



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5724 Name Breas Diamond Corps Inf

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Breas Diamond
2. What is your full Address? 2. Barrt. Cornhill B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 29 Years Months
5. What is your Trade or Calling? 5. Blackman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service?.. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted?..... } 11. Yes

I, Breas Diamond 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.

Breas Diamond.....SIGNATURE OF RECRUIT.

2-7-18 Corp. [Signature].....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Breas Diamond 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 on this 2 day of July 1918

Signature of Attesting Officer [Signature]

†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 Inf If enlisted by special authority, such will be attached to the original attestation.

Date.....191.....
Place..... } Approving Officer. [Signature]

† 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 Erneas Diamond
 Apparent age 19 years months. Height 5 feet 1 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Elizabeth Diamond
Bunt Arm h 510 | 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 _____									_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
Pensions " _____ [" "] " " "									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5724 Name Ernest Leonard Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Ernest Leonard</u> |
| 2. What is your full Address? | 2. <u>13 West Adelaide St</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>49</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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, Ernest Leonard.....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.

Ernest Leonard.....SIGNATURE OF RECRUIT.

Ernest Leonard.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ernest Leonard.....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..... on this 2 day of July 1918

Ernest Leonard.....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.....1918

Place.....

Ernest Leonard.....} 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 Gineas Deann
 Apparent age 19 years 2 months. Height 5 feet 11 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Elizabeth Deann
Barrack Room 4010 | 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____ "									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5724 Name Eneas Diamond Corps Field

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Eneas Diamond
2. What is your full Address? 2. Bunt Cornhill St.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 29 Years Months
5. What is your Trade or Calling? 5. Labourer
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Eneas Diamond 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.

Eneas Diamond SIGNATURE OF RECRUIT.
Cap. Raymond Signature of Witness.

2-7-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Eneas Diamond 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 2 day of July 1918
Signature of Attesting Officer C. B. Dickson Lieut

†CERTIFICATE OF APPROVING OFFICER.

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

† 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

5724

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

Name Enneas Diamond
 Apparent age 19 years months. Height 5 feet 1 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Elizabeth Diamond
Burnt Arm N.D. | 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>2-7-18</u>									
Joined at <u>St. John's</u> on <u>July 2-1918</u>									
<u>Discharged St. John's Jan 12/1919</u>									
<u>Admitted Barracks Hospital 26-7-18</u>									
<u>Discharged do do 20-8-18 to Donovans</u>									
<u>Admitted to S.O. Hospital 9-10-18</u>									
<u>Discharged do do to Corkoni 24-10-18</u>									
<u>Discharged from Corkoni 9-11-18</u>									
<u>Demobilization</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>13-1-1919</u> [date of discharge] <u>196</u> years <u>196</u> days									
Pensions " " " " " " " " " " " "									

C.R. 5724

Extract from Preliminary Report at a Medical Board held on
TUESDAY AFTERNOON December 3rd., the following were the
findings.

#5724 Pte. E. Diamond

RECOMMENDED DISCHARGE FROM THE ARMY
UNFIT FOR GENERAL SERVICE.

BC.

C.R. 5724

Extract from Daily Orders part 11, Depot St. John's dated Nov. 11th.
1918.

Y

HOSPITAL.

Discharged from Escasoni, 9/11/18.

.....

#5724 Pts. E. Diamond.

C.R. 5724

Extract from Daily Orders Part VII Unit The Royal Welch
Regt., St. John's, Dec. 1918, 1918.

The unmentioned man discharges on Demobilisation *has* been
approved by C.O. Discharge Depot from noted date. he is
removed from Depot strength and transferred to Discharge
Depot pending confirmation by Officer in Charge.

5724 Pte. Diamond Elias.

Form No. —

C.R. 5724



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____ Sent by Louis arm Rec'd by _____ Check 3

No. _____

Place from _____

To _____



please advise immediately
Condition of 5724
ple Enos Diamond
waiting

Mrs Lizzie Boone

In Banacks Hospital St Johns
slight cold
doing well

C.R. 5724

Extract from DAILY ORDERS, Part 11, UNIT: The Royal
Newfoundland Regiment, dated Nov. 2nd 1918.

