



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5737 Name John Dawe Corp Cof S.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------|
| 1. What is your name? | 1. <u>John Dawe</u> |
| 2. What is your full Address? | 2. <u>Seal Cove Ck</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Farmer</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, John 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.

John Dawe SIGNATURE OF RECRUIT.

John Dawe Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

John 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 entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 8 day of July 1915

Signature of Attesting Officer Edwards

† CERTIFICATE OF APPROVING OFFICER.

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

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

Date 9-9-15 1915
 Place St. John's } 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

5737

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

Name John Dawe
 Apparent age 23 years months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 34 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Jane Dawe
Long Pond | Relationship Mother.
J.C.B. 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>8-7-18</u>									
Joined at <u>St John's</u> on <u>July 3-1918</u>									
<u>Discharged August 31-1919</u>									
<u>Embarked St John's N. Columella to Halifax N.S. 22-7-18.</u>									
<u>Remained at Aldershot H.Q. on isolation for mumps. Left Sydney 29 8/18</u>									
<u>Out arrived Sydney 9-9-18 Arrived H.Q. 9-9-18.</u>									
<u>To Leamington for demobilization 24-6-19. Arrived Leamington 1-7-1919</u>									
<u>Total Service forfeited as above. Demobilization St John's 3-8-1919</u>									
Total Service towards Engagement to <u>3-8-1919</u> [date of discharge] <u>1</u> years <u>27</u> days									
" " Pensions " " " " " " " " " " " "									

C.R. 5737

Extract from Daily Orders Part II Royal Newfoundland
Regt. Depot St. John's dated 4-8-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c records from noted date
3-8-19.

5737, Pte. J. Dawe.

C.R. 5737

Extract from Daily Orders part 14, Unit the Royal Field
regiment dated July 21st. 1918.

The discharge of the undernoted on demobilisation has
been APPROVED by G. O. Discharge Depot on noted date.

#5737 Pte. J. Dawe.

Q

20 111

C.R. 5737

**Extract from Memorial Roll of Casualties From O.C. Embarkation
Casualty Section, No.6 District Depot, Halifax, Canada.**

5737 Pte. Daw J. Reported from Aldershot 15-8-18 Overseas
27-8-18.

C.R. 5737

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.
St. John's, July 2nd 1919.

5737 Pte. J. Dawe.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

CR. 5737

Extract from Orders, Part 11, by Lt. Col., B.J. Barton, D.S.O.,
Commanding 2nd Bn., Royal Newfoundland Regiment, dated 10/9/18.

The undermentioned who arrived from Newfoundland on the 9/8/18 are taken
on the strength from that date:

5737 Pte. J. Dawe.

C.R. 5737

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.

#5737 Pte. John Dawe.

C.R.

5737

Details of Draft under Capt. Leo Murphy admitted Hosp.
Quarantine at Aldershot. (no date given).

#5737 Pte. J. Dawe.

C.R. 5737

Extract from Daily Orders part 11, frommUnit The Royal
Wfld. Regt. St. John's, dated July 9th, 1918.

#5737 Pte. John Dawe.

Attested for General Service with the Royal Wfld.
Regt. July 6, 1918.

J. Dawe

C.R. 5737

110

No. 19848/2237

065761
F



NEWFOUNDLAND CONTINGENT 1918

From:

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

To:

Officer Commanding,
2/Bn Royal Newfoundland Regt.
Winchester.

5th December 1918

Dec 7 1918

Subject: 5737, Pte. J. Dawe

With reference to the following telegram (10464) from the Hon. Minister of Militia, received

Pay to 5737 Dawe £4:0:0

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

A. J. Munnell Maj.
Chief Paymaster & O. i/c Records.

Receipt hereunder.

Examined

LIEUT. COLONEL
Officer Commanding 2nd Bn. Royal Newfoundland Regt.
Commanding the 2nd Bn. Royal Newfoundland Regiment.

Received the sum of four

pounds on account of cable remittance from Newfoundland.

No. 5737 Rank Private

Witness POW O'Brien
C.P.W.

