



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5488 Name John J. Dume Corps Boys

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

1. What is your name? ..... 1. John J. Dume
2. What is your full Address? ..... 2. Boys Post CB
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years 0 Months
5. What is your Trade or Calling? ..... 5. School Teacher
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, John J. Dume 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 J. Dume SIGNATURE OF RECRUIT.  
W. H. Beam Signature of Witness.

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

I, John J. Dume 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 Boys Post

on this 21st day of May 1915.  
Signature of Attesting Officer W. H. Beam

### 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 ..... 1915 }  
Place ..... } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5488

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

Name John F. Dame

Apparent age 21 years 0 months. Height 5 feet 8 inches

Chest Measurement { Girth when fully expanded 38 inches  
Range of expansion 1 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Robert Dame, Colony Point, Cal. | 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)
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### 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>1875-18</u>									<u>Lance Cpl. 21-11-18.</u>
Joined at <u>St John's</u> on <u>Nov 27-1918</u>									
<u>Discharged August 13/1919</u>									
<u>Embarked St John's S. Coastville to Halifax N.S. 22-7-18</u>									
<u>To Hqs for demobilization 24-6-1919</u>									
<u>Arrives to England 1-7-1919</u>									
<u>Demobilization St John's 3-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 3-8-1919 [date of discharge] 1 years 69 days

" " Pensions " [ " " ] " " " "

C.R. 5488

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 11th 1919.

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

5488, L/C. J. Dawe.

C.R. 5488

Extract from Daily Orders part II, Unit the Royal  
Newfoundland Regiment dated July 21st. 1919.

The discharge of the undersigned on demobilisation has  
been APPROVED by O. C. Discharge Depot on 20-7-19.

#5488 B/c. John Dawe.

Extract of Orders Part 2 By Lt.Col.B.J.Barton, D.S.O.  
Commanding 2nd Battalion Royal Newfoundland Regiment.

Ref.Bn.Orders Part 2 of 20/11/18 "Promotions" should read  
as from 8/11/18

To be Lance Corporal as from 21/11/18.

5488 Pte.J.F.Dawe "B" COY.

C.R. 5488.

Extract from Daily Orders Battalion Unit The Royal Nfld.  
Regt. St. John's, July 3rd, 1919.

5488 L/C. J.F. Daws.

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

C.R.

5488

Extract from Daily Orders part 11, from Unit The Royal Wfld. R  
Reg St. John's, dated July 25, 1918.

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

#5488 Pte. John Dawe.

C.R. 5488

Extract from Daily Orders part 11, from Unit The  
Royal Nfld. Regt. St. John's, dated May 29, 1918

#5488 Pte. J. Dawe.

Attested for General Service with the Royal Nfld. Regt  
from May 27, 1918



J. F. Dawe

C.R.

5488

~~J. F. Dawe~~

FORM K

No 4445



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Frederick Dume, Regl. No. 5488 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz :

Allotment begins July 1st 1918

Table with 5 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, and AMOUNT (each person). Includes entry for 4238 Mother of John Frederick Dume at College Point Bay Roberts with an amount of 50.

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.

Signature: Watson Lieut, Officer Commanding Company, SA Jones, June 10th 1918

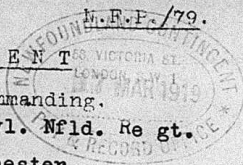
(S) John Frederick Dume (Rank) Pte

No 3946/599

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd Batt. Ryl. Nfld. Re gt.  
Winchester.



12th March 1917

5488 L/Cpl. Dawe J. F.

With reference to the following telegram from the Minister of Militia / / ( 75 )

"Pay to- 5488 Dawe  
£4. 10. 5.

Cheque £ 4. 10. 5 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

March 14<sup>th</sup> 1917

Receipt hereunder  
*S. K. ...* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2<sup>nd</sup> Batt'n.

Received the sum of Four pounds  
two Shillings & five pence in respect of telegraphic remittance from the Minister of Militia.

J. F. Dawe  
No. 5488 Rank Lance Corporal  
Witness W. Barnes

B

No. 19231/2222160

065554  
30

N.F.P./79.

NEW FOUNDLAND CONTINGENT

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 Nfld. Regt.  
Winchester.

RECEIVED  
30 NOV 1918

25th November 1918

Subject: 5488, Pte. J.F. Dawe B

With reference to the following telegram (10080) from the Hon. Minister of Militia, received

pay to 5488 Dawe £8:4:5

Draft £8:4:5 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. J. Munnell Maj.*

Chief Paymaster & O. i/c Records.

Nov. 28th 1918

Receipt hereunder.

*Cham*

LIEUT. COLONEL.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT

Officer Commdg. 2nd Batt'n  
Royal Newfoundland Regiment

Received the sum of Eight pounds

four shillings, five pence on account of

cable remittance from Newfoundland.

*J. F. Dawe*

No. 5488 Rank

Pte.

*W. Power. Pte*

Dawe, John

5488

Pay Dept.

August 4th 1919.

#5488, L/C.J.Dawe,  
Coley's Pt. C.B.

Dear sir:

Enclosed please find Discharge Certificate # 3478.

Yours truly,

Capt. & Paymaster.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5488 Rank 2/cpl Name Dawe J  
 Intended place of residence Coleys Pt.

2. Occupation School Teacher  
 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 JUL 17 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, ST. JOHN'S  
 Date JUL 17 1919  
 Signature of soldier  
 Signature of witness Sgt.

### STATEMENT OF SERVICE

7. Enlisted for service 27-5-18 No. of days on Military  
 Discharged from service JUL 20 1919 Plus 14 days Service 434

### 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  
 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

5  
20  
31  
3  
69

AD 207913478

# The Royal Newfoundland Regiment

Class for Demobilization: *76*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *July 18/19*

Regimental No. *5488*

Name *Dave John*

Address *Coleys Point*

Present Medical Category *A1*

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

*D.R. Lodge Capt.*  
O.C. Discharge Depot.

*R. Paterson*  
Senior Medical Officer

*G.O. Borden*  
M.O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2485 Rank L/Pl Name James J. Lawrence  
 Date of Enlistment 29.3.18 Address Woolryd St. St. John's District St. John's  
 Occupation School Teacher Classification for Discharge By 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 18.7.19 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*J. Lawrence*

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 18.7.19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2479 to his home at Coles Town and Release Certificate No. 3720 issued.

Date 18-7-19 ..... *Phil Cooper*  
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 ..... *Phil Cooper*  
Depot Paymaster.

Discharge approved for 20-7-19

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
B 179c	B 120	M 93		

*Phil Cooper*  
Demobilization Officer.

Date 18-7-19 ..... *Phil Cooper*  
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.

*Lawrence J.*

Signature of Man.

*Melvin S. ...*

Reg. No. 5488

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

OF

Surname Dance

Christian Name John

Table I. GENERAL TABLE.

Birthplace:—Parish Boley's Point Ec. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	27 <sup>th</sup>	May		191
	at	St. John's.	at	
Declared Age	21.	years		days
Trade or Occupation	School Teacher.			
Height	5	feet 3 3/4.		inches
Weight		143.		lbs.
Chest Measurement	Girth when fully expanded	38		inches
	Range of Expansion	7.		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
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)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	27 <sup>th</sup> day of May	on	day of 191
	Corps.		Corps	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	Royal Nfld. Regiment.			
Transferred to	5488.			
Became non-effective by	on	day of 191	on	day of 191
(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 Dragoon Guards* Former Trade or Occupation *Police Constable*
2. Regtl. No. *5485* 3. Rank... *Sergeant* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Dave, John J.* (Surname) (Christian Names) (a) Former Regts. or Corps with Regtl. Nos.
5. Age last birthday... *27*
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 (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 general 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. *India*

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? }

*See Complaints of No disability*

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.)*
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.S. Prosser, Capt R.A.M.C.*  
 Medical Officer in charge of case.

Station *Stokeley Barr*

Date *4/4/19*

\* 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.



## 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 John.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5488*

Intended address *Coleys St. Bay Roberts.*

Height on discharge *5* Feet *6.*

Color of hair on discharge *Black.*

Complexion *Dark.*

Color of eyes *Brown.*

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

Figure on discharge *Wid.*

Christian name of Father *Robert.*

Christian name of Mother *Rebecca.*

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

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

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

Place and date of soldier's birth *Coleys St. Bay Roberts. 8 Aug. 1897.*

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 Dawe*

(Rank) *Sergeant*

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



August 9th 1919.

Mr. J. Daws,  
Coley's Pt. 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.<sup>us</sup> 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..... *Dawe* .....
3. Rank..... *A/lie* ..... 4. Regtl. No..... *5488* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Colony's Point, C.B.* .....
6. Date of enlistment in the Regiment..... *May 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
..... *no* .....
8. Relationship of such dependents..... *no* .....
9. Address in full of such dependents..... *no* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no* .....
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..... *fourteen months* .....

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?

.....

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

.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?  
(b) If so, was such reversion in consequence of misconduct or inefficiency?

..... no .....

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

..... Aug 21/19 ..... Demob .....

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.

..... England .....

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.

.....

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: *J. Dawe*

Place of Residence: *Colony Point, C.B.*

Declared before me at: *St John's*

This *19* day of *July* 19*.19*....