THE UNDERMENTIONED RETURNED FROM SPECIAL DUTY AT DRY DOCK
1/11/18-

5724 Pte. F. Hagen.

C.R. 5724

EXTRACT FROM DAILY ORDERS PART 11, DEPOT
AET. JOHN'S DATED OCTOBER 25th., 1918.

#5724 Pte. E. Diamond.

DISCHARGED FROM M. I. D., HOSPITAL 24/10/18
TO ESKASONI CONVALESCENT HOSPITAL.

C.R. 5-724

Extract of Daily Orders Part II, Depot, St. John's, dated
Jan. 14th 1919.

Discharge confirmed on demobilization.

The discharge of the undernoted on demobilization has been
confirmed by the Officer in Charge Records on noted date.

5724 Pte. Eneas Diamond.

Discharged 13-1-19

C.R. 5724

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,

St. Johns Oct. 10, 1918.

5724 Pte. E. Diamond

Admitted to M.I.D. Hospital 9-10-18.

C.R. 5724
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)

St. John's

Signature of Sender _____

Address August 13, 1918.

Line Number	Recd	By	Sent	by	Check

Dated August 13, 1918.

Mrs. Lizzie Boone,

Morris Arm.

No. 5724 Pte. Enos Diamond in Hospital

Barracks Hospital, St. John's slight cold doing well.

J. R. Bennett,

Minister of Militia.

FOR TYPEWRITER

C.R. 5724

Extract From Daily Orders Part 11 Unit. The Royal Nfld.

St. John's, dated August 20th, 1918.

~~5724~~ Pte. E. Daimond,

5724

Discharged from Barracks Hosp. and admitted to Donovans
Hospital 20-8-18-

C.R. 5724

Extract from Daily Orders Bart 11 unit The Royal Nfld Regt.,
St. John's Oct.5th,1918.

5724 Pte. E. Diamond.

Discharged from Donovans 5/10/18.

C.R. 5724

Extract from Daily Orders part 11, Depot. St. John's
dated July 3rd., 1918.

#57354 Pte. Ebeas Diamond.

Attested for General Service with the Royal Newfoundland
Regiment 2-7-18.

BC.

C.R.

5724

Extract from Daily Orders part 11, from ~~Unit~~ the Royal
Nfld. Regt. St. John's, dated ~~August 1~~ July 30th, 1918,

#5724 Pte. E. Diamond.

Admitted to Barracks Hospital 26-7-18

L. Diamond, E

5724

Ray Sept.

January 13th., 1919.

#5724 Pte. Eneas Diamond,
Burnet Arm, ? .D.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 443."

Yours faithfully,

Captain,
Paymaster & O.i/c Records.

Enc'1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5724 Rank Pvt. Name Eneas Diamond
 Intended place of residence Burnt Arm
2. Occupation Yachtsman
 Classification of soldier B Medical Category F1
3. The above named man is discharged in consequence of Demobilization
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place DEC 13 1918
 Date DEC 13 1918 Alley Capt
 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 13.12.18
Eneas Diamond
 Signature of soldier
W. D. Williams
 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 Dec. 13th 1918 St John's
Eneas Diamond
 Signature of soldier
T. Raymond
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 2.7.18 No of days on Military
 Discharged from service 16.12.18 plus 28 days Service 196 Days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S R.H. Tait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date DEC 16 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St John's W. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment
 Date January 15/1919
2079/443

30
21
20
21
20
21
13
196

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5724 Rank Plt Name Deans - Eneas
 Date of Enlistment 27 18 Address Burnt Point District Sallytown
 Occupation Private Classification for Discharge 2 Medical Category ED
 Recommendation S.M.B. Waiver for Ex. Service Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	2	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93	2			

Date 13.12.18

W. H. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

W. H. C. Discharge Depot.

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 *Joseph H. Brown*

Date 13-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 338 R 257 to his home at Bund... and Release Certificate No. 338 issued.

Date 13-12-18 W.D. Dickson
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 13-1-19

Date 13-12-18 W.D. Dickson Capt.
Depot Paymaster.

Discharge approved for 15.12.18

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1	Four B
E 178	W 3494	B 122	2	Board 1st	" 2	1	
B 178a	D 400A	B 1915	2	do 2nd	" 3	2	
B 179	D 400B	Form L	1	do 3rd	" 4		
B 179a	D 400C	Form K	1	do 4th	" 5		
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 93	2				

Date 14.12.18 W.D. Dickson
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Date DEC 16 1918 R.H. Lant Capt.
O. C. Discharge Depot.

