



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4584 Name Kenneth Dawe ~~Corps~~ C.P.R.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Kenneth Dawe</u> |
| 2. What is your full Address? | 2. <u>Chamberlains Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Mariner</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, Kenneth 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.

a. r. r. 4-18 Kenneth Dawe SIGNATURE OF RECRUIT.
James Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Kenneth 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 at St. John's on this 22 day of April 1915

Signature of Attesting Officer Geo Hartley

†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..... } Approving Officer.
Place..... }

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Kenneth Dawe

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

Chest Measurement { Girth when fully expanded 38 inches
Range of expansion 5 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Dawe Chamberlain
Boz | 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 for reckon for 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>22-4-18</u>					
				Joined at <u>St. Asis</u> on <u>April 23/1918</u>					
				<u>& discharged July 8/1919</u>					
				<u>Embarked St. Asis train to Halifax N.S.</u>					<u>11-6-18</u>
				<u>Embarked for U.K.</u>					
				<u>26-10-1918</u>					
				<u>Disembarked France.</u>					
				<u>26-10-18.</u>					
				<u>Joined Battalion on the field</u>					
				<u>5-12-1918</u>					
				<u>Admitted 26 Co. "Sealies"</u>					
				<u>15-12-18</u>					
				<u>Admitted 25 Gen. Hosp. Bussell St.</u>					
				<u>17-12-18</u>					
				<u>Went to base depot Rouen</u>					
				<u>20-12-18.</u>					
				<u>Returned unit in the field</u>					
				<u>14-1-19</u>					
				<u>Approved discharge from Rouen</u>					
				<u>1-5-19.</u>					
				<u>Went to demobilization</u>					<u>Occurs Harwich Island 1-6-1919</u>
				<u>22-5-1919.</u>					
				<u>Total Service forfeited as above:</u>					
				<u>Demobilization St. Asis</u>					<u>18-7-19</u>
				<u>18-7-1919</u>					
				(date of discharge)					
				1 years 58 days					

Total Service towards Engagement to 18-7-1919 (date of discharge) 1 years 58 days

" " Pensions " " " " " "

C.R.

4582

Extract from Daily Orders Part 11 Unit The Royal Welch Regt.
St. John's, June 28th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from 4-8-19.

4582 Pte. Kenneth Daws.

C.R. 4582

Extract from Daily Orders Post 11 Unit The Royal Welch Regt.
St. John's, July 25/19

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 18-7-19.

4582 Pte. Kenneth Dawe.

C.R. 4582

Extract from Daily Orders Part 11 Depot, St. John's,

Date

June 18th 1919.

4582, Pte. K. Dawe.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4582

Adapt from Cas. received from the F.R.C. London
dated 6-5-19.

The n/a re-joined 1st. Bn. Winchester from
Subj. France 1/5/19.

4582 Pte. K. Dawe.



C.R. 4582

SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

MACHINE GUN CORPS			LIST No. H.A. 33693
111542 Pte. Bowden, J.	10 Bn. M.G.C. att.	Piles mild	Adm. 5 Gen. H. Rouen 29th. Dec '18.
	8 Anti Air't Coy.		
138532 Pte. Lambert, J.	25 Bn. M.G.C.	Eozema	Dis. to Reinf. ex 5 Gen. H. Rouen 29th. Dec '18.
130515 " Moss, J.	48 M.G.B.	Inf. Intestines	Dis. to Base Med. Bd. Rouen ex 9 (Lakeside U.S.A.) Gen. H. 28th. Dec '18.
138947 " Beattie, J.	5- do.	Bronchitis	Dis. to Demobilization Camp Rouen ex 9 (Lakeside USA) Gen. H. 29th. Dec '18.
161867 Pte. Proffitt, A.	8-Bn. M.G.C.	Scabies	Dis. to Base Dep. Etaples ex 25 Gen. H. 30th. Dec '18.
37884 Dvr. Thompson, H.	41- do.	Influenza	Dis. to Base Dep. Etaples ex 25 Gen. H. 30th. Dec '18.
170819 Pte. Turvey, A.S.	48- do.	Seborrhea	Dis. to Base Dep. Etaples ex 25 Gen. H. 30th. Dec '18.
171583 " Smallwood, W.	21- M.G. Corps	Old G.S.W. Leg.	Dis. to "Dublin" Rest Camp Boulogne (Minor for Demobilization) ex 25 Gen. H. 30th. Dec '18.