Lowe, J

5737

Ray Sept.

August 4th 1919.

#5737, Pte. J. Dawe,
Long Pond, Hr. Main.

Dear Sir:

I enclose herewith Discharge Certificate
3485.

Yours truly,

Capt. P. Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5737 Rank. P.C. Name. Lowe J
 Intended place of residence. Long Pond 4th Man
 2. Occupation Iron 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 JUL 18 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, ST. JOHN'S
 Date 18-7-19
 Signature of soldier: J. Lowe
 Signature of witness: M. Blonstein

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, ST. JOHN'S
 Date 18-7-19
 Signature of soldier: John X Lowe
 Signature of witness: James O'Sullivan

STATEMENT OF SERVICE

7. Enlisted for service. 8-7-18 No. of days on Military
 Discharged from service. 20-7-19 Plus 14 days Service. 393

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 20 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
 Date August 3/1919
 Officer in Charge
 The Royal Newfoundland Regiment

Aug 13 20 1919

24
3

The Royal Newfoundland Regiment

Class for Demobilization: 6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 18/19

Regimental No. 5737

Name Dave. John.

Address Long Pond. St. John's.

Present Medical Category A1

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

Members of Board {

N.R. Cooper Capt.
O.C. Discharge Depot.

W. Paterson
Senior Medical Officer

H. Berden
M.O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5737 Rank Private Name Lawson, J.
 Date of Enlistment 8-7-18 Address Long Point District St. Mary's
 Occupation Iron Worker Classification for Discharge Eg Medical Category A-1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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
B 179c	B 120	M 93		

Date 18-7-19

O. C. Discharge Depot. W. M. H.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation

John Lawson
W. M. H.

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 W. M. H.

Date 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2474 to his home at Longford and Release Certificate No. 3913 issued.

Date 18. 7. 19.

[Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 3-8-19

Date 18. 7. 19.

1 *[Signature]*
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	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	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			

[Signature]

Date 18-7-19

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 JUL 20 1919

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

John Dawe

Signature of Man.

M. Blonsh

Reg. No. 3737

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date 18-7-19. 191

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

MEDICAL HISTORY

Surname Davis

Christian Name John

Take I.—GENERAL TABLE

Birthplace:—Parish Long Point County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined on 8th day of July 1918. at St. Johns

Declared Age 23 years 1 day 2 years 41 days

Trade or Occupation Iron on other

Height 5 feet 5 inches

Weight 128 lbs.

Chest Measurement { Girth when fully expanded 34 1/2 inches
Range of Expansion 3 1/2 inches

Physical Development	Right	Left	Right	Left
	Vaccination Marks { Arm Number	<u>/</u>	<u>/</u>	
When Vaccinated	<u>6/9/19</u>			
Vision	R. E.—V= L. E.—V=		R. E.—V= 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 Signature

James B. Peterson

(Rank)

Medical Officer

Medical Officer

Enlisted

at St. Johns on 8th day of July 1918.

at _____ on _____ day of _____ 191

Joined on Enlistment

Corps Royal New Regt. No. 5937

Corps _____ Regt. No. _____

Transferred to

Became non-effective by

on _____ day of _____ 191

on _____ day of _____ 191

(Signature)

(Rank)



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *John Sawe*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5737*

Intended address *Long Pond, St. John's.*

Height on discharge *5* Feet *5*

Color of hair on discharge *Dark + Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *—*

Christian name of Mother *Jane*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Long Pond, April, 1896*

Nature and locality of civil employment required

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

(Soldier's signature in full)

John Sawe Pte
Mark Witness W. P. H. D. K. G. (Rank)

Station

ST. JOHN'S.

Date

17-7-19

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.

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



Date

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 Rifles* 7. Former Trade }
or Occupation }
2. Regtl. No. *5737* 3. Rank... *Plt.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name *Dawe John*
(Surname) (Christian Names)
5. Age last birthday. *23*
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

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.)

The complaints of his disability disability

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

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation

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

W.E. Procuries. Capt Ramm
 Medical Officer in charge of case.

