



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

C.R. 4299

No. 4299 Name Doyle Beamin Corps CA

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Doyle Beamin</u> |
| 2. What is your full Address? | 2. <u>Newtown St.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</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, Doyle Beamin 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.

H. 7-1-18 Doyle Beamin SIGNATURE OF RECRUIT.
Bejamin Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Doyle Beamin 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 7 day of Jan 1918.
W. H. [Signature] Signature of Attesting Officer

†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 Jan 7 1918
 Place St. John's } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Wayne Pearson
 Apparent age 18 years — months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 33 3/4 inches
 Range of expansion 37 1/4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Elyza Pearson
Wendover St. | Relationship Mother

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>7-1-1918</u>									
Joined at <u>M. S. Barrs</u> on <u>January 7-1918</u>									
Discharged July 7/19									
Embarked <u>M. S. Barrs</u> train to <u>St. Helier</u> <u>28th 18</u>									Embarked for <u>B. S. Barrs</u> <u>25-9-18</u> . <u>Joined Base Depot</u>
for <u>B. S. Barrs</u> <u>23-9-18</u> . <u>Joined Base Depot</u>									
in the field <u>6-10-1918</u> . <u>Transferred from</u>									to <u>St. Helier</u> <u>27-4-19</u> . <u>Arrived</u>
<u>Windsor</u> <u>23-4-19</u> . <u>to</u>									
arrived <u>Windsor</u> <u>1-6-1919</u>									<u>22nd 19</u>
<u>Demobilization</u>									<u>27th 19</u>
Total Service forfeited as above.....									

Total Service towards Engagement to 7-7-1919 [date of discharge] 1 years 182 days
 " " Pensions " " " " " " " " " " " "



4299

Extract from Daily Orders Part 21 Depot, Sjt. John's,

Date

12-6-19.

4209 Pte. D. Dearin.

4299

Reported at Headquarters 1-6-19.

ex "Corsican"

which sailed Liverpool May 22/1919.

CR 4299

Extract from Daily Orders Part II Unit Royal Newfoundland Regt.
Dated June 13th 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot with effects from 23/6/19.

4299, Pte. D. Perrin.

C.R. 4299

Extract from Nominal Roll ~~of~~ 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 25/4/19 and reached
Hazeley Down Camp 23/4/19.

#4299 Pte. D. Dearin.

C.R. 4299 Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address **June 7th, 1919**

Line Number	Rcd	By	Sent by	Check

Dated **Dept of Militia**

To **William Dearn, Morsten's Hr.**

Reference telegram sixth instant yes address 21
Young Street.

Militia

Chgo Dept of Militia.



NEWFOUNDLAND POSTAL TELEGRAPHS

C.R. 4299

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 69 Sent by Morison's H. 6 Rec'd by Am 10p No. _____

Place from A. Hickman

To Mr Philia



I Ple d learn no
4299 in St. John's Reply
immediately

Wm Dearn

Her address

21 Young St.
JA. [unclear]

C.R. 4299

June 1, 1918.

Dear Mrs. Bearin:-

I regret to inform you that your son #4299 Pte. Daniel Bearin, was admitted to the Hazleley Down Hospital 25/4/18 suffering from Diphtheria.

This report was received by mail from our Messrs Office, London, and if it was at all serious we would receive news by cable.

Yours faithfully,



Lieut.

For Lieut. Col. C. S. O.

Mrs. Elise Bearin,

Porton's Harbor, N. S. S.

C.R. 4299

Extract from Nominal Roll Embarked for B.E.F. (Left Baseley
Down Camp, 21-2-18).

2nd Lieut, N.J. Nugent, Conducting Officer.

4299 Pte. Dearin, D.

HM.

C.R. 4299

Extract from Nominal Roll Embarked St. John's for Overseas,
Mar. 28, 1918.

4299 Pte. Dearin D.

C.R. 4298

Extract of Daily Orders part 11, from Unit 4/1st
Royal Newfoundland Regiment, Headquarters, dated
January 8, 1918.

#4299 Pte. D. Dearin.

Attested for General Service with the 1st Wfld.
Regiment, posted to H. Coy' and given Numbers as shown
with effect from January 7, 1918.

S. Dean

C.R. 4299

PAID

Medical Report on an Invalid.