MILITARY POLICE ALDERSHOT			LIST No. H.A. 33693
P/1056 L/C. Skingman, H.	M.F.P. Cologne	Boils mild	Adm. 25 Gen. H. Hardelet 30th. Dec '18.
3rd. (ROYAL NAVAL) DIVISION			LIST No. H.A. 33693
R/2782 A.B. Viney, A.B.	R.N.D. Anson	Myalgia	Dis. to Base Dep. Calais ex 25 Gen. H. 30th. Dec '18.

NEWFOUNDLAND EXPEDITIONARY FORCE			LIST No. H.A. 33693
4582 Pte. Dawe, K.	1-R. Newfoundland	Scabies	Dis. to Base Dep. Rouen ex 25 Gen. H. 30th. Dec '18.

C.R. 4582

Nov. 29th 18.

Mr. John Dawe,
Chamberlains, C.B.

Dear Sir:-

In answer to your enquiry I beg to inform you that information has been received by this Department to-day from Pay & Record Office, London, to the effect that your two sons, No. 4582, Pte. Kenneth Dawe and No. 4594, Pte. Harvey Dawe, is now with the 1st Battalion in France and are both quite well.

Yours faithfully,

Lieut.

~~Michael G. G. G.~~
107
Minister of Militia.

C.R. 4582

Extract from Telegram to Springfield London, Nov. 26th, 1918.

Inform whereabouts 4582 Dawe.

M.H.

C.R. 4582

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.,
By Lt. Col. F.G. Mathias, D.S.O. Commanding 1st Batta 3/11-18.

The following joined the Batta. 3-11-18.

4582 Pte. K. Dawe.

B Coy.

C.R. 4582

Extract from Nominal Roll Re-inforcement No.55 Embarked Folkeston,
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.E.F

4582 Pte. Dawe, K.

MP.

C.R. 4582

Extract from Daily Orders Part 11. from Unit The Royal Wfld.
Regiment, St. John's, dated June 14th 1918.

4582 Pte H. Dawe

Embarked for overseas with draft 11-6-18

C.R. 4582

Extract from Daily Orders part 11, from Unit The Royal Wfld.
Regt. St. John's, dated April 23, 1910.

#4582 Pte, Kenneth Lawe.

Attested for General Service with the Royal Wfld. Regt. with
effect from 22/4/10

Dawel, H.

C.R. 4582

P.Y.R.C.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Kenneth Dawe, Regl. No. 4582

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

Allotment begins 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person).
<u>420</u>	<u>Father</u>	<u>John Dawe</u>	<u>Blamherbanis C. B.</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) A. C. Summers Lt.
Officer Commanding
B Company
St. John's
8-6-1918

(Sig.) Kenneth Dawe
(Rank) Private

No. 6434/924

B day

099342

NEWFOUNDLAND

From. NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding
Snd. Bt^y Fyl. Wild. Regiment
Winchester

29th April 1919

4582 Pte K. Dawe

With reference to the following
telegram from the Minister of
Militia / / (155)

"Pay to-4582 K. Dawe

£10-0-0

Cheque £ 10-0-0 is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

A. J. Minnie
Chief Paymaster & O. i/c Records.

Receipt hereunder.

A. J. Minnie
Officer Commdg. *1st* Batt'n.

Received the sum of £10

pounds (£10-0-0) in respect of
telegraphic remittance from the
Minister of Militia.

K. Dawe
No. *4582* Rank *Pte*

Witness *E. Green*

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
55 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay
it to the N.W.C.A. "Treasury of War Fund" in quarterly instalments
for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4582	Lt	Dawe L	£250	H. Dawe

I have the honour to be, Sir,
Your obedient Servant.

H. Dawe

Date

July 1/18

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. *H. of A. Newfoundland* 7. Former Trade or Occupation } *None*
2. Regt. No. *4682* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Dave* *K.* (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on. *April 21/18* *S. J. Ellis*
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 (b) Where (d) Particulars of Pension or Gratuity (if any)
(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. *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 3
- (ii.) Previous active service.. .. . na
- (iii.) Climate in pre-war service na
- (iv.) Ordinary military service before the war na
- (v.) Serious negligence or misconduct on the man's part. } na
- 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.)

no complaint of no 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

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. Proemier Capt R.A.M.C.
 Medical Officer in charge of case.

Station *H. D. Camp*
 Date *17/5/19*

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier
Give details :		

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
 (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
 (b) Transport from railway station to his home?
 (c) The constant attendance of another person in his own home?

Signatures:—

Station *Hazley D. Camp* } President or
 Date *17/6/19* } Chairman.
 } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable
 Date } in cases of
 } Patients in
 } Hospitals.
 Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date O.C. Discharge Centre.

Lowe, Ken

4582

Ray Sept.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

RECEIVED FROM DEPARTMENT OF MILITIA DISCHARGE

CERTIFICATE NO. 3081.

SGD

Kenneth Daws

DATE

July 17/19

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4582 Rank Platoon Name Dave Ke
 Intended place of residence Blantyre St. John's
 2. Occupation Miner
 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 JUN 20 1919
 Date ST. JOHN'S
W. H. S. L. Major
 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 JUN 20 1919
ST. JOHN'S
Kenneth X. Dawe
 Signature of soldier
Wm. G. Lister
 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 JUN 20 1919
ST. JOHN'S
Kenneth X. Dawe
 Signature of soldier
James O. Heisman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 22-4-18 No of days on Military
 Discharged from service 4-7-19 PLUS 14 DAYS Service 453

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
R. H. Lait Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date JUL 4 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld
 Date July 18/1919
A. Bowley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

a 7132079/3081

The Royal Newfoundland Regiment

Class for Demobilization: —

16/

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *20.6.19*

Regimental No. *4882*

Name *Dunn*

Rank *Pte*

Address *Topwell*

Present Medical Category *A1*

Recommended for:— { (a) Immediate discharge
(b) Standard Medical Board

Members of Board {

R. H. Sait Major
O.C. Discharge Depot.

P. Peterson
Senior Medical Officer

S. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4582 Rank Name Dave K
 Date of Enlistment 22-4-18 Address St. John's District St. John's
 Occupation Miner Classification for Discharge F Medical Category 1.F.
 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 20-6-19 O. C. Discharge Depot. St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation at James mark

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

Date 20-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1872 to his home at Chamberlains and Release Certificate No. 2940 issued.

Date 20-6-19 *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 18-7-19

Date 20-6-19 *J.H. Newitt*
Depot Paymaster.

Discharged approved for 4-7-19
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
B179c	B 120	M 93		

Form B

Date 20-6-19 *J.A. Snow Capt*
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 JUL 4 1919 *R.H. Sait 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.

Henneth Dool

Signature of Man.

J. J. Snowless

Signature of the Vocational Officer or his Representative.

Reg. No. 4582.

Place **ST. JOHN'S.**

Date 20-6-19

191

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

MEDICAL HISTORY

OF

Surname Dawe Christian Name Kenneth

Table I.—GENERAL TABLE.

Birthplace:—Parish Chamberlains, B B, County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>22nd</u> day of <u>April</u> 191 <u>8</u> at <u>St John's, Nfld.</u>		on _____ day of _____ 191____ at _____	
Declared Age	<u>21</u> years — days		years _____ days	
Trade or Occupation	<u>mining</u>			
Height	<u>5</u> feet <u>8</u> inches		feet _____ inches	
Weight	<u>142</u> lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded... <u>38</u> inches		_____ inches	
	Range of Expansion... <u>5</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/10</u> L.E.—V= <u>6/10</u>		R.E.—V= _____ L.E.—V= _____	
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Lambert Paterson</u>			
(Rank)	<u>major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's Nfld.</u> on <u>22nd</u> day of <u>April</u> 191 <u>8</u>		at _____ on _____ day of _____ 191____	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Nfld Regt.</u>			<u>4582</u>
Transferred to				
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____	
[Signature]				
[Rank]				

Table II.—Only for admission to hospital or to the sick list

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the syphilis, admissions and of treatment
	Day	Month	Year	Day	Month	Year			
SDALEN CAMP HOSPITAL WINCHESTER.	23	7	18	13	8	18	Phimosis	22	Scarcely free of syphilis
Hazelton Down	30	8	18	6	9	18	G. T. Buttock	7	Discha

tal or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Scars from Circumcision. Healed & Lubatin's
It brings well.

Discharged to duty.

Brownhead
Ramp Captain

65771 wia

CAPT., R.A.M.C.

Table II.—Only for admission to hospital or to the sick list in c

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause of syphilis, admissions and re-admissions and results of treatment out of hospital
	Day	Month	Year	Day	Month	Year			
MAGDALEN CAMP HOSPITAL WINCHESTER.	23	7	18	13	8	18	Phimosis	22	Scarcely free It begins to
Hazelton Down	30	8	18	6	9	18	G. T. Buttock	7	Discharge

tal or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

*Scars from Circumcision. Healed & Lubation
it begins with.*

Discharged to duty.

*Wm. H. ...
Camp ...*

6577 ...

CAPT., R. A. M. C.

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

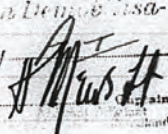
Date	Brief Details, and Signature
23. h. 14	Nac. 10
17-5-18	T.A. 13 10
25-5-18	T.A.B. 10
5-6-18	T.A.P. 10
	<p style="text-align: center;">It is hereby certified that this soldier has been before a Travelling Medical Board, and has been classified as No. 8 for Discharge on Demobilisation. Medical category</p>
	<p style="text-align: center;">20.6.19 Date of T.M.B.</p> <p style="text-align: right;">  <small>Captain</small> </p>

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



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 *Kenneth Lowe*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4582*

Intended address *Lopsail*

Height on discharge *6* Feet *10*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *John*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Port de Grave, 9th March, 1897*

Nature and locality of civil employment required

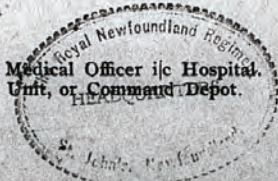
I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Kenneth Lowe* *Plt.*
(Rank)

Station *St John's* Date *19-6-19*

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.

Witness E. Healy



Station _____ 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. *Regt. Newfoundland* 7: Former Trade } *Miner*
 or Occupation }
 2. Regtl. No. *4082* 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 *D. AWE* *K.*
 (Surname) (Christian Names)
 5. Age last birthday *22*
 6. Posted for duty on *April 2/19* *St. John's*
 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, &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.)

na
 The complain of 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 invalided at Foreign Stations.

W.S. Prosser. Capt R.A.M.C.

Station *Hazled. D. Camp*

Medical Officer in charge of case.

Date *17/5/19*

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?
25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station Lazey D. P. amp } President or
 Date 17/10/19 } Chairman.
 } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable
 Date } in cases of
 Officer in charge, Central Hospital. } Patients in
 } Hospitals.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date O.C. Discharge Centre.

Casualty Form - Active Service.

Regiment or Corps 21st ROYAL NEWFOUNDLAND REGT.