Station *Hazely Bone*
 Date *1/4/19*

* 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

August 9th 1919.

Mr. John Lawe,
Long Pond, Manusls.C.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 War Ser-
vice Gratuity.

Yours truly,

Capt. & Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *John* 2. Surname *Sawe*
3. Rank *Pvt.* 4. Regtl. No. *5737*
5. Address in full to which future payments of gratuity are to be forwarded. *Long Pond, C. B. Manuels*
6. Date of enlistment in the Regiment. *July 6/18*
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 July 6/18 to July 18/19* 1. 2.

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?

Yes

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

No

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

No

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

No

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

19. Are you now serving in the Rep't? *No* ... If not give: (a) Date of discharge *July 18/19* (b) Reason for discharge *Reassignment*

Temporary

Reassignment

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

No

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee?

No

And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

his
John X Sawe
mark

Signature of Applicant:

Place of Residence:

Long Pond, C. B.

Declared before me at:

S. Johns, Vtld.

This

19th

day of

July

19*19*.....

John McGothy

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

POST DISCHARGE PAY.

Date paid	Soldier	Widow	Dependent	War Service	Not amount due
.....
.....
.....
Certified correct.				Paymaster	

ST. JOHN'S, JUL 18 1919

Royal Newfoundland Regiment.

Billeting Account.

To Pte J Dave

Billeting Soldiers as undermentioned

from

July 1, 19 to July 16, 1919

5737

Pte J Dave

16 60

134 m
3359

ew

Certified correct for \$16.60

[Signature]
Billeting Officer.

J. Dave

[Handwritten initials]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39.

Regiment of

Royal Newfoundland

Number of Sheets

One

Signature of O. C. Company

W. A. D. S. G. G. G. G.

Regimental Number and Name		Enlistment		Trade
No.	<i>5737 John Dawe</i>	Age on	<i>23</i> years <i>0</i> months	<i>Iron Worker</i>
Joined	Date	Place and Date of Enlistment	<i>St Johns 8-7-18</i>	Religion
Joined	Date	Period of	with Colours <i>1³⁴</i> years.	Place of Birth
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay

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
				<i>Demobilized</i>	<i>St Johns</i>	<i>3</i>	<i>8/19</i>		

To be carried over.

Army Form B. 121.

C.R.

5737

Army Form B. 179a.

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

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

- 1. Unit and Corps. *Royal Artillery*
- 2. Regtl. No. *5737* 3. Rank. *Plt.*
- 4. Name *Dawe* *John*
(Surname) (Christian Names)
- 5. Age last birthday. *23*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Iron Worker*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
(b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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

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, 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.)

No complaints of no feasibility

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

Refracted

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.

W. E. Procmier. Capt. R.A.M.C.

Station *Harleydown*

Medical Officer in charge of case.

Date *17.11.14*

* 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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5737 Rank Plt Name Laurie J. ...
 Date of Enlistment 8-7-18 Address Long Bay District St. John's
 Occupation ... Classification for Discharge ... Medical Category ...
 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 18-7-19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*John & Laurie
with Newman*

Particulars passed to Vocational Officer for information and action.

Date 18-7-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable # 65.00
- (b) Clothing Supplied ...

Date 18-7-19 O i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2474 to his home at Longford and Release Certificate No. 3713 issued.

Date 18 7-19 Ambrose
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 3-8-19

Date 18 7-19 Mus H
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.	B 268.	B 121.	N.F. Med.	D.F. 1.	
F 178.	W 3494.	B 122.	Board 1st.	" 2.	1
B 178a.	D 400A.	B 1915.	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 18-7-19 Ambrose
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919 L. COOPER, CAPT.
O. C. Discharge Depot.

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

Date Aug 10 1919

Reg. No. *5737* Rank *4th* Name *Paul J. Long*
Attested Address *1000 E. B.*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Canada* Cause *Discharge*

18 JUL 19
20 JUL 19
PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED BY DEMOBILIZATION