Station Hazeley Down Camp
 Date 1 5 19

- 1. Unit Royal Newfld
- 2. Regimental No. 4299
- 3. Rank Pte
- 4. Name Dearin D.
- 5. Age last birthday 20
- 6. Enlisted { on Jan. 1. 1918
 at St Johns

- 7. Former Trade } Fisherman
 or Occupation }
- 7A. If with previous service in Army, state—
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains of no disability.

11. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

na.

17. If not, was an operation advised and declined?

na.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation

W.S. Procuier *Major*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except* †

Station *U.S. Camp*

Officer in charge of Hospital.

Date *1 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.

† Delete this word if no exceptions are to be made.

WO,- The Chief Quartermaster,
Royal Newfoundland Regiment,
52 Victoria Street,
London, S.W.

Sir:-

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

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4599	Pts	Dearin. D.	\$2.50	

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

Date

June 26th 18

J. Dearin

Learin, L

4299

Aug Sept.

July 8, 1919

#4299 Pto. Doyle Dearin,

Moreton's Hr., N.D.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 & V.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..... *Royle* 2. Surname..... *Oearin*
3. Rank..... *Able* 4. Regtl. No..... *4299*
5. Address in full to which future payments of gratuity are to be forwarded..... *Morehouse St. N.S.B.*
6. Date of enlistment in the Regiment..... *January 1st 1918*
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..... *SO*
9. Address in full of such dependents..... *SO*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in 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..... *Seventeen Months and twenty three 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.

\$ 82.69 Co. H. Inf. Etc.

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 Regt.? *no* If not give? - (a) Date of discharge *Jun 23/19* (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. *Homebester - Cpl*

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

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

Signature of Applicant: *Asis (written) Deane*
Boyle X Deane

Place of Residence: *Marblehead Harbor, N.S.B.*

Declared before me at: *St John used*

This *9th* day of *June* 19*19*.....
John W. Carthy

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

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

July 7, 1919

#4299 Pte. Doyl Dearin,

Moreton's Harbor, N.D.B.

Dear Sir :-

please find enclosed Discharge Certificate

No. 2746.

Yours truly

Captain
Paymaster & O.i/o Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4299 Rank Pte Name Dearam U.
 Intended place of residence Mortons Hr.
2. Occupation Fisherman
 Classification of soldier E Medical Category A1
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 JUN 9 1919
 For 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 9 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S
JUN 9 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7-1-18 No of days on Military
 Discharged from service JUN 23 1919 Plus 14 days Service 547

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 JUN 23 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 7/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

a 212079/2746

The Royal Newfoundland Regiment

Class for Demobilization: 8

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 7.6.19

Regimental No. 4299

Name Deavin Doyle Rank Sgt

Address mountain st.

Present Medical Category A1

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

Members of Board

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

M. Paterson
Senior Medical Officer

G. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4299 Rank Pte Name Domin Doyal
 Date of Enlistment 7/1/18 Address Moscow St District St. John's
 Occupation Fisherman Classification for Discharge F Medical Category I
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	f	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	f	Board 1st	" 2	
B 178a	D 400A	B 1915	f	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 7/6/19

O. C. Discharge Depot

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

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 9-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1704 to his home at 13 Moretons Rd and Release Certificate No. 2522 issued.

Date 9-6-19

J.A. Brown 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 7-7-19

Date 9-6-19

J.A. Brown Capt.
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	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	2	Forms B
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K		do 4th	" 5		
B 179b	B 103	ME 2	/		" 6		
B 179c	B 120	M 93					

Date 9-6-19

J.A. Brown Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratiuity

Date JUN 23 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

Dear Sir:

Signature of Man.

J. P. Snow Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. *4289*

Place *St Johns*

Date *JUN 9 1919*

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

MEDICAL HISTORY

Surname Dearin OF Christian Name Lloyd

Table I.—GENERAL TABLE.

Birthplace:—Parish Monkton H. County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.						
	Right	Left	Right	Left					
Examined	on <u>7th</u> day of <u>Jan'y</u> 19 <u>18</u>	at <u>D. Lohin</u>	on	day of	19 <u>11</u>				
Declared Age	<u>18</u> years	<u>—</u> days	years	days					
Trade or Occupation	<u>Fidelerman</u>								
Height	<u>5</u> feet	<u>8</u> inches	feet	inches					
Weight	<u>120</u> lbs.				lbs.				
Chest Measurement	Girth when fully expanded		<u>33 1/2</u> inches		inches				
	Range of Expansion		<u>3 1/2</u> inches		inches				
Physical Development									
Vaccination Marks	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Arm</td> <td style="width: 50%; text-align: center;">Number</td> </tr> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table>		Arm	Number	/	/			
Arm	Number								
/	/								
When Vaccinated									
Vision	R. E.—V= <u>60/60</u> L. E.—V= <u>60/60</u>		R. E.—V= <u>—</u> L. E.—V= <u>—</u>						
(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>Lammert Peterson</u>								
(Rank)	<u>Major</u>								
	Medical Officer.				Medical Officer.				
Enlisted	at <u>D. Lohin</u>	on <u>7th</u> day of <u>Jan'y</u> 19 <u>18</u>	at	day of	19 <u>11</u>				
	Corps.	Regtl. No.	Corps.	Regtl. No.					
Joined on Enlistment	<u>Royal Nfld Regt</u>								
Transferred to	<u>4299</u>								
Became non-effective by	on	day of	19 <u>11</u>	on	day of				
[Signature]									
[Rank]									

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			
<i>Hazeley Down</i>	<i>25</i>	<i>11</i>	<i>18</i>	<i>17</i>	<i>5</i>	<i>18</i>	<i>Diphtheria</i>	<i>22</i>	<i>Transferred to</i>

ital 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

Transferred for treatment to Victoria Isolation Hosp.

H. R. Sawyer Capt R.A.M.C.

Table II.—Only for admission to hospital or to the sick list in case of Warr

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of syphilis, admissions and re-admissions to hospital, or of treatment out of hospital, trans
	Day	Month	Year	Day	Month	Year			
<i>Hazeley Down</i>	<i>25</i>	<i>4</i>	<i>18</i>	<i>17</i>	<i>5</i>	<i>18</i>	<i>Diphtheria</i>	<i>22</i>	<i>Transferred for Treatment</i>

ital 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

Transferred for treatment to Victoria Isolation Hosp.

H. K. Layton Capt. R.A.M.C.

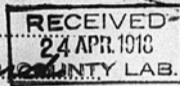
Outfit Number..... A.B.

Result of the examination of the specimen of..... taken from

Reg. No. 4299 Rank Private Name Dean D.

Corps 2nd Batt Royal Newfoundland

Result Siphtheria bacilli Found



TO BE LEFT BLANK.

April 25th 1918.

R. A. Hyatt
Specialist Sanitary Officer.

Medical Report on an Invalid.

Station Hazley DownDate 1-5-19

1. Unit Royal Newfoundland 7. Former Trade } Fisherman.
or Occupation }
2. Regimental No. 4299 7A. If with previous service in Army, state—
3. Rank Plt (a) Former Unit;
4. Name Domin D. (b) Regimental No.;
5. Age last birthday 20 (c) Date of Discharge;
6. Enlisted { on 1st Jan 1918 (d) Cause of Discharge.
at St John's

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. na

13. What is his present condition?

No complaint of no disability

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

na

17. If not, was an operation advised and declined?

na

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation
W. C. Proctor, Capt. R.A.M.C.
Sgt. [unclear], Major
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hezely Down*

Officer in charge of Hospital.

Date *1-5-19*

*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.

† Delete this word if no exceptions are to be made.

Nov. 26th. 18

Mrs. Eliza Dearin,
Pearce's Harbour, via Moreton's Hr.

Dear Madam:

With reference to your letter of November 13th. I beg to inform you that your claim for Separation Allowance is refused on the grounds that you have another son of military age, who, as far as we are aware, have not offered for military services, and also that your son Doyle Dearin cannot be considered your main or sole support if the boy at home is physically strong.

Yours truly,

Lieut.
For Paymaster

MEDICAL CERTIFICATE

For information of the Separation Allowance
Department

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed.)

2. Name and age of said soldier.)

3. Is said a chronic invalid and totally incapacitated)

4. Of what nature is disability?)

5. From what date has this total incapacity been existent?)

6. How long is total incapacity likely to continue and what will be the effect on earning power?)

7. If not totally incapacitated, by what per cent in your opinion is capacity for work reduced, and from what date?)

8. Are you the regular attending physician?)

9. Relationship to soldier of applicant.)

I certify that the above statements are correct..

.....Place.

.....Date.

.....
Physician.

10. State amount earned by (a) Yourself _____
(b) Your husband. _____
-
11. State amount and source of any other income.. *None*
-
12. State value of real property belonging to you and your husband.
1 Dwelling House
-
13. State value of personal property belonging to you and your husband.
-
14. If husband is dead, state value of real and personal property left by him.
House
-
15. Actual amount contributed by soldier during the year prior to enlistment
about \$100
-
16. Was this amount contributed weekly or monthly..
yearly
-
17. Did this amount include payment of son's board, etc.
-
-
18. State your son's trade or occupation prior to enlistment.
Fisherman
-
19. State amount of his wages per week.
-
20. State name and address of his last employer.
-
21. State amount of monthly support from son since enlistment
\$18
-
22. State amount of allotment received by you from son monthly.
\$18⁰⁰
-
23. State from what date did you receive allotment.
August 17th
-
24. Actual amount contributed by other children. Weekly. Monthly.
None
-
25. Are any of these children in the employ of you or husband.
-

26. If not receiving support from other children, state cause.. Explain fully.

27. With whom are you residing at present.

With my own House

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

No

29. Are you already in receipt of Separation allowance from any source? If so, how much.

not in receipt of any

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much.

No

31. ~~xxxxxxx~~ Was the soldier at the time of his enlistment an employee of the Rfld. Government.

No

32. In what capacity, and in what place.

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much.

34. 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. *Eliza Dearie*

Place of residence. *Pearce Harbour Via Martins Pt.*

Declared and subscribed before me *Martins Harbour* at.....

This *Twenty Seventh* day of *August* 191*8*

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

J. R. Osmond J. P.

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 after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman. *John Oake*

Signature of Member of Patriotic Fund Committee.

(Mrs) D. T. Osmond

Reacles
Halow

March 1st

1917

4184

Dear Sir will
you please send
and tell me what
about these checks
that you sent me
we card understand
what about it that
it is a very small
lot and my
love been gone 14
months and it seems
to me that this is
more for me than
that of first checks

that I received
January 7 no 16075
was due me forty
dollars and the
check one dollar
1st no 1884 no

By me four dollars
and a cent which
stand it would
like for you to send
and explain it to
me but I thank you
very much for
what you did send
me to

That's my wish
Please send and
tell me what

about those checks

I remain
Yours truly
Mrs Eliza Dean
to Mr Rowley

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4799 Rank _____

Name Seavin L

Warned for demobilization on

JUN 9 1919

Pearce's Harbour.

March 14, 1919

Copy

*Checks received
are in payment of
P.O. for period of
in payment
P.O. No. 1605*

Dear Sir:

Will you please send and tell

me what about these checks that you sent me
We cannot understand what about it that it
is a very small lot, and my boy has been gone
14 months, and it seems to me that there is
more due me than that. The first cheque that
I received January 7th. No. 1605 was due me
forty dollars, and the second one February 1st.
No. 1884 was paid me \$4.00 and I cannot under-
stand it. I would like for you to send and
explain to me, but I thank you very much for
what you did send me.

Please send and tell me what
about these cheques.

I remain,

Yours truly,

(Sgd) Mrs. Eliza Dearin.

Capt. J. M. Howley.

Scars
Harlow

December 15th
1918

W346 Maddich
Dear Sir with
reference to your letter
which I received the 4th
of December you said
I had a son of
military age who as
far as you are aware were
not offered for military
service but the son
that you refer to
had enlisted over since
the first of November
and I thought that
ye people was the
likely people to
know about the boys
that enlisted I could
understand the reason
why that I have got
to write so many letters

When other people
reveler it is not his
that I am telling it
is the truth please
answer this and tell
me if you have found
my son Sullivan dear
my son Doyle is in
Karee and Sullivan
is in St. Johns
please answer
sincerely yours

Mrs Eliza dearin
noterus Harlow
r

Copy

Pearce's Hr.,

Dec. 5/18.

Mr. Maddick:

Dear Sir:

With regard to your letter which I received the 2nd. Dec. you said I had a son of military age, who as far as you are aware have not offered for military service but the son that you refer to have enlisted ever since the 1st. Nov. and I thought that you people were the likely people to know about the boys that enlisted. I cannot understand the reason why that I have got to write so many letters than other people. Remember it is not lies that I am telling, it is the truth.

Please answer this and tell me if you have found my son William Dearin. My son Doyle Dearin is in France and William is in St. John's.

Please answer.

Sincerely yours,

(sgd) Mrs. Eliza Dearin



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

October 15, 1918.

Mrs. Elizabeth Dearn,
PEARCE'S HR., via Moreton's Hr.,
Nfld.

Dear Madam:

With reference to your letter of October 10th, I beg to inform you that the second sheet of your claim for Separation Allowance was not received by this office. I am therefore enclosing this sheet, which kindly have completed and returned, so that your claim may be considered.

I may state further, that this Separation Allowance does not concern your son's pay in any way, any more than it is necessary for him to have an allotment to you in order that Separation Allowance may be continued, which of course he had.

Kindly forward along this sheet as early as possible.

Yours truly,

Lieut.
For Paymaster

Dec. 19th. 18

Mrs. Elizabeth Dearin,
Pearce's Mr. via Moreton's Mr.

Dear Madam:

With reference to your letter of
Dec. 5th. I beg to advise you that your further communica-
tion regarding Separation Allowance will be taken up with
the authorities, and you will be notified of the result in
due time.

Yours truly,

Lieut.
For Paymaster.

Dear Sir

Belong to Dennis
get forms
please and attach them

Wilmington

1819th

330

Dear Sir I am very
sorry to say that you
did not send the little
money and you said
that as soon as million
dear Sir from that you
said that try for enlistment
will be in it
Johns he enlisted the first
of one and a half or
on the field in force
and the other in it
Johns in the army
Please try and send
me a little please
for I need it badly
we would have gone
out of Belton only I was
not satisfied to let him
go but since that we

give the over to the
my

Yours sincerely
Mrs. Eliza Dean
Moreton Harlow
Fiscus head

==

Eliza Dean

C O P Y.

Pearce's Hr.,
Moreton's Hr.

Nov. 21/18.

Dear Sir:

I am very sorry to say that you did not send the little money, and you said that my son William Dearin did not try for enlistment, well he is in St. John's, he enlisted the first of November. I have one on the field in France, and the other in St. John's in the Army. Try and send me a little please for I need it badly. He would have gone before only I was not satisfied to let him go, but since that I have given the ----- to the Army.

Yours sincerely,

(Sgd) Mrs. ELIZA DEARIN

Moreton's Hr.,
Western Head.

I got to you promise
answer this ~~forth~~ ~~forth~~
as you can and tell
me the reason that
you please send me
anything try and tell
me ~~send~~ me a little
I leave so its

Yours sincerely

Mrs Clippo claim
as a would like
for for to help me
a little write to you
you if you send
for

Reared
Zarlor

Nov 13

S. A. Rep. 1904
S. A. R.

Dear Sir I am
sending you this to
ask you the reason
that you havent answer
my last paper
as I have been expecting
a answer and I would
like for you help
my a little as I have
got my to my food
and cloth for my
winter you said on
your paper that
my claim would be
considered and I
hope that you will

COPY

copy of father's letter
John

James H.
~~Charles H. (Powell's?)~~

Nov. 13/18

Dear Sir:

I am sending you this letter to ask you the reason that you have not answered my ~~letter~~ last paper, as I have been expecting an answer, and I would like for you to help me a little, as I have not got any (money) to buy food and clothes for the Winter.

You said on your paper that my claim would be considered, and I know that you will keep to your promise.

Answer this as quick as you can and tell me the reason that you have not sent me anything. Try
and : : : : :

Yours sincerely,

Mrs. Eliza Dearin

As I would like for you to help me a little until he comes home if God saves him.

2923

Letters For Western
War

near Moretons War

Oct 10th 1918

Lieut H M Maddick
For Paymaster
St Johns

Kind Sir:-

I beg to inform you that its a claim for the Separation Allowance that I have filled my papers for as you will see by the enclosed letter dated August 23rd 1918.

But will you kindly explain to me the difference in the two of the Separation Allowance is given and have got ~~nothing~~ to do with my Boys wages who have been serving now at the front the ^{past} 9 or very near 20 months then I dont want the Separation Allowance I would rather try to do without it

Although its hard for me a poor widow with no help to live on 18 dollars a month & keep my children especiaely now with ^{the} high cost of living so if its ^{not} troubling you to much will you please send me the amount due me from the separation allowance or from the Patriotic Fund or whatever Fund thats apart from having anything to do with my boys wages.

You wice I am sure understand now what I mean And wice kindly send me the portin that belong to me for I am very badly in need of the same. Thanking you for all past favours and anticipating a favourable reply

I Am sincerely yours
Mrs Eliza Dearin



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

August 23rd. 1918.

Mrs. Elizabeth Deare,
Western Head, MORETON'S HR.,
Nfld.

Dear Madam:

With reference to your letter of August 20th, I beg to enclose form of claim for Separation Allowance, which kindly have filled out before a Magistrate or Justice of the Peace, answering each question in full, and return to this office, on receipt of which your claim will be considered.

Yours truly

A. H. Haddock
Lieut.

For Paymaster

26
30
23.40

I may say that these papers have been filed in the way indicated in this letter.

October 15, 1918.

Mrs. Elizabeth Dearin,
PEARCE'S HR., via Moreton's Hr.,
Nfld.

Dear Madam:

With reference to your letter of October 10th. I beg to inform you that the second sheet of your claim for Separation Allowance was not received by this office. I am therefore enclosing this sheet, which kindly have completed and returned, so that your claim may be considered.

I may state further, that this Separation Allowance does not concern your son's pay in any way, any more than it is necessary for him to have an allotment to you in order that Separation Allowance may be continued, which of course he has.

Kindly forward along this sheet as early as possible.

Yours truly,

Lieut.
For Paymaster

Rearcs Nor Weston
Nor Nor Martins Wd

Oct 22 ^{Send} 1918

Lieut. H M Maddick
For Paymaster
St Johns
nfd

Kind Sir:-

Enclosed please find
form file in as stated
for Separation Allowance
I do trust this will be
satisfactory to you & that
the amount allotted to
me will in due course
be sent me.

I do most heartily thank
you for all the trouble you have
taken & for your promptness in
the answering of my letters from
time to time

I am sincerely yours
Mrs Elzja Dearin

ROYAL CANADIAN MOUNTED POLICE
(Separation Allowance Branch)

MOTHER

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 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.	Regt. or Unit.	Regt. No.
	<u>Doyle Dearin</u>	<u>Private</u>	<u>Newfoundland</u>	<u>4299</u>
2.	Age of soldier.	Married or single.		
	<u>19 years</u>	<u>Single</u>		
3.	Name in full of mother.	Age.	Occupation.	Permanent address
	<u>Eliza Dearin</u>	<u>46 yrs</u>	<u>House Wife</u>	<u>Peace Harbour</u>
4.	Give name of your husband.	age.	Occupation.	Where employed
	<u>Joseph Dearin</u>	<u>56 yrs</u>	<u>whom died Fisherman</u>	<u>via Moretons H</u>
5.	If your husband is not supporting you, state the reason.			
	<u>Dead</u>			
6.	If your husband is a chronic invalid and totally incapacitated, state nature of malady (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)			
	<div style="float: right; text-align: right;"> <i>Alfred Dearin</i> <i>Peace Harbour</i> <i>August 21st 1918</i> </div>			
7.	If you are a widow, state date and place of death of your husband.			
	<u>Died at Peace Harbour, August 21st 1918</u>			
8.	Have you married again since death of above mentioned husband.			
	<u>No</u>			
9.	Names of your other children.	Address in full.	Age.	Occupation, Married or single.
	<u>George Dearin</u>	<u>Peace Hn</u>	<u>28</u>	<u>Fisherman Married</u>
6340	<u>William</u>	<u>" 1-11-18</u>	<u>21</u>	<u>" Single</u>
	<u>Hubert</u>	<u>" "</u>	<u>15</u>	<u>" Single</u>
	<u>Emily Ann</u>	<u>" "</u>	<u>7</u>	<u>"</u>
	<u>Gertrude</u>	<u>" Moretons Hn</u>	<u>25</u>	<u>Married</u>
	<u>Jemie</u>	<u>" Black Island</u>	<u>27</u>	<u>Married</u>

10. State amount earned by (a) Yourself *I helped him all's count*
(b) Your husband.
He use to earn all he could. But he was sick for 10 years before he died

11. State amount and source of any other income.
none

12. State value of real property belonging to you and your husband.
nothing of any value

13. State value of personal property belonging to you and your husband.
none

14. If husband is dead state value of real and personal property left by him.
A Dwelling house & small fishing punt

15. Actual amount contributed by soldier during the year prior to enlistment.
About 4 to Dollars

16. Was this amount contributed weekly or monthly.
yearly

17. Did this amount include payment of soldier's board, etc.
yes

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

19. State amount of his wages per week.
none paid by the year

20. State name and address of his last employer.
none

21. State amount of monthly support from son since enlistment.
\$ 18 a month

22. State amount of allotment received by you from son since enlistment.
\$ 18 a month from April to October

23. State from what date did you receive allotment?
Oct the 9th 1918

24. Actual amount contributed by other children. Weekly Monthly.
none

25. Are any of these children in the employ of you or your husband?
no

Approved for service

Mrs Eliza Martin

Reverend Father C1) Bethlehem 25
2782 4299 1918

Dear Sir I am sending
this to ask the
reason that you havent
answered my letters that
I sent it to you the
27 of august and I
havent got any
answer to it yet and I
need it very much
as it is a very poor
summer with us and you
know the 18 dollars
that I get from my
de son doyle is not
enough for my needs
for this winter as
foods supplies is so high
and I would like
for you to help me
a little as I need it
very much

(2)

My son Doyle have
been gone of 8 months
& of scutler that he
joined upld rest
and is now over to
unchester Please answer
this if you please
Yours truly
Mrs Elsie Hearin
Pearce Harlow
Western head
near Norton Harlow
this is my address

4299

Oct. 3rd. 1918.

Mrs. Eliza Dearin
Pearce's Hr. (Western Hr.
near Moreton's Hr.)

Dear Madam:

With reference to your letter of Sept. 19th. I am unable to trace what papers you refer to. Kindly explain whether it is an application to the Patriotic Fund or a claim for Separation Allowance, so that I may look it up and inform you as to the particulars.

Yours truly,

Lieut.
For Paymaster

Aug 20
1918

2347

Dear Sir 4299

Just if I'm lying
to let you know that I
am not getting the separation
allowance as I will as
they are getting it for
I got to see you to
war and my health
is dead over fore years
and my only support
is the one that you to
war and all I am
getting from him is eight
dollars and I have to
children to look after
and I'm not so young
up to in fact to so it
is right that I should

be getting it at this
 as those that are getting
 it so I think I will

Say good bye

I remain your
 truly Mrs Elega

Deare

Montross Harbor

Western Head

9 D 13
 11 7 2 D

4299

August 23rd. 1918.

Mrs. Elizabeth Deare,
Western Head, MORETON'S HR.,
Hfld.

Dear Madam:

With reference to your letter of August 20th, I beg to enclose form of claim for Separation Allowance, which kindly have filled out before a Magistrate or Justice of the Peace, answering each question in full, and return to this office, on receipt of which your claim will be considered.

Yours truly,

Lieut.
For Paymaster

4299
~~or 6342~~
November 4th, 1918

Mrs. Eliza Dearin,

Pearce's Harbor,

Via Moretons Harbor.

Dear Madam:-

With reference to your application for Separation Allowance, I have been directed to inform you that same cannot be granted to you.

You have another unmarried son of Military age at home, and there is no evidence before us to show that he has offered for enlistment.

Yours faithfully,

Captain & Paymaster.



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joyel Dearn, Regl. No. 4299
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 March 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3957	Mother	Mrs Eliza Dearn	Porters' H. N.B.	60
Total Allotment, \$				

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.) W. Jones
Officer Commanding
H Company
H. Jones
July 27 1918

(S) Joyel Dearn
mark
(Rank) Private
Harold G. Jones

C.R. 4299

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

1919
Date... 02 November
Place... Mortains harbour
Name... Lt J Dearn

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919

CR 4299

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

NO. 4299. NAME. Royal. Deerin.

DATE. 1920.....

PLACE. Martons Harbor.....

Receipt for Army Book 64

No. 4299 Name Dearin

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

Name Doyle Dearin

Date August 6

Place Winters Harbor

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

W

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

SEP 20 1921

1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to.

Doyal Dearin

in respect of his service as No. 4299 Rank Pte.

Name D. Dearin Royal Nfld. Regt.
Nfld. Fusiliers

Receipt of the same should be acknowledged hereon.

Received 6 Received 2 Medals

Signature for D Dearin

Date on 24 September

Address Moncton Harbour
Western Head
N D B

[P.T.O.]

Casualty Form—Active Service.

Regiment or Corps... Royal Newfoundland
 Rank... Pvt Surname... Deerin Christian Name... Joseph
 Religion... R.A. Age on Enlistment... 18 years... months
 Enlisted (a)... 7-1-18 Terms of Service (a)... Duration Service reckons from (a) 7/1/18
 Date of promotion to present rank... Date of appointment to lance rank...
 Extended { } Re-engaged { } Qualification (b)...
 or Corps Trade and Rate...
 Occupation... Fisherman Signature of Officer... J. J. [unclear]

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				
20-9-18		AI	Embarked ... 23/9/18 Disembarked		
		ARRIVED D.I.B.D. James, [unclear]	25 SEP 1918 9/18		
		Arrived in UK		8/4/19	
		Next of Kin: Mother: Eliza Deerin Morton's Harbour Notre Dame Bay Newfoundland			

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
32.

Number of Pages

One

Regiment of

Royal 1st Nfld

Signature of O. C. Company

Whitely

Regional Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Dearie D.</i>	Age on	<i>18</i> years - months	<i>Boatman</i>	
<i>H299</i>		Place and Date of Enlistment	<i>7.1.18</i>	Religion	
Joined		Date	} with Colours <i>182</i> years. with Reserve <i>565</i> years.	<i>L.A.</i>	
Joined		Date		Place of Birth	
Joined		Date			

Place	Date of Offence	Rank	Case of Discharge	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
									<i>Demobilized St. John's 7/7</i>

To be carried over



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 *Leavin. Doepel.*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *4299*
 Intended address *Morelons St. J. N. F.*
 Height on discharge *5* Feet *5"*
 Color of hair on discharge *light brown.*
 Complexion *brown hair*
 Color of eyes *brown.*
 Descriptive Marks
 Figure on discharge *medium*
 Christian name of Father *Joseph*
 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 *Morelons St. J. N. F. 1899. 2lb.*
 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)

Leavin. Doepel
Major

(Rank)

Station **ST. JOHN'S.**

Date *6.6.19.*

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



14299

The Royal Newfoundland Regiment

DEMOLITION OF

Reg. No. 4299 Rank Pte Name Deavin Doyle
 Date of Enlistment 7/1/18 Address Moreton St District Trunkgate
 Occupation Fisherman Classification for Discharge F Medical Category I
 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	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	M 93				

Date 7/6/19 O. C. Discharge Depot. J. W. H. [Signature]

PARTICULARS FOR DEMOLITION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

*This is Deavin
 Mark
 lost to [Signature]*

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 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1704 to his home
 at 2522 ~~123 Hickman St~~ and Release Certificate No. 2522 issued.

Date 9-6-19

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 7-7-19

Date 7-6-19

J.A. Snow Capt
 Depot Paymaster

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	K.F. Med	D.F. 1	1/2 Form B
F 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	F 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 9-6-19

J.A. Snow Capt
 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 JUN 23 1919

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

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

Date June 19/19

J.A. Snow Capt
 i/c Records

Reg. No. 4299 Rank. Pte Name Deering D.

Attested Address. Moncton St.

Allotment Allottee

Date of Allotment Returned from Overseas. 24-5-19

Returned on S.S. Corsican Cause. Discharge

7-6-19

PASSED TO DEMOBILIZATION OF

23-6-19.

DISCHARGE APPROVED ON DEMOBILISATION.