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

POST DISCHARGE PAY.				Net amount due
Date paid	paid Soldier.	paid Dependent.	War service gratuity.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Registrar

08107

Coleys Point  
Bay Roberts  
Jan. 2<sup>nd</sup>. 1920

Regimental Paymaster.  
Militia Building  
St. John's.

Dear Sir.

I write to inform you that I have not received my full payment of War gratuity money.

I have received three cheques of Seventy-Dollars each, but the fourth and final payment Cheque I have not received yet.

I find that I am the only one of the boys around here with whom I enlisted that has not received full payment and I consider that some mistake has been made or that I have been overlooked.

I may say the money I did receive went into other hands before I received it, so I wish to know whether it is sent or not.

yours respectfully

J. F. Dawe (# 5488)

7000 m Jan 12/20 Bal

FORM K

No 4445



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Frederic Dawe, Regl. No. 5488 hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Twenty 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. July 1<sup>st</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4238	Mother	Mrs (Robert) Dawe	Collyrs Point Bay Roberts	50
			Total Allotment, \$	50

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  
SA Johns  
June 10<sup>th</sup> 1918

(Sig.) John Frederic Dawe  
 (Rank) Plt

ST. JOHN'S,

JUL 18 1919

# Royal Newfoundland Regiment.

Billeting Account,

To *Lt Col J Dume*

Billeting Soldiers as undermentioned

from *July 1 / 19* to *July 16 / 19*

*5488 Lt Col J Dume* 16 60

ACCOUNT	<i>B 1 m</i>
CH. NO.	<i>3354</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ *16 60*

*W. M. Boush*

Billeting Officer.

*Col. J Dume*

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>

*Jan'y 12 1920*

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.  
on account of Pay. W. S. G.  
balance

*J. G. D. [Signature]*

Ch. No. <u>25948</u>	Initials <u>EW</u>
Pay Ledger <u>89</u>	Initials <u>W</u>
Gen. Ledger	Initials

Regtl. No. \_\_\_\_\_ Rank \_\_\_\_\_



No. 5488

Rank

Pt

Name

J. Hance

Coley St

Bay Roberts

RECEIPT  
FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal-1914-1919.

C.R. 5488

NAME.....*J. F. Dawe.*

DATE.....*18-11-1919*

PLACE.....*Coley's Point, C. B.*

# 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		Title	Good Conduct Badges, Service pay or proficiency pay
No. <u>5488</u>	<u>John J. Dowe</u>	Age on <u>21</u> years <u>11</u> months		<u>School Teacher.</u>	<u>To be Lance Corporal 21-11-18</u>
Joined _____	Date _____	Place and Date of Enlistment <u>St John's Nfld 5-18.</u>	Religion <u>CofE.</u>		
Joined _____	Date _____	Period of <u>1 1/2</u> years with Colours / <u>3 1/2</u> years with Reserve	Place of Birth <u>Worley Point.</u>		
Joined _____	Date _____				

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>Hazelton</u>	<u>3-10-18</u>	<u>Pvt</u>	<u>-</u>	<u>Duty on Parade</u>	<u>S.S.M. Pagan</u> <u>sgt. Cox</u>	<u>2 days C.B.</u>	<u>3-10-18</u>	<u>Capt Pappay</u>	<u>67</u>
				<u>Demobilized St John's</u>			<u>3 1/19</u>		

To be carried over.

Army Form B. 121.

151489

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2788 Rank SM Name James J. Lawrence  
 Date of Enlistment 27-5-18 Address Leaside St. St. John's District St. John's  
 Occupation General Classification for Discharge 1 Medical Category A  
 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.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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

Amblin

Date 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
 at Bellevue, Tenn. and Release Certificate No. 37201 issued.

Date 18-7-19 .....  
 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 3-5-19

Date 18-7-19 .....  
 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
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 .....  
 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 Aug 1 1919 .....

Reg. No. *1444* Rank *LC* Name *Bawle, J. J.*

Attested ..... Address *Colys. H.*

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas *JUL. 1. 1919*

Returned on S S. *Cassandra* Cause *Discharge*

*18 7 19*  
*20 7 19*

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILISATION**

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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 } *Schoolteacher*
2. Regtl. No. *5488* 3. Rank. *L. Capt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Lowe* *John F.* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *22*
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 ;
9. If a Court of Inquiry was held on an injury state :— (c) Cause of Discharge.
- (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*

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.)*

*He complains of no 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?

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

Station *Kazuki Down* .. .. .

Date *3. 11. 19* .. .. .

*W. E. Procmier* *Capn Rame*  
 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.