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

Date Dec 17/1918

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

MEDICAL HISTORY

Surname

Jeanson

OF

Christian Name

Cress

Table I.—GENERAL TABLE

Birthplace:—Parish

Parrot Cove

County

Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined on *2* day of *July* 191*1* on day of 191
at at

Declared Age *19* years days years days

Trade or Occupation *Gasman*

Height *5* feet *1/2* inches feet inches

Weight *126* lbs. ll.s.

Chest/Measurement { Girth when fully expanded *36* inches inches
Range of Expansion *3* inches inches

Physical Development

Vaccination Marks { Arm Right Left Right Left
Number

When Vaccinated

Vision..... R.E.—V= *6/15* R.E.—V=
L.E.—V= *1/12* L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease..... (a)

(b) Slight defects but not sufficient to cause rejection (b)

Approved by (Signature)

Lambert Peterson

(Rank)

Medical Officer

Medical Officer

Enlisted

at *St John's* at
on *2* day of *July* 191*1* on day of 191

Corps Regtl. No. Corps Regtl. No.

Joined on Enlistment.....

Regt 720 5724
Reg 1

Transferred to

Became non-effective by.....

on day of 191 on day of 191

(Signature)

(Rank)

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature, Syphilis, admissions and re-admissions of treatment out of hospital
	Day	Month	Year	Day	Month	Year			
<i>M. J. D. Hospital</i>	<i>9</i>	<i>10</i>	<i>18</i>	<i>24</i>	<i>10</i>	<i>18</i>	<i>Influenza</i>	<i>18</i>	
<i>Carsoni</i>	<i>24</i>	<i>10</i>	<i>18</i>	<i>9</i>	<i>11</i>	<i>18</i>	<i>Constitution</i>	<i>17</i>	<i>Outy 9-11-18</i>

spital 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 hospitals 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

J. Paterson, M.D.

Duty 9-11-18

J. Paterson, M.D.



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 *Diamond, Lucas*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *5724*
 Intended address *Burnt Arm, Exploits Bay.*
 Height on discharge *5* Feet *2"*
 Color of hair on discharge *Light*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks
 Figure on discharge *Medium*
 Christian name of Father
 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. *Change Islands, Aug. 16, 1898.*
 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)

Diamond Lucas

(Rank)

PT

Station

St Johns

Date

Dec. 2/18.

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.

Archibald
 Medical Officer i/c Hospital,
 Unit, or Command Depot.

Station

St Johns, Nfld.

Date

Dec. 2/18.

F.

Jurllingale

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—
B.

W00A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *2nd Dec 1918*

Regimental No. *5724*

Name *Diamond, Enneas* (*ptr*)

Address *Burns Alm Exploits Bay*

Present Medical Category *E*

*Proceeding of S.M.B.
in file*

Recommended for:— (a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board

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

W. Stoker
Senior Medical Officer

D.W. Burden
M. O. Depot

13

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 work in Lumberwoods

Ever Diamond

Signature of Man.

Edwards Cap.

Signature of the Vocational Officer or his Representative.

Reg. No. *5724*

Place *St. John*

Date *13/12/18*

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Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station **St. John's**

Date **Dec. 2nd 1918.**

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 20 years |
| 2. Regimental No. 5724 | 6. Enlisted on July 2nd 1918. |
| 3. Rank Pte. | at St. John's |
| 4. Name DIAMOND, ENEAS | 7. Former trade or occupation Lumberman |

8. Disability

INFLUENZA

9. History **Admitted Barracks Hp. 26/7/18. Discharged to Donovan's 21/8/18. Admitted M.I.D. Hp. 9/10/18, influenza. Discharged to Escasoni 24/10/18. Discharged from there 9/11/18.**

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Dry irritable cough. Complains of pain upper part left chest. No accompaniments in lungs. Heart normal.

11. Was sanatorium operation advised and refused?

NO

12. Do you recommend discharge as permanently unfit?

YES

Signature **ARCH TAIT** for M.C. Depot.

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **cannot** be considered as aggravated by:—
due to
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

In same condition before enlistment.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? *Nil*
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.)