Rank Plt Surname Dawe Christian Name Kenneth

Religion C.E. Age on Enlistment 21 years — months

Enlisted (a) 22/4/18 Terms of Service (a) DURATION Service reckons from (a) 22/4/18

Date of promotion to present rank — Date of appointment to lance rank —

Extended S Re-engaged S Qualification (b) —
or Corps Trade and rate —

Occupation miner Signature of Officer J. M. [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 66, 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. 66, or other official documents.
Date	From whom received				
			Embarked ...	26 Oct 1918	
			Disembarked ...	3 NOV 1918	
		Adm. Scabis	do	15.12.18	D. 738.
4.1.19	36. C.E.	Adm. 28. G. 26.	Hardelot	17.12.18	140. 23856.
15.1.19	wo.	Do: to Base Depot	Ronow.	30.12.18	HO. 23693
	do.	Re. joined Unit 14/1/19		B. 2/3.	157165
		Joined Depot from B. 6. 7		1.5.19	

Joined Depot 1/5/19

Joined Depot from B. 6. 7 1.5.19

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

Next of Kin Father John Dawe, Chamberlains, Royal Newfoundland.

SEPARATION ALLOWANCE.

Claimant... *John Dawe* (Father).....
Kenneth

On account of *J. M. Dawe* No. *4552* Rank. *Pte.*

Decision... *Refused*
Walter John granted exemption

Date *Jan. 17/1920*

W. F. Rendell Capt. Col.
M. Dowley Major

Instructions.....
.....
.....

Allotment of *60⁰⁰* per day payable to *John Dawe*
his *Father* from *8/6/18* to *18/1/19*
Discontinued on account of *being discharged*

4352

L. A. S. S. T.

ROYAL NEWFOUNDLAND REGIMENT.
(Separation Allowance Branch)

(Father)

Notice:

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on oath, and the above form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

THE PAYMASTER,
Separation Allowance Branch,
St. John's, Nfld.

-
1. Name in full of soldier. Rank. Reg't. or Unit. Reg't. No.
Vernon M. Dawn *C. Co. Royal Nfld. Regiment* *4582*
-
2. Age of soldier. Married or single.
23 years *Single*
-
3. Name in full of father of soldier. Age. Occupation. Permanent address.
John Dawn *54 years* *Fisherman* *Chumbulans Cove - Bay*
-
4. If you are a chronic invalid and totally incapacitated, state nature of malady (Medical Certificate must be enclosed with this document, stating from what date applicant has been totally incapacitated, and for how long incapacitated, and for how long incapacity is likely to continue.)
Not-totally incapacitated
See Medical Certificate
10 years
-
5. Names of your other children, address in Occupation. Married or single.
George Dawn *Full* *John Keenan* *single*
Henry Dawn (Private) *Burnt Valley* *Chumbulans* *single (married)*
Walker John *Fisher* *Fisher* *single*
-
6. State amount earned by yourself per month.
About - \$50⁰⁰ - a year
-
7. State date and place of death of your wife.
Not dead
-
8. State amount and source of any other income
No income
-
9. What is the value of your real property.
\$ 300⁰⁰
-
10. State actual amount contributed by soldier during year prior to enlistment.
\$ 65⁰⁰ Monthly
-
11. Was this amount contributed weekly or monthly?
Monthly

12. Did this amount include payment of son's board, etc.

No

13. State your son's trade or occupation prior to enlistment.

Miner

14. State amount of his wages per week.

Paid by the month

15. State name and address of his last employer

Bill Selan? Son? Bay

16. State amount of support monthly from son since enlistment.

\$15⁰⁰

17. State amount of "assigned Pay" received from son monthly.

\$15⁰⁰

18. From what date have you received "Assigned Pay"

Jan 1915 to July 1915 ⁴⁰ for Kenneth last payment

19. Actual amount contributed by other children. Weekly. monthly

Sometimes they put provisions in the house for themselves and for me and my wife

20. If not receiving support from other children, state cause. Answer fully.

Providing themselves with homes of their own

21. Are any of these children in your employ.

No

22. Have you made a previous claim for Separation Allowance? If not, why. Give particulars.

No

23. What is the value of your personal property.

\$100⁰⁰

24. With whom do you reside at present.

In my own house

25. Are you already in receipt of Separation Allowance from any source if so, how much.

No

26. Are you in receipt of assistance from any Patriotic Fund. If so, how much. *No*

27. Was the soldier at the time of enlistment an employee of the Nfld. Government. *No*

28. In what capacity and in what place.

29. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment. If so, how much? *No*

T

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the Evidence Act.

Signature of applicant..... *Edna Daine*

Place of residence..... *St. John's, Nfld.*

Declared and subscribed before me at..... *Valley Grove, Nfld.*

this..... *10th*..... day of..... *September*..... 1919.....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. } *Thomas H. Burnham*
Justice of the Peace

This application must be signed by two responsible parties one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge and after careful investigation, the above statements are correct, and the soldier first mentioned above is the sole support of the applicant.

Signature of Clergyman..... *Arthur Pittman*

Signature of member of Patriotic Fund Committee..... *James F. Bancroft*



MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed) *Kenneth H. Dave 4582*
2. Name and age of said soldier's father or other relative) *John Dave age 64
Father*
3. Is said father or other relative a chronic invalid and totally incapacitated.) *no; chronic Appendicitis
not totally incapacitated*
4. Of what nature is disability ?) *Sciatica*
5. From what date has this total incapacity been existent ?) *About 10 yrs*
6. How long is total incapacity likely to continue and what will be the effect on earning power.) *Life time - Not able to
do much work*
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date.) *Earn about \$50 per yr*
8. Are you the regular attending physician ?) *yes*
9. Relationship to soldier of applicant ?) *no*

I certify that the above statements are correct.

.....*Chamberlain*.....Place,

.....*Sept. 9th*.....*1919*.....Date.

.....*A. A. Chamberlain M.D.*.....
Physician.

Nov.13,1919

Mr. John Dawe,
Chamberlains

Dear Sir:-

Referring to your application for Separation Allowance, will you kindly furnish me with Marriage Certificate of your son George, or else a certified extract from your Parish Register showing date of his Marriage.

Also, kindly inform me what is the age of your son Walter J. and whether he offered for enlistment, and if so, on what date.

Yours truly

Major
Paymaster.

7521

Top sail

Nov. 18th 1919

Secy Military Department
St Johns

Dear Sir,

In your letter you ask for a certificate or rather the date of my son Walter John Dawes's exemption certificate. I beg to say that certificate bears the date of June 28th 1918.

I am sorry that I cannot furnish you with a certificate of my son George Dawes's marriage. He was married at Swilligate in May 1908 or 1909. The clergyman who married him neglected to send a record of the same to the Registrar General of B.M. & Deaths and since that date the Registers of St. Peter's Church Swilligate were destroyed by fire.

PS My said son Walter John Dawe was 24 years of age at the date of his exemption I.D.

Yours respectfully

John Dawe

Lopsal

Jan. 8th 1920

J. M. Howley

Major Paymaster

Department of Militia

St. John's

Dear Sir

Mr. John Dawe of Chamberlains, who applied to your Department some time ago for "Separation Allowance," would like to know how his Application was received by the authorities. By replying to him or to me on the subject you will oblige

Yours respectfully

Arthur Pittman

Jan.29/'20

Mr. John Daws,
Chamberlains, C.B.

Dear Sir:-

Referring to your application for separation allowance, I have been directed to state that same cannot be granted to you, because your son Walter John was granted "Exemption" from the Military Service; and furthermore you are not totally incapacitated, and cannot be considered to be totally dependent upon your son Kenneth.

Yours truly

Major

Paymaster

July 23, 1919

#4582 Pte. Kenneth Dawe,
Chambers Plains,
Manuels Post Office.

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.

