	Age on	<u>30</u> years	<u>Construction Worker</u>		
Joined	Date	Place and Date of Enlistment	<u>St John's</u>	Religion		
Joined	Date		<u>30-5-18</u>	<u>Method.</u>		
Joined	Date	Period of	with Colours ³⁷ / ₃₆ years.	Place of Birth		
Joined	Date				with Reserve	<u>St John's</u>

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's</u>	<u>5</u>	<u>7/19</u>			

To be carried over.

The Royal Newfoundland Regiment

1220

DEMobilIZATION OF

Reg. No. 5520 Rank Pvt. Name Davis, Walter
 Date of Enlistment 30-5-18 Address St. John's District Bonaville
 Occupation Construction Worker Classification for Discharge E7 Medical Category A1
 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 6-6-19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W Davis

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. Ambleton

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1165 to his home at Ref. 2 B... and Release Certificate No. 2435 issued.

Date 7-6-19 J.A. Snow Capt
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 7-1-19 J.A. Snow Capt
Depot Paymaster.

Discharge approved for 21-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Handwritten notes in table:
 - Next to B 1915: 1
 - Next to D.F. 1: 1
 - Next to " 2: 1
 - Next to " 3: 2 Fam. B.

Date 7-6-19 J.A. Snow Capt
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 21 1919 R.H. Sait Capt.
O. C. Discharge Depot.

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

Date June 16/19 James ...
for records

Reg. No. *5120* Rank *1st Lt* Name *Davis Walker*
Attested Address *Safe Harbor*
Allotment Allottee ..
Date of Allotment Returned from Overseas *1.6.19.*
Returned on S S *Loss rear* Cause *Discharge*

1.6.19.
21.6.19.

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION.