



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 528 Name Isaac Dawe Cpl.

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

1. What is your name? ..... 1. Isaac Dawe
2. What is your full Address? ..... 2. Rattling Brook  
N.D.B.
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 23 Years ..... Months
5. What is your Trade or Calling? ..... 5. Fisherman
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
9. Are you willing to be enlisted for General Service? .. 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. } Name .....  
} Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. yes

I, Isaac Dawe ..... 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.

Isaac Dawe SIGNATURE OF RECRUIT.

James Pittman Signature of Witness.

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

I, Isaac Dawe ..... 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 21 day of May 1918.

Signature of Attesting Officer W. Dicks

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date ..... 191 .....

Place ..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....

**DESCRIPTIVE REPORT ON ENLISTMENT**

5538

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

Name Isaac Dawe  
 Apparent age 23 years ..... months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 inches  
 Distinctive marks .....

**INFORMATION SUPPLIED BY RECRUIT**

Name and Address of next of kin Johnathan Dawe Rattling Brook N.P. Relationship Father

**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 in Reserve 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>3-5-18</u>									
Joined at <u>Mo'hoi</u> on <u>Monday 3/1/1918</u>									
<u>Discharged July 1/1919</u>									
<u>Embarked Mo'hoi S.S. Columella to Halifax N.S.</u>					<u>22-7-18</u>				
<u>Embarked for N.C.S. 23-11-18</u>					<u>November</u>	<u>France</u>	<u>28</u>	<u>1/2</u>	
<u>Joined 1st Bn. France 5-1-19.</u>					<u>Transferred from 1st Bn.</u>	<u>22-7-19</u>			
<u>Arrived Winchester 23-4-19</u>					<u>1st Bn for demobilization</u>	<u>22-5-19</u>			
<u>Arrived Newfoundland 1-6-1919</u>									
<u>Demobilization Mo'hoi 12-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>12-7-1919</u> (date of discharge)					<u>1</u> years	<u>43</u> days			
Pensions " " " " " " " " " " " "									

No. 5538 Name

Daws, I

Sqn., Batty.,  
or Company

D.

Corps

R. Newfoundland

Date of  
enlistment

3/5/18

G.C.  
BadgesService of  
Proficiency

Pay

Date of last entry in  
Company Conduct SheetNo. and date  
of last drinkPeriod not reckoning towards  
freedom from extra fine

Sheet No.

Signature O.C.  
Company, etc.

W. L. D. D. D.

Character

Good

Office

Scale

Place	Date of offence	Rank	Cases of Drunken- ness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Roman	15-4-19	Pvt		Refused to take water / 5 <sup>th</sup> Co. R. Newfoundland		Penalty	15-4-19	Major, Buxton	R. B.

Army Form B. 122.

(P.T.O.)

C.R. 5538

Extract from Daily Orders Part 11 Unit The Royal NIA.  
St. John's, July 16th, 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by officer i/s Records from 18-7-19.

5538 Pte. Isaac Dawe

C.R. 5538

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

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 23-6-19.

5538 Pte. J. Dawe.

C.R.

5-5-19

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

Date

June 18th 1919.

5538, Pte. I. Da we.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5538

Extra t from Daily Orders part 11, from Unit The Royal  
H218. Regt. St. John's, dated July 25, 1918.

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

#5538 Pte. Isaac Dawe.

C.R. 5538

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

#5538 Pte, I. Dawe.



C.R. 5538

Extract from Daily Orders part 11, from Unit The Royal  
Mfld Regt. St. John's dated June 1st, 1918

#5538 Pte. I. Dawe

Attested for General Service with the Royal Mfld. Regt.  
from 31.5.18

C.R. 5538

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

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

#5538 Lt. e I. Dawe.

C.R. 5538

Extract from Telegram to Synoptical, London, dated Dec. 7th. 1918.

In answer your telegram Dec. 6th. my telegram Oct. 13th.  
should be read 5538 Dawe.

J. Dawe

C.R.

5538

1890

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *Royal Artillery* } Former Trade or Occupation } *Waterman*
2. Regtl. No. *5538* 3. Rank... *plte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Dave Isaac* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *24*
6. Posted for duty on *May 20/15* at... *P. I. John* in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*nil*  
*nil*  
*nil*  
*nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. .. .
  - (ii.) Previous active service.. .. .
  - (iii.) Climate in pre-war service .. .. .
  - (iv.) Ordinary military service before the war. .. .. .
  - (v.) Serious negligence or misconduct on the man's part. } .. .. .
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } .. .. .

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

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

*He explains you available*

16. Was an operation performed? If so, when and what was its nature? *u*
17. If not, was an operation advised and declined? *u*
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *u*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *u*

20. Do you recommend—
- (a) Discharge as permanently unfit?
  - (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*  
*Ad W. E. Proven*  
*11/11*  
*Capt R. R. M. S.*

Station *Hazley Lower*  
 Date *27/11/19*

Medical Officer in charge of case.

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







NEWFOUNDLAND CONTINGENTTELEGRAM <sup>full text</sup><sub>extract</sub> from MINISTER OF MILITIA No. \_\_\_\_\_

Dated 7 / 12 / 18 (10,615 ), Received 8 / 12 / 18

Decoded by J.L. Checked by J. M.Branch \_\_\_\_\_ Pay \_\_\_\_\_ Acted upon (Initial) [Signature]Acknowledged per No. \_\_\_\_\_ dated / / [Signature]

551.

With reference your telegram 7th. Dec.,- reference my  
telegram 13th Oct.- should be read- 5538- Dawe-  
fullstop-

MILITARY

EXTRACT OF TELEGRAM

"Despatched 6/12/18, (1401):

"Military. St. John's.

"With reference to your telegram October 13th- verify carefully and report  
"whether correct- Regimental particulars- 5338- Done.

SYNOPTICAL.

ND . a

No. 20599/659/P&A

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
1st. Bn. R. Newfoundland Regt.  
B.E.F.

13th. December, 1918

30-1-1919

Subject: 5538. Pte. Isaac Dawe.

ANSWER.

With reference to the following telegram (8820) from the Hon. Minister of Militia, received

Pay to 5538 Dawe f3-10-6

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account or otherwise dealt with.

*Handwritten:* This man wishes this amount retained to the credit of his account please.

NEWFOUNDLAND CONTINGENT  
PAYMASTER GENERAL  
C. POS. IN  
JAN 1919

*Handwritten:* Pte Isaac Dawe

BRANCH	
Comd.	
P & A.	
R. & C.	
B & E	
P.S.	

*Handwritten:* A.D. [Signature]  
Chief Paymaster & O. i/c Records.

Lowe, I

5538

Ray sept.

July 12, 1919

#5538 Pte. Isaac Dawe,

Ratling Brook, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate #2967.

Yours truly

Captain,  
Paymaster & U.I.C. Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5338 Rank Plt Name Lowe J  
 Intended place of residence Rattling Brook, ~~Bombard~~ N.D. 13

2. Occupation Fisherman  
 Classification of soldier E Medical Category A L

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 14 1919  
 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 14 1919  
 Signature of soldier  
 Signature of witness

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

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

Place and Date ST. JOHN'S  
JUN 14 1919  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 31-3-18 No of days on Military  
 Discharged from service 28-6-19 plus 14 days Service 408

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
JUN 28 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's, Nfld  
 Date July 13/1919  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

CPB 2079/1967

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5238 Rank Plt Name David A  
 Date of Enlistment 31-5-18 Address Puttling Brook District Conamara  
 Occupation Fisherman Classification for Discharge H1 Medical Category H1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	/	N. F. Med	D. F. 1	/
B 178	W 3494	B 122	/	Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 14-6-19 for O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

David A

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~~

Michael A

Date 14-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. <sup>8918</sup> to his home at Rattling Brook and Release Certificate No. 2769 issued.

Date

14-6-19

*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 12-7-19

Date

14-6-19

*H. M. ...*  
Depot Paymaster.

Discharged approved for

28-6-19

Forwarded with following documents to O. C. Discharge Depot.

N. F. P36	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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
B179c	B 120	M 93		

3 Form B

Date

14-6-19

*J.A. Snow Capt.*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date

JUN 28 1919

*R.H. Sait Capt.*

O. C. Discharge Depot.

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

Date



# The Royal Newfoundland Regiment

Class for Demobilization: 7

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 13.6.19

Regimental No 5538

Name Donald Joseph Rank \_\_\_\_\_

Address Raffling Brook

Present Medical Category A-1

Recommended for: (a) Immediate discharge \_\_\_\_\_

(b) ~~Standard Medical Board~~ \_\_\_\_\_

Members of Board

R.H. Lat  
O.C. Discharge Depot.

Hobson  
Senior Medical Officer

See 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.

.....  
.....  
.....

*J. P. Snowdell*  
Signature of the Vocational Officer or his Representative.

Reg. No. *✓*  
Signature of Man.

Place *ST. JOHNS Isaac Dawe*

Date *14-6-19* 191

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

# MEDICAL HISTORY

Surname Dave OF Christian Name Kease

Table I.—GENERAL TABLE.

Birthplace:—Parish Raveling Brook Nfld. County Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	31 <sup>st</sup>	May	191	
Declared Age	23	years		
Trade or Occupation	Fisherman.			
Height	5	feet	5	inches
Weight	145	lbs.		
Chest Measure-ment	Girth when fully expanded	36		
	Range of Expansion	4		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
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>[Signature]</u>			
(Rank)	Medical Officer.			
Enlisted	at		at	
Joined on Enlistment	on	day of	on	day of
	Corps	Regtl. No.	Corps	Regtl. No.
Transferred to	Royal Nfld. Regiment. 5538.			
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5538* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Dawe* *Isaac* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *24*
6. Posted for duty on *May 30/18* at *St. Johns* in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | } na                | .....             |
| (ii.) Previous active service .. .. .                      |                     | .....             |
| (iii.) Climate in pre-war service .. .. .                  |                     | .....             |
| (iv.) Ordinary military service before the war .. .. .     |                     | .....             |
| (v.) Serious negligence or misconduct on the man's part. } |                     | .....             |

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

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

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

*de Comptains pro disability*

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

*na*

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

*na*

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

*na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

*na*

*Repatriation*

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

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

Station *Hazeley D. Camp*

Date *29-4-19*

\* 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

July 12, 1919

#5538 Pte. Isaac Daws,

Rattling Brook, N.D.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

Paymaster & U.i/c Records      Captain

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 *Deane* ..... 2. Surname *Dawe* .....

3. Rank *Plt.* ..... 4. Regt. No. *5538* .....

5. Address in full to which future payments of gratuity are to be forwarded. *Rolling Brook N.S.D.* .....

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From May 31/18* .....

*to June 14/19* ..... 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.

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?

19. Are you now serving in the Res? *No* If not give: (a) date of discharge. *June 14/19* (b) Reason for discharge.

*New York New Utilization*

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 Sept, 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.

*Isaac Dawe*

Signature of Applicant:

Place of Residence:

*Roxbury Brook N.S.B.*

Declared before me at:

*N. Jones, Aged.*

This

*14<sup>th</sup>* day of *June* 19*19*

*John W. Carthy*

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

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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Isaac Dawe, Regl. No. 5338

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

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

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4482	Mother	Mrs Jonathan (Elizabeth) Dawe	Pullin Brook Green Bay	60
Total Allotment, 5				60

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 Lieut  
 Officer Commanding  
 E Company

(Sig.) Isaac Dawe  
 (Rank) Private

J.A. Johns  
July 2<sup>nd</sup> 1918

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet one

Regiment of Royal Newfoundland Signature of O. C. Company C. Dicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Isaac Dume</u>	Age on	years	months	
Joined		Date		Trade	
Joined		Date		Religion	
Joined		Date		Place of Birth	
Joined		Date		Place of Birth	
Joined		Date		Place of Birth	

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</u>	<u>St John's</u>	<u>12</u>	<u>7</u>		<u>19</u>

To be carried over.

Army Form B. 121.

AM38

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2238 Rank Plt. Name Dave J  
 Date of Enlistment 3.5.18 Address 111 St. John's St. St. John's District St. John's  
 Occupation Subaltern Classification for Discharge 1/1 Medical Category 1/1  
 Recommendation S.M.B. 1/1 Disability Rating 1/1  
 Passed to Demobilization Officer with following documents:—

N.F. 1/36	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 14-6-19 O. C. Discharge Depot. H. Mins. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am Dave in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied 1/1

Date 14-6-19

O i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 8718 to his home at Battling Creek and Release Certificate No. 2769 issued.

Date 14-6-19 J.A. Snowball  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 14-6-19

Date 14-6-19 J.A. Snowball  
Depot Paymaster.

Discharge approved for 29-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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
B179c	B 120	M 93		

*Form B*

Date 14-6-19 J.A. Snowball  
O. C. Discharge Depot.

**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 28 1919 R.H. Sait  
O. C. Discharge Depot.

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

Date June 30/19 [Signature]  
for Records

Reg. No. 5538 Rank PL Name Dave, Isaac,  
Attested ..... Address Rattling Brook  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas 29-5-19  
Returned on S.S. Corsican Cause Discharge

14.6.19.  
24.6.19.

DISCHARGE APPROVED ON DES. ALLOCATION.



## 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 *Dawe, Isaac*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5538.*

Intended address *Rattling Brook N.D. Bay*

Height on discharge *5 Feet 5*

Color of hair on discharge *Dark Brown*

Complexion *Dark*

Color of eyes *Grey*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father *Isaac*

Christian name of Mother *Elizabeth*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *N.D. Bay. 5-11-1895*

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) *Isaac Dawe*

*Pl*  
(Rank)

Station **ST. JOHN'S.**

Date *12 6 19*

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

Station

Date





**Casualty Form - Active Service.**

Regiment or Corps N. Newfoundland  
 Rank Pte Surname Dawe Christian Name J  
 Religion C of E Age on Enlistment 23 years — months  
 Enlisted (a) 31/5/18 Terms of Service (a) Duration Service reckons from (a) 31/5/18  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended { } Re-engaged { } Qualification (b).....  
 or Corps Trade and Rate Warrant Officer  
 Occupation Fisherman Signature of Officer. [Signature]

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...	<u>28 NOV 1918</u>		
		Joined Batt.			<u>19</u>
		<u>Arrived in UK</u>		<u>21/4/19</u>	

(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.)

Next of Kin: Father: Jonathan Dawe: Rattling Brook: Notre-dame-Bas: N.S.L.D