



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5401 Name William J. Dawe Corps Medic.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>William J. Dawe</u> |
| 2. What is your full Address? | 2. <u>Doc Pl. Port de Grave</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u>.....</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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, William 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.

William J. Dawe SIGNATURE OF RECRUIT.
W. J. Dawe Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William 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 24 day of May 1915.
Signature of Attesting Officer W. J. Dawe

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date 1915
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5401

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

Name William J. Dawe
 Apparent age 24 years 0 months. Height 5 feet 6 1/4 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 Lucina Dawe
Dock, | Relationship Mother,
Port de Grave 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>24-5-18</u> | | | | | | | | | |
| Joined at <u>St John's</u> on <u>May 24-1918</u> | | | | | | | | | |
| <u>Discharged August 4-1919</u> | | | | | | | | | |
| <u>Embarked St John's train to Halifax N.S. 22-9-18</u> | | | | | | | | | |
| <u>To be left for demobilization 24-6-1919</u> | | | | | | | | | |
| <u>Arrives the mainland 1-7-1919</u> | | | | | | | | | |
| <u>Demobilization St John's 4-8-1919</u> | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |
| Total Service towards Engagement to <u>4-8-1919</u> (date of discharge) | | | | | | | | | |
| | | | | | 1 | years | 73 | days | |
| Pensions | | | | | | | | | |

C.R. 5401

extract from daily orders part II Royal Newfoundland
Regiment Depot St. John's dated July 22nd 1919.

The discharge of the undernoted on demobilization has been
APPROVED by U.C. Discharge Depot with effect from following
date ~~1927~~²¹⁻⁷⁻¹⁹.

5401, rte. W.J. Dawe.

C.R. 5401

Extract from Daily Orders Part XL Unit The Royal Field. Regt.
St. John's, July 3rd 1919.

5401 Pte. W. Dawe.

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

C.R. 5401

Extract of Orders by MAJOR M.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

The undermentioned having arrived from the 2nd Battalion
Royal Newfoundland Regiment is attached to the strength
from this date and posted to the following Company.

#5401 Pte. W. Dawe.

"B" Company.

Extract from Orders by Lt. Col., B.J.BARTON, D.S.O. Commanding
2nd., Battalion of the Newfoundland Regiment, dated Nov. 10th
1918.

The undermentioned nam will proceed to join the Newfoundland
Forestry Corps, on Monday 18th., 1st., November 1918.

b 5401 Pte. W. Dunn.

BC.,

C.R. 5401

Extract from Nominal Roll Entrained St. John's for Overseas,
Sept. 22, 1918. "C"

5401 Pte. Dawe William.

C.R 5401

Extract from Daily Orders part 11, from Unit The Royal Wfld.
Regt. St. John's, dated May 27th, 1918.

#5401 Pte. W. Dawe

Attested for General Service with the Royal Wfld. Regt.
from 24.5.18.

Same, Wth J.

5401

Ray Capt.

August 11, 1919

Mr. William J. DEWE,
Dock,
Conception Bay.

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.

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 *Melham J* 2. Surname *Dame*

3. Rank *Pte* 4. Regtl. No. *5401*

5. Address in full to which future payments of gratuity are to be forwarded. *Dock CB. Port de France west.*

6. Date of enlistment in the Regiment. *May 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 field. If so, give dates and particulars of such service. *Overseas*

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

..... 1. $\frac{2}{2}$

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
..... no

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

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

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

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

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

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

19. Are you now serving in the Res?..... If not give:- (a) Date of discharge Aug. 21. 19 (b) Reason for discharge Demob
.....

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

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

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

5

Signature of Applicant: *W J Dawe*
 Place of Residence: *Doon, C.B. Port de France West*
 Declared before me at: *St John's*
 This 19 day of *July* 1919.....

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

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

August 4th 1919.

#5401, Pte. W. J. Dawe,
Dock, Port de Grave.

Dear Sir:

Enclosed please find Discharge Certificate " 3526.

Yours truly,

Capt & Paymaster.

RS/.

5

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5401 Rank Plt Name Dawe W J
 Intended place of residence Dock

2. Occupation Fisherman
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 19 1919

M. H. [Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 19 1919

W J Dawe
 Signature of soldier

M. H. [Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 19 1919

W J Dawe
 Signature of soldier

W J [Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24 3 18 No. of days on Military
 Discharged from service JUL 21 1919 Plus 14 days Service 499

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

R. Cooper Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 4/1919

M. Howley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

Cust 2099/2526

8
20
31
4
B

The Royal Newfoundland Regiment

Class for Demobilization: *Ej*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *July 18/19*

Regimental No. *5401*

Name *Dave W. J.*

Address *Dock Post - de Grave.*

Present Medical Category *A1*

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board

J. P. Paterson
Senior Medical Officer

W. W. Berden
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 540 / Rank Pvt Name Dawn W. S.
 Date of Enlistment 24.5.18 Address Dock District P.D.
 Occupation Fisherman Classification for Discharge By Medical Category H1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

| | | | | | |
|----------|--------|--------|-----------|--------|--|
| N.F. P36 | B 268 | B 121 | N.F. Med. | D.F. 1 | |
| B 178 | W 349A | B 122 | Board 1st | " 2 | |
| B 178a | D 400A | B 1915 | do 2nd | " 3 | |
| B 179 | D 400B | Form L | do 3rd | " 4 | |
| B 179a | D 400C | Form K | do 4th | " 5 | |
| B 179b | B 103 | ME 2 | | " 6 | |
| B 179c | B 120 | M 93 | | | |

Date 18.7.19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W. J. Dune
 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 19-7-19 O. i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 2481 9 936* to his home at *Doek* and Release Certificate No. *3737* issued.

Date *19-7-14*

Ambleton
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 *1-8-14*

Date *19-7-14*

Ambleton
Depot Paymaster.

Discharge approved for *21-7-14*

Forwarded with following documents to O.C Discharge Depot.

| | | | | |
|-----------|---------|---------|------------|---------|
| N.F. P36. | B 268. | B 121. | N.F. Med. | D.F. 1. |
| F 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 *19-7-14*

Ambleton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUL 21 1919*

L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date

.....

Civil Re-establishment Committee



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

To resume former Occupation.

W. J. Daws

Signature of Man.

M. C. Blouin

Reg. No. 3401

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

19-7-15

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

MEDICAL HISTORY

OF

Surname

Dawson

Christian Name

William J.

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

Nfld.

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|-----------------------------|---|--------------|------------------|
| | on | day of | on | day of |
| Examined | <i>24th</i> | <i>Mar</i> 191 <i>8</i> | | 191 |
| at | <i>Skyobis</i> | | at | |
| Declared Age | <i>24</i> | years | | days |
| Trade or Occupation | <i>Fisherman</i> | | | |
| Height | <i>5</i> | feet <i>6</i> ^{1/4} inches | | |
| Weight | | <i>137</i> lbs. | | |
| Chest Measurement | Girth when fully expanded | <i>36</i> inches | | |
| | Range of Expansion | <i>4</i> inches | | |
| Physical Development | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | <i>/</i> | <i>1 Scar.</i> | | |
| When Vaccinated | <i>1 month ago.</i> | | | |
| Vision | R.E.—V= | <i>6/6</i> | R.E.—V= | |
| | L.E.—V= | <i>6/6</i> | 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) | <i>Laminata</i> | | | |
| (Rank) | <i>Major</i> | | | |
| | Medical Officer. | | | Medical Officer. |
| Enlisted | at | <i>Skyobis</i> | at | |
| | on | <i>24th</i> day of <i>May</i> 191 <i>8</i> | on | |
| | | Corps. | | Regtl. No. |
| Joined on Enlistment | <i>Royal Nfld Regiment.</i> | | | |
| Transferred to | | <i>5401.</i> | | |
| Became non-effective by | on | | on | |
| (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 Signatures |
|---------|-------------------------------|
| 25-5-18 | Vacc <i>AB</i> |
| 13-6-18 | T.A.B. <i>AB</i> |
| 20-6-18 | T.A.B. <i>AB</i> |
| 27-6-18 | T.A.B. <i>AB</i> |

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 6 for discharge on Demobilisation. Medical category III

July 18/19
Date of T.M.B. *W. H. J.*
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 |
|----------------------|--------------------------------|-------------------------------------|----------------------|--------------------------------|-------------------------------------|
| | | | | | |
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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 } *Tradesman*
2. Regt. No. *5401* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Dove* *William J* (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *25*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

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.)

All complaints of no disability

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

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

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

Repatriation

W. S. Proctor, Capt. R.A.M.C.
Medical Officer in charge of case.

Station *Hazeley Town*

Date *9/24/19*

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



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the Office 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 *William John Sawe*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5401*

Intended address *Dock, Port-de-Grave.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *—*

Christian name of Mother *Selina.*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Clarks Beach, Oct 17th 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) *W J Sawe*

Rte
(Rank)

Station *T. JOHN'S*

Date *17-7-19*

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



Medical Officer of Hospital.
Unit, or Command Depot.

Date

W Lawe

C.R.

5901

1190

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FORM K

Nº 4455



1ST. NEWFOUNDLAND REGIMENT.

ALLOTMENTS

I, William Dance, Regl. No. 5401

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Twenty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{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 July 1 1918

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|------------------|----------------------------|----------------------|
| 4298 | | Miss Ethel Dance | The Dock Port au Prince | 60 |
| | | | | |
| | | | | |
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| | | | Total Allotment, \$ | 60 |

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

Sig.) Watson Lieut
 Officer Commanding
E Company
SA/Johns

 1918

(S) William Dance
 (Rank) Pfc

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet *one*
Signature of O. C. Company *C. B. Drake*

| | | | | | |
|----------------------------|-----------------|------------------------------|---|-----------------------------|---|
| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay |
| No. | | Age on | years | months | |
| <i>5701</i> | <i>Dave Wms</i> | | <i>24</i> | | |
| Joined | Date | Place and Date of Enlistment | | Religion | |
| Joined | Date | <i>St John's</i> | | <i>Method</i> | |
| Joined | Date | Period of | with Colours | Place of Birth | |
| | | | <i>1¹³/₃₀₅</i> years. | <i>Doct. Port de France</i> | |

| Place | Date of Offence | Rank | Cause of Discontin- uance | OFFENCE | Name of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|-------|-----------------|------|------------------------------|--------------------|-------------------|------------------------------------|---|-----------------|---------|
| | | | | <i>Demobilized</i> | <i>St John's</i> | <i>4⁸/₁₉</i> | | | |
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To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

5401

DEMobilIZATION OF

Reg. No. 5401 Rank Plt Name Dawe, W. J.
 Date of Enlistment 24-3-18 Address Deck District PLG
 Occupation Postman Classification for Discharge E Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 18-7-19 O. C. Discharge Depot W. J. Dawe

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

W. J. 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 \$6.00
 (b) Clothing Supplied Am. Johnston

Date 19-7-19 O. C. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 2481-936* to his home at *202h* and Release Certificate No. *3737* issued.

Date *19-7-19* Demobilization Officer *Amelius*

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 *4-8-19*

Date *19-7-19* Depot Paymaster *M. J. [unclear]*

Discharge approved for *21-7-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *19-7-19* Demobilization Officer *Amelius*

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratiuity

L. R. COOPER, CAPT,

O. C. Discharge Depot.

Date *JUL 21 1919*

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

Date *Aug 11 19*

Reg. No. *1401* Rank *She* Name *Pauline*

Attested Address *Post. de Gaulle*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

19.7.19
21.7.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (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*
2. Regtl. No. *5101* 3. Rank. *Pte*
4. Name *Dawe* *William J.*
 (Surname) (Christian Names)
5. Age last birthday. *25*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
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 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 | | |
| (ii.) Previous active service.. | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

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

15. What is his present condition ?

(A note should be made as to weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of no disability

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

20. Do you recommend—

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

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

Repatriation

*Capt
Hawc*

W. E. Proctor

Medical Officer in charge of case.

Station *9 Hazley Lane*

Date *9/4/19*

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