Remarks if any:— **NIL**

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperence (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army **Unfit for general service.**

Remarks if any:—

..... **N. S. FRASER**
President

Signatures **J. S. TAIT**

..... **L. PATERSON, Major.**

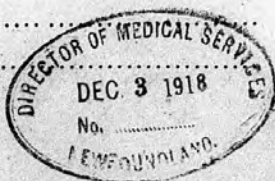
Place **St. John's**

Date **Dec. 3rd 1918.**

APPROVED

Station

Date



(SGD) **GLDY. MACPHERSON, Major.**
Administrative Medical Officer



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 *Diamond, Eneas*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *5724*
 Intended address *Burnt Arm, Peter Lane Bay*
 Height on discharge *5 Feet 2"*
 Color of hair on discharge *Straw Coloured*
 Complexion *Ruddy*
 Color of eyes *Blue*
 Descriptive Marks
 Figure on discharge *Thick set*
 Christian name of Father *Arthur*
 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. *Change Islands 16/5/98*
 Nature and locality of civil employment required *Lumberman, Exploits Bay*

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)

Eneas Diamond

(Rank) *Pte*

Station

St Johns

Date

10-12-18

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

W. H. Woods
 Commanding Pte
 Medical Officer i/c Hospital.
 Unit, or Command Depot.

Station

Date

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters JUL - 2 1918

1. Name Ennas. Diamond Age (a) Declared 19
(b) Apparent

2. Do you know of anything wrong with you? No.

What severe illnesses have you had?

Eyes Blue.
Comp. Pain

Plumsey None.

5724.

3. Height 5ft 11 1/2 Weight 126
4. Eyesight (a) Left 6/5 (b) Right 6/2
5. Physical Defects (Examine after strenuous exercise) n

6. Examination of Lungs n
Measurement (a) Expiration 33 (b) Inspiration 36

7. Examination of Heart n

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

Teeth
Throat
Nose
Ears—(Otorrhea)
(Deafness)

10. Have you been successfully vaccinated, and when? No.

11. Name and address of next of kin

Mother Elizabeth. Burnt Arms.
Dullington West.

REMARKS--

A11

Medical Examiners.

(93) ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Balmor, June 26/18

1. Name Eneas Diamond Age (a) Declared 20 yrs
Burnt Arm (b) Apparent 20 yrs

2. Do you know of anything wrong with you? no

What severe illness have you had? now

3. Height 5 ft 2 in Weight 125 lbs
 4. Eyesight (a) Left normal (b) Right normal
 5. Physical Defects (Examine after strenuous exercise)

none

6. Examination of Lungs
 Measurement

Sound

(a) Expiration 34 in (b) Inspiration 36 1/2

7. Examination of Heart

Sound

8. Examination of Urine

normal

9. Examination of Mouth—(Defective Speech)

normal

Teeth

fair

Throat

normal

Nose

normal

Ears—(Deafness, Otorrhea)

normal

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin

Mother

REMARKS—

We consider this man { Fit
~~Temporarily unfit for Military Service~~
~~Permanently unfit for Military Service~~

(If unfit, Form M.S.B., 10 A, should be filled and attached).

J. P. Smith M.D.

Medical Examiner.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Eneas Diamond, Regl. No. 3724

hereby agree, until further notification by me, and in similar official form to make an Allotment of 1 Dollars and 50 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 August 1st 1919

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
4713	mother	Mrs Fred Boone	Burnt Arm Exp. daily N.D.R.		60
				Total Allotment, \$ <u>7.00</u>	

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.) K.A. James
 Officer Commanding
F Company
8 July 1919
 191

(Sig.) Eneas Diamond
 (Rank) Platoon

No 6310



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Eneas Diamond, Regl. No. 5724

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 50 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 August. 1st / 18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4713</u>	<u>Mother</u>	<u>Mrs Fred Boone</u>	<u>Burnt Arm, Exploits Bay, N.D.B.</u>	<u>60</u>
			Total Allotment, \$	<u>60^c</u>

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

(Sig.) H.A. James
Officer Commanding
F Company

(Sig.) Eneas Diamond
(Rank) Pte.

St. John's
July 5th 1918.

No 6310



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ernest Diamond, Regl. No. 5704

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

August 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4713	Mother	Mrs Fred Boone	Burnt Arm, Exploits Bay, N.D.B.	60
			Total Allotment, \$	60

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

(Sig.)

W. A. James

Officer Commanding

F Company

(Sig.)

Ernest Diamond

(Rank)

Pte.

July 5th 1918

St John's, Nfld.,

July 27th, 1918

To Officer Commanding,
Depot

5703 Jacob Dalton, 5339 Edward Stack, 5444 E. King

Kindly arrange to give these men leave of absence without pay for three months, for the purpose of prosecuting an ocean voyage at the request of the Minister of Shipping.

You will instruct the men to report to the Hon. J.C. Crosbie at his office on Monday, July 29th at 11 a.m.

(sgnd) A. MONTGOMERIE

Major

D.O.C. Newfoundland.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5724 Rank PLC Name Diamond - Eneas
 Date of Enlistment 2.7.18 Address Burnt Point District Tullybr
 Occupation Fisherman Classification for Discharge 2 Medical Category E0
 Recommendation S.M.R. Waiver for Gov. Service Disability Rating Full
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	2	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93	2			

Date 13.14.18 W. H. Key Capt
 O.C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Cross Diamond

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~~ Joseph H. Snowling

Date 13-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 38 R 257 to his home at Dundee and Release Certificate No. 388 issued.

Date 13-12-18

R. Dickson
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 13-1-19

Date 13-12-18

W. Bowley Capt
Depot Paymaster.

Discharge approved for 16.12.18

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	✓ 1	N.F. Med.	D.F. 1	✓ 1	
E 178	W 3494	B 122	✓ 2	Board 1st	" 2	✓ 1	Form L
B 178a	D 400A	B 1915	✓ 2	do 2nd	" 3	✓ 2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	✓ 1	do 4th	" 5		
B 179b	B 103	ME 2			" 6		✓
B 179c	B 120	M 93	✓ 2				

Date 14.12.18

R. Dickson
Demobilization Officer.

APPROVED. W

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date

R. Dickson
O. C. Discharge Depot.

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

Date Dec 17/1918

W. Bowley Capt
D. C. R.

Reg. No. 5724 Rank Plt Name Diamond, Eneas
Attested 2-7-14 Address Burnt Arms Mill
Allotment 600 Allottee Mr Red Boone Mother
Date of Allotment 1-8-18 Returned from Overseas.....
Embarked for Overseas..... Cause.....

3-7-18 Vacc 1st Proc 11-7-18

Returned from leave 22-7-18

26-7-18 adm - To Bayards Hosp.

20-8-18 Discharged from Bayards Hosp. to Document.

9-10-18 Admitted to M. I. S. Hosp.

24-10-18 Discharged from M. I. S. to Eskason

9-11-18

PASSED TO DEMOBILIZATION OFFICER

RECEIVED APPROVED OR DEMOBILIZATION

3-15-78 Recommended Discharge Permanently
Unfit for General Service

R

C.R. 5724

Burnt Arms
Sept 11th / 01.

Department of Militia

I am writing for to find out about ^{about} the gratitude money. Certainly I know that I am not entitled to six months pay but I understand that some fellows got two months pay hundred and forty dollars well I should think that I was entitled to that to all the fellows ~~about~~ over seas got three months pay. Certainly I wasent over seas that wasent my fault I couldn't help because I was sick lots of fellows went after me got it I should think that I would get it as well as them that went

When I want - Any Thing
wrong about - That - Certainly
I know that I never done.
much - good. I well - admit - But
if one - got it - why not - Another
Certainly I dont - These fellows
was over the two or three years
But - I mean - The fellows that
just - went - over and - come back
again I know a fellow wright
here - next - door - neighbour got
it two hundred and six Dollars
his number his 5725 And - mine
his 5724 why not I get - it
as well - as - him Yours Truly
E. P. The Emerald Diamond
Burnt Ann.

C.R. 5724

Sept. 16th, 1921

Mr. Ernest Diamond,
Burnt Arm

Dear Sir:-

Your letter of Sept. 11th in relation payment of War Service Gratuity for your military service, has been received.

Your military record shows that you served less than twelve months, and that you were not overseas. I regret, therefore, that in accordance with the regulations governing the issue of this allowance, no payment is due to you.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer