



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1533 Name Sam Dawe Corps Meth

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Samuel Dawe
2. What is your full Address? 2. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 25 Years 0 Months
5. What is your Trade or Calling? 5. Boatman
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, Samuel 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.

Samuel Dawe SIGNATURE OF RECRUIT.
W. C. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel 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 27th day of April 1918
 Signature of Attesting Officer W. C. Pittman

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
 If enlisted by special authority, such will be attached to the original attestation.
 Date 191
 Place } Approving Officer.

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

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



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1533 Name Samuel Dawe Corps Meth

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Samuel Dawe
2. What is your full Address? 2. St. John's, Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 25 Years 0 Months
5. What is your Trade or Calling? 5. Boatman
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, Samuel 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.

Samuel Dawe SIGNATURE OF RECRUIT.
Walter T. ... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel 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 22nd day of April 1918
Signature of Attesting Officer W. M. ...

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date 191
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Samuel Daise

Apparent age years months. Height 5 feet 4 inches

Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Cupido Samuel Daise

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 L'epot	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 _____									Signature of Officers certifying correctness of entries
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

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



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4533 Name Sam Dawe Corps Nett

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Samuel Dawe
2. What is your full Address? 2. Quidoo Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 25 Years 0 Months
5. What is your Trade or Calling? 5. Boatman
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 which you are accepted? 11. Yes

I, Samuel 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.

Samuel Dawe SIGNATURE OF RECRUIT.
James Pittman Signature of Witness.

Samuel Dawe OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel 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 Quidoo Bay on this 22nd day of April 1918

Signature of Attesting Officer Wm. Churchill & Co.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.

Date 191

Place } Approving Officer.

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

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

20th April 1918

DESCRIPTIVE REPORT ON ENLISTMENT

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

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

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Dawe
Cupida | 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 L'epot	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>22-4-18</u>									Signed Lt. Col. <u>6/18</u> Capt. <u>15/19</u>
Joined at on <u>Discharged July 6 1919</u>									
<u>Embarked H.M.S. train to Halifax 11-6-1918.</u>									
<u>Embarked for H.M.S. 26-10-1918.</u>									
<u>Disembarked France 26-10-1918.</u>									
<u>Joined Battalion 3-11-1918.</u>									
<u>Transferred from Rover 22-4-1919 Arrived White Horse 23-4-1919</u>									
<u>to Newfoundland for demobilization 22-5-1919</u>									
<u>Arrived Newfoundland 1-6-1919</u>									
<u>Demobilization H.M.S. 6-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 6-7-1919 [date of discharge] 1 years 76 days
 " " Pensions " " " " " " " "

C.R. 4533

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

The discharge of the undermentioned has been CONFIRMED
by Officers i/c Records

4533 Cpl. Saml. Dawe

6-7-19.

C.R. 4533

Extract from Daily Orders
Supplies and Ammunition Part 11 Unit The Royal Hfld.

St. John's; June 25th, 1919.

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

22-6-19.

4533 Cpl. S.Dawe.

C.R. 4533

Extract from Daily Orders Part 11 Depot, St. John's,
Date June 18th 1919.

4333, Cpl. S. Dawe.

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

C.R. 4533

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

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

#4533 Pte. S. Dawe.

C.R. 4533

Extract from Daily Orders Part II Unit Royal Newfoundland
Regiment, in France dated 28-2-19.

4533, L/Cpl. S. Dawe.

Appointed A/Cpl. 15-2-19.

C.R. 4533

Extract from Daily Orders Part 21 Unit The Royal 22nd.
Regt. 1st Bn. 3-11-16.

The following joined the Bn. 3-11-16.

4533 L/Cpl. S. Dawe.

B. Coy.

C.R. 4533

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

4533 Bawe, S.

MP.

C.R. 4533

Extract from Daily Orders part II, from Lt Col The Royal
Hfll Regt, St. John's, dated June 10, 1918.

#4533 Pte. S. Dawe.

To be Lance Corporal from 10.6.18

C.R. 17533

Extract from Daily Orders Part 11 from Unit The Royal 22nd
Regiment, St. John's, dated June 14th, 1918.

4533 S. Dawe L/Cpl.

Marked for overseas with draft 11-6-18.

C.R. 4533

Extract from Daily Orders part 11, from Unit The Royal Wfld.
Regiment, St. John's, dated April 23, 1918.

#4533 Pte. Samuel Dawe.

Attested for General Service with the Royal Wfld. Regt. from
22/4/18 to report 1/5/18.

Dawe, S.

C.R. 4533

P. & A. Co.

FORM K



No 4057 a



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel Dave, Regl. No. 4533
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
Seventy Dollars and Seventy Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
 concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3924	Father	Samuel Dave (of Wm)	Cupids C B	
Total Allotment, £				709

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.) [Signature]
 Officer Commanding
a Company
[Signature]
May 17 1918

(Sig.) [Signature]
 (Rank) Sgt

FORM K

No 4057



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Samuel Dawe*, Regl. No. *4533*
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and *Seventy* Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons
 concerned, viz. :

Allotment begins *1st June 1918*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>3924</i>	<i>Father</i>	<i>Samuel Dawe (of 11th)</i>	<i>Cupids, C. B.</i>	
			Total Allotment, \$	<i>709</i>

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.) *[Signature]*
 Officer Commanding
a Company
[Signature]
 May 17 1918

(S) *[Signature]*
 (Rank) *Sgt*

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir;-

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

Commencing on 1st July 1918.

Regtl. No.	Rank,	Name	Amount	Signature.
4533	Plc.	Dave S.	\$250	Dave S

I have the honour to be, Sir,
~~for the Committee,~~
Your obedient servant.

Date July 7/18

Dave S

No 3331/126.

From: NEWFOUNDLAND

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

N.F.P./80.

CHIEF PAYMASTER
NEWFOUNDLAND CONTINGENT
To: Officer Commanding, 1st/Br. RFL N.F.P. Regt,
ENGLAND.

3rd March 1919

4533. A/Cpl. Dawe. S.

With reference to the following telegram from the Minister of Militia, / / (54.)

"Pay to- 4533. Dawe.

£7. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

A. O. [Signature]
Chief Paymaster & O. i/c Records

7-4 1919

4533. A/Cpl. Dawe S.

this N.C.O wishes this amount retained to credit of his account

[Handwritten signature]

*Approved
19/3/19*

No. 6695/1047

N.F.P. /79.

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. Regiment
Winchester

3rd May 1919

May 5th 1919

4533 a/cpl. S. Dawe

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (162)

Officer Commdg. Batt'n.

"Pay to- 4533 S. Dawe

£7-0-0

Received the sum of Seven

Cheque £ 7-0-0 is enclosed for payment to this Soldier.

pounds in respect of

Kindly obtain his receipt hereon.

telegraphic remittance from the Minister of Militia.

Chief Paymaster & O. i/c Records.

S. Dawe
No. 4533 Rank a/cpl

Witness Darbornick

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Newfoundland* } Former Trade } *Tradesman*
or Occupation }
2. Regtl. No. *4823* 3. Rank. *Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Lawe* *Samuel* (a) Former Regts. or Corps; (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *25*
6. Posted for duty on *Apr 20/15* at *P. J. F.* (b) Date of Discharge; (Christian Names) in category (or grade)..... (c) Cause of Discharge.
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 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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."
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 | ..... | ..... |
| (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? *No*

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?
No
he complains of no disability
No
- (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?

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

Repatriation

Major DAQMS

Station *Bazely, D. Camp.*

Date *30-4-19*

Sgt. J. P. Knight
Capt. R. G. M. C.
 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.

No. 4533 Name *Dawe S.* Sqn., Batty., or Company } *B* Corps } ROYAL NEWFOUNDLAND REG. Date of enlistment } *1886* } Service or Proficiency Pay }

Date of last entry in } No. and date } Period not reckoning towards } Sheet No. *One* } Signature O.C. } Character }
Company Conduct Sheet } of last drunk } freedom from extra fine } *W. M. ...*

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

ARMY FORM B. 122

Lowe, S

4533

Ray sept.

July 8, 1909

#4533 Cpl. Samuel Daws,

Cupids,

Port de Grave Dist.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2833

Yours truly

Captain
Paymaster & C. i/ c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4293 Rank Off Name Dave S
 Intended place of residence Cape St. Mary

2. Occupation Bricklayer
 Classification of soldier E Medical Category A

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 21 1919
 Date ST. JOHN'S
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S
JUN 21 1919
 Signature of soldier J. Dave
 Signature of witness J. A. Newcomb

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S
JUN 21 1919
 Signature of soldier J. Dave
 Signature of witness James O'Riordan

STATEMENT OF SERVICE

7. Enlisted for service 2.2.18 4.1.18 No of days on Military
 Discharged from service 2.2.19 6.1.19 **PLUS 14 DAYS** Service 441

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 22 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's Nfld
 Date July 6/1919
 Officer in Charge
 The Royal Newfoundland Regiment

a 9 B 2079/2833

The Royal Newfoundland Regiment

Class for Demobilization: E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 21.6.19

Regimental No 4333

Name Davis Samuel Rank Cpl

Address Cupids B. B.

Present Medical Category A1

Recommended for: (a) Immediate discharge

(b) Standard Medical Board

Members of Board

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

S. Paterson
Senior Medical Officer

Geo Borden
M. O. Depot.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4533 Rank Capt Name Dave S
 Date of Enlistment 22 H 18 Address Superior District Port of Spain
 Occupation Brakeman Classification for Discharge 8 Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 21.6.19 _____

 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. S. Dave

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable _____

(b) Clothing supplied _____

Date 21-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 1884 to his home at Cupid, P.O. and Release Certificate No. 2957 issued.

Date 21-6-19 *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 1-7-19

Date 21-6-19 *J. A. Snow*
Depot Paymaster.

Discharged approved for 22-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	1/2
B 178a	D 400A	B 1915	1	do 2nd	" 3	2
B 179	D 400B	Form L	1	do 3rd	" 4	1
B 179a	D 400C	Form K	1	do 4th	" 5	1
B 179b	B 103	ME 2	1		" 6	1
B179c	B 120	M 93	1			

2 from B

Date 21-6-19 *J. A. Snow*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 22 1919 *R. H. Lat*
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.

S. D. Dave

Signature of Man.

J. A. Snowbapt.
Signature of the Vocational Officer or his Representative,

Reg. No. 4533.

Place ST. JOHN'S.

Date 21-6-19

191

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

MEDICAL HISTORY

OF

Surname Lowe Christian Name Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish <u>Cubis</u> County <u>Wex</u>		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on <u>27</u> day of <u>Apr</u> 191 <u>8</u>	at <u>St Johns</u>	on	day of	191
Declared Age	<u>25</u> years — days			years	days
Trade or Occupation	<u>Brakeeman</u>				
Height	<u>5</u> feet <u>4</u> inches			feet	inches
Weight	<u>134</u> lbs.				lbs.
Chest Measurement	Girth when fully expanded	<u>36</u> inches			inches
	Range of Expansion	<u>4</u> inches			inches
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	Arm				
	Number	<u>1 Scar</u>			
When Vaccinated	<u>4 weeks ago</u>				
Vision	R. E.—V= <u>6/6</u>		R. E.—V=		
	L. E.—V= <u>6/6</u>		L. E.—V=		
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)		
(b) Slight defects but not sufficient to cause rejection	(b)		(b)		
Approved by (Signature)	<u>Samuel P. Atkinson</u>				
(Rank)	<u>Major</u>				
	Medical Officer.				Medical Officer.
Enlisted	at <u>St Johns</u>		at		
	on <u>27</u> day of <u>Apr</u> 191 <u>8</u>		on	day of	191
Joined on Enlistment	<u>The Royal W 533</u>			Corps.	Regtl. No.
Transferred to	<u>Wex Regt</u>				
Became non-effective by					
	on	day of	191	on	day of
(Signature)					
[Rank]					

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
1-5-18	Nae. 20
10-3-18	T.A.B. 40
7-5-18	T.A.B. 20
10-7-18	T.A.B. 20 msk

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 2 for discharge on Demobilisation. Medical category MS 20
 21.6.19
 Date of T.M.B. MS 20
 Discharge Certificate

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

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *1533* 3. Rank. *Capt* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Laws* *Samuel*
 (Surname) (Christian Names)
5. Age last birthday. *25*
6. Posted for duty on *Apr. 1918* at *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 ?
9. If a Court of Inquiry was held on an injury state:—
 (a) When
 (b) Where
 (c) Opinion of Court
 (d) Particulars of Pension or Gratuity (if any)

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 .. .. . | ..... | ..... |
| (ii.) Previous active service.. .. . | ..... | ..... |
| (iii.) Climate in pre-war service .. .. . | ..... | ..... |
| (iv.) Ordinary military service before the war .. .. . | ..... | ..... |
| (v.) Serious negligence or misconduct on the man's part. } | ..... | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

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

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

de complin gno
 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?

na.
 na.
 (Dentures supplied free)
 na.

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

Repatriation
 [Signature]
 [Signature]
 Capt. R. A. M. G.

Station Hazely D. B. Camp
 Date 30-4-19

Medical Officer in charge of case.

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

Casualty Form—Active Service.

Regiment or Corps Royal Newfoundland

Rank 4/C Surname Dawe Christian Name Samuel

Religion meth Age on Enlistment 25 years months

Enlisted (a) 23/4/18 Terms of Service (a) Duration Service reckons from (a) 1/5/18

Date of promotion to present rank Date of appointment to lance rank 1/4/18

Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate.....

Occupation Drake S Drake Drake Signature of Officer H. M. E...

Report		Record of promotions, reductions, transfers, casualties &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
			Embarked ...		
			Disembarked		
			Joined Battalion	3 NOV 1918	
			To be appd		22/12/18
			Arrived in UK	23/4/19	

Handwritten mark

(a) 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.
 (b) Signaller, Sheehy-Smith, & Co. W. 527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555.

Next of kin Father Samuel Dawe Cupids Newfoundland.



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, Samuel.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4533.*

Intended address *Cepids, C.B. Port de Trade.*

Height on discharge *5 Feet 4.*

Color of hair on discharge *Light Brown*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Short.*

Christian name of Father *Samuel.*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Cepids, 24-4-1893,*

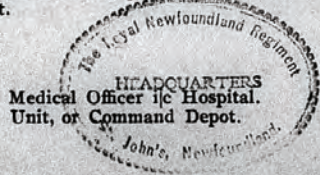
Nature and locality of civil employment required

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) *Samuel Dawe* *Cepl.*
 (Rank)

Station *St Johns* 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.



Station _____ Date _____

July 10, 1919

#4533 Spl. Samuel Dawe,

Cupids, 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 the War Service Gratuity.

Yours truly

Captain
Paymaster & U.I.C. Records.

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..... *Samuel* 2. Surname..... *Dawe*
3. Rank..... *Corporal* 4. Regtl. No..... *4533*
5. Address in full to which future payments of gratuity are to be forwarded..... *Cupido St.*
6. Date of enlistment in the Regiment..... *April 22/18*
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 Nfld, if so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen months and 2 weeks* 13.

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

no

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

no

15. Have you been issued with a War Service Badge?

no

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

no

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

no

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

no

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

no

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

July 5/19

no

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 & Germany

21. (a) Are you receiving treatment from the Naval 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: *Capeas C.B.*
 Declared before me at: *St Johns upd*
 This *21st* day of *June* 19...*19*....

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

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

ST. JOHN'S,

June 21st /19

Royal Newfoundland Regiment.

Billeting Account,

To *Cpl. S. Dawe*

Billeting Soldiers as undermentioned

from *June 1st /19* to *June 22nd /19*

4533 - Cpl. S. Dawe 22 70

ACCOUNT	<i>B 1 m</i>
SH NO	<i>24724</i>
IND. LEDGER	INIT
PAY LEDGER	INIT
LEDGER	INIT

Certified correct for \$ *22*

S. Dawe
Billeting Officer.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39.

Regiment of Royal Newfoundland

Number of Sheets 1
Signature of O. C. Company J. James

Regimental Number and Name	
No.	<u>4533 Dave Saml</u>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	<u>25</u> years - months	<u>Baker</u>
Place and Date of Enlistment	<u>St. Johns 22.4.18</u>	Religion <u>Method</u>
Period of	with Colours <u>76</u> years.	Place of Birth <u>Cupids</u>
	with Reserve <u>365</u> years.	

Good Conduct Badges, Service pay or proficiency pay
10-6-18 Promoted lance corporal.

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
<p style="font-size: 2em; font-family: cursive;">Demobilized St. Johns. 6/7</p>									

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4533 Rank Capt. Name Dawe S
 Date of Enlistment 22.4.18 Address Lupatong District Port of Spain
 Occupation Bookkeeper Classification for Discharge 6 Medical Category AI
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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 21.6.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. S. Dawe

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 100% New Cloth

Date 21-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 1284 to his home at Cuyahoga Falls, P. O. G. and Release Certificate No. 2931 issued.

Date 21-6-19

J. A. Shoveloff
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

Date 21-6-19

J. H. [unclear]
Depot Paymaster

Discharge approved for 22-6-19

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

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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		

sum B

Date 21-6-19

J. A. Shoveloff
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date JUN 22 1919

R. H. [unclear]
O. C. Discharge Depot.

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

Date July 8/19

James [unclear]
Records

Reg. No. *4133*, Rank *Cpl.*, Name *Paul Samuel.*

Attested Address *Lupids*

Allotment Allottee

Date of Allotment Returned from Overseas *29.5.19.*

Returned on S.S. *Wosilaw* Cause *Discharge*

21.6.19

PASSED TO DEMOBILIZATION OFFICER

22.6.19

DISCHARGE APPROVED ON DEMOBILISATION.