Your truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who 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 *Henneth Daws* Surname *Daws*

3. Rank *Private* 4. Regt. No. *H. 5. & 2.*

5. Address in full to which future payments of gratuity are to be forwarded *Henneth Daws Chamberlains*

Manuels Post Office

6. Date of enlistment in the Regiment *22/4/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.

Not applicable

8. Relationship of such dependents *Not applicable*

9. Address in full of such dependents *Not applicable*

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 Hfd. If so, give dates and particulars of such service. *Not applicable*

12. Give total length of time which you served on active service, whether in Hfd. or Overseas. *fourteen months*

and fourteen days

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

Not Applicable

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.

Not Applicable

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.

Not Applicable

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?.....

Not Applicable

19. Are you now serving in the Regt.?.... If not give:- (a) date of discharge.

No

20/6/19

(b) Reason for discharge.....

Demobilization

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

France and Belgium

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.....

Not Applicable

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: *Therewith Daws*
 Place of Residence: *Chamberlains, Manuels Lot Office*
 Declared before me at: *St Johns Road*
 This *17th* June day of *1919*

Arthur G. G. G.
 Signature of Barrister of the
 Supreme Court, Stipendiary Legis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

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

BOND
Warrant

FORM K

Nº 4353



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Kenneth Dawe, Regl. No. 4582

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 ^{and}/_{or} Persons, such payment to be made on proof
of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
concerned, viz.:

Allotment begins 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
420	Father	John Dawe	Blamherham N. B.		60
Total Allotment, \$					60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) A. C. Summers Lt.
Officer Commanding
B Company
A. Johns
8 - 6 - 1918

(Sig.) Kenneth Dawe
(Rank) Private

Receipt for Army Book 64

No.....*4582* Name.....*Dave*.....

To Certify that I have received the AB 64 of the above
named Soldier.

Date *July 20th 1920*

Place *Chamberlains*

Name *J. Dave*

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
99.

Number of Sheet 1

Regiment of Royal Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4552 Dave Kenneth</u>	Age on	years	months	
Joined		Date of Enlistment		Trade	
Joined		Date		Religion	
Joined		Date		Place of Birth	
Joined		Date		Period of	
		} with Colours / 88 years.		Chamberlain (C.D.)	
		} with Reserve / 56 years.			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Highly Dress Comp	28.8.18	Pte		Capting 5 minutes suspension of the day	Capt Bignold	Extra Requests	29.8.18	Capt Emerson	
H. D. C	28.8.18	Pte		absent from 11.30 A.M. parade without permission	C.S.M. Galgay	Extra Requests	29.8.18	Capt Emerson	[Signature]
				<u>Demobilized St. John's 18/19</u>					

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4582 Rank plc Name Lewis K
 Date of Enlistment 22-11-18 Address St. John's District St. John's
 Occupation Marine Classification for Discharge F Medical Category Hi
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	1	N. F. Med	D. F. 1	1
B 178	W 349A	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	1	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 20-6-19 for O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation K x Dave
but [unclear] mark

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable [unclear]
- (b) Clothing Supplied [unclear]

Date 20-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *Pr. 1872* to his home at *Chamboulains* and Release Certificate No. *2940* issued.

Date *20-6-19*

J.A. Snow
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 *18-7-19*

Date *20-6-19*

H.M. [unclear]
Depot Paymaster.

Discharge approved for *4-7-19*
Forwarded with following documents to O. C. Discharge Depot.

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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		

Date *20-6-19*

J.A. Snow
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 *JUL 4 1919*

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

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

Date *July 11/19*

J. Mellett
[unclear]

Reg. No. *4142* Rank *Pfc* Name *Paul H. Chamberlain*
Attested Address *Chamberlain*
Allotment Allottee
Date of Allotment Returned from Overseas *29.5.19.*
Returned on S.S. *Corsican* Cause *Discharge*

20 6 19
4 7 19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE-APPROVED ON DEMOBILISATION.