



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5360 5369 Name Frank Dodge Corps 609

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Frank Dodge
- 2. What is your full Address? 2. 3 Leonard St.
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 10 Years Months
- 5. What is your Trade or Calling? 5. Shaman
- 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.
- 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, Frank Dodge 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.

Signature of Recruit: Frank Dodge
Signature of Witness: [Signature]

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Frank Dodge 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 23rd day of May 1915.
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

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

Date 191
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name 1st Lt Dodge

Apparent age 20 years months. Height 5 feet 7 1/2 inches

Chest Measurement { Girth when fully expanded 38 1/2 inches
 Range of expansion 3 1/2 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Edward Dodge
8 Lemming St. | Relationship Brother

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. 5360 ~~5369~~ Name Frank Dodge Corps Co. G

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Frank Dodge</u> |
| 2. What is your full Address? | 2. <u>3 Lemming St</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>3 Sherman</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, Frank Dodge 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.

Frank Dodge SIGNATURE OF RECRUIT.

Emil Ryan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Frank Dodge 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 13th day of May 1915.

Signature of Attesting Officer W. B. Dick

† 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 rank of Private.

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

Date 1915

Place

Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5360

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

Name J. next Dodge

Apparent age 20 years 0 months. Height 5 feet 7 1/2 inches

Chest Measurement { Girth when fully expanded 38 1/2 inches
 Range of expansion 3 1/2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Edward ~~the~~ Dodge,
1 Lemming, St. B. | Relationship Brother

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>23-5-18</u>									
Joined at <u>St. B.</u> on <u>NOV 23-1918</u>									
Discharged August 11 1919									
Embarked <u>St. B.</u> <u>St. Leger</u> to <u>Halifax N.S.</u> <u>22-7-18</u>									
Left for demobilization <u>24-6-19</u>									
Arrived <u>Halifax N.S.</u> <u>1-7-1919</u>									
Demobilization <u>St. B.</u> <u>4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 [date of discharge] 1 years 74 days

" " Pensions " [" "] " " "

C.R. 5360

Extract from Daily orders part II Royal Newfoundland
Regiment. Depot St. John's dated Aug. 11th 1919.

The discharge of the undernoted on demobilization
has been CONFIRMED by officer i/c Records from
noted date 4-8-19.

5360, Pte. Dodge.

C.R. 5360

Extract from Daily Orders Part II Unit The Royal Welch
Regt. Ste John's, July 18-1919.

The discharge of the undersigned on demobilization has been
APPROVED by C.C. Discharge Depot with effect from 21
21-7-19.

5360 Pte. F. Dodge.

C.R. 5360

Extract from Daily Orders Regt. 2nd Bn. The Royal Nfld.

Regt. St. John's, July 3rd, 1919.

5360 Pte. L. Dodge.

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

C.R. 5360

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 Mrs. G.R. Thornhill Address Little Bay East

Line Number	Rcd	By	Sent	by	Check

Dated

May 28th, 1919

Min of Militia

Kindly inform me if No 5161 and 5360 are passengers by Corsican

Mrs. G.R. Thornhill.

C.R. 5360

Counter No. _____

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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 _____

Line Number	Rcd	By	Sent	by	Check

Dated
To

May 29th. 1919.

Mrs. G. A. Thornhill, Little Bay East F.B.

5161 Thornhill with draft 5360 Dodge not with draft.

A. S. HICKMAN

Minister of Militia.

Charge to Dept. of Militia.

FOR TYPEWRITER

C.R. 5360

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 25, 1918.

#5360 Pte. Frederick Dodge.

Attested for General Service with the Royal Nfld. Regt.
from 25.5.18

C.R. 5360

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. Kohn's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5360 Pte. Fred Dodge.

C.R. 5360
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.

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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 St. John's.

Line Number	Rcd	By	Sent	by	Check

Dated **June 27th 1919**
To **Miss Rosie Hatch,**
Bay Largent.

5360 Dodge on Cassandra Draft due to arrive July 1st

A. E. HIGHMAN

Minister of Militia.

Chg. to Dept. of Militia.

FOR TYPEWRITER

GR 5360

NEWFOUNDLAND POSTAL TELEGRAPHS



CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 37 Sent by R Rec'd by gp No. _____
 Place from Bay Largent 27 Check _____
 To A E Kirkman
Man of Militia



Kindly advise if
 - 5360 Fred Dodge
 with coming draft.
 Miss Rosie Hatch.
 yes

J. Dodge

C.R. 5360

~~J. D.~~

Lodge, A

1360

Ray Sept

August 4th 1919.

#5360, Pte. F. Dodge,
Fleming's, F. Bay.

Dear Sir:

Enclosed please find Discharge Certificate
3330.

Yours truly,

Capt. & Paymaster.

RS/.

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.

Lodge 712

Signature of Man.

Reg. No. *5360*

J. A. Snowcraft

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

7-7-19.

191

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

MEDICAL HISTORY

OF

Surname Dodge

Christian Name Frank

Table I.—GENERAL TABLE.

Birthplace:—Parish Flemmings Fortuna Bay County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>23</u> day of <u>May</u> 191 <u>8</u> at <u>St Johns</u>		on _____ day of _____ 191_____ at _____	
Declared Age	<u>20</u> years _____ days		_____ years _____ days	
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>7 1/2</u> inches		<u>5</u> feet <u>11 1/2</u> inches	
Weight	<u>155</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>38 1/2</u> inches		_____ inches	
	Range of Expansion... <u>3 1/2</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm _____		Arm _____	
	Number _____		Number _____	
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V= _____	
	L.E.—V= <u>6/6</u>		L.E.—V= _____	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. M. Paterson</u>			
(Rank)	<u>Major</u>			
Enlisted	at <u>St Johns</u>		at _____	
	on <u>23</u> day of <u>May</u> 191 <u>8</u>		on _____ day of _____ 191_____	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Nfld Regt</u>		<u>1360</u>	
Transferred to				
Became non-effective by	on _____ day of _____ 191_____		on _____ day of _____ 191_____	
(Signature)				
(Rank)				

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

MEDICAL HISTORY

Surname Adodge OF Christian Name Frederick

Table I.—GENERAL TABLE.

Birthplace:—Parish Flemmings Fortune Par County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at <u>St Johns</u>	<u>23</u> day of <u>May</u>	at	191
Declared Age...	<u>20</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>7 1/2</u> inches		<u>5</u> feet <u>11 1/2</u> inches	
Weight	<u>155</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>38 1/2</u> inches		inches
	Range of Expansion	<u>3 1/2</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/			
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. J. Paterson</u>			
(Rank)	<u>Major</u>			
Enlisted	at <u>St Johns</u>		at	
	on <u>23</u> day of <u>May</u>	191	on	day of 191
Joined on Enlistment	Corps.	<u>The Royal Nfld Regt</u>	Corps	
	Regtl. No.	<u>1360</u>	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

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

1. Unit and Corps. *Royal N. F. Bde*
2. Regtl. No. *3360* 3. Rank. *Pvt.*
4. Name *Lodge Fredk*
 (Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Fitterman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i.) Service during the present war
- (ii.) Previous active service..
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part. }

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

No compliance of no disability

15. What is his present condition ?

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

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

16. Was an operation performed? If so, when and what was its nature?

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

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

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

Repatriation!

W. Groenew. Galt House
Medical Officer in charge of case.

Station *Wardley, W. Yorks*
Date *1-11-19*

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



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the 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 *Lodge, Frederick*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5360*

Intended address *Hemmings Fortune Bay*

Height on discharge *5* Feet *7 1/4*

Color of hair on discharge *Brown wavy*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father _____

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Hemmings 1-3-1898*

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) *Frederick X Lodge* *PL*
rank (Rank)

Station _____ Date *JULY 1919*
Walter R. Edwards

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



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

Station _____ Date _____

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5360 Rank Pte Name Rodge F.
 Intended place of residence Heming
 2. Occupation Tradesman
 Classification of soldier 2 Medical Category AL

3. The above named man is discharged in consequence of
DEMobilIZATION
 Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place, ST. JOHN'S
 Date JUL 7 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL 7 1919
 Signature of soldier: F. Rodge Pte.
 Signature of witness: J. J. Howley Capt.

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date 7-7-19
 Signature of soldier: Fred Rodge
 Signature of witness: W. J. Howley Capt.

STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 No. of days on Military Service...
 Discharged from service 21-7-19 Plus 14 days Service... 439

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 21 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
 Date August 4/1919
 Officer in Charge
 The Royal Newfoundland Regiment

Handwritten notes and numbers at the bottom of the page, including '9 30 31 4 74' and a large scribble.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ^{9834 9835} to his home
 at Fleming and Release Certificate No. 3259 issued.

Date 7-7-19
J.A. Newbass
 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 4-8-19

Date 7-7-19
 Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

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

3 Form B

Date 7-7-19
J.A. Newbass
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919
P. R. Coose Capt
 for O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization: —

E. 10

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *11.7.19*

Regimental No *5360*

Name *Sodge Friedrich* Rank *O/C*

Address *Flummings F. Bay*

Present Medical Category *A-7*

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

Members of Board {

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

J. Pascoe
Senior Medical Officer

J.W. Bensen
M.O. Depot

August 12, 1919

Mr. Frederick Dodge,
Fleming,
Fortune Bay.

Dear Sir:-

Referring to your application, I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of the War Service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th, 1919.

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *Fredricks* 2. Surname..... *Dodge*
3. Rank..... *Pvt* 4. Regtl. No..... *5360*
5. Address in full to which future payments of gratuity are to be forwarded..... *Fleming, Fortuue Bay*
.....
6. Date of enlistment in the Regiment..... *Nov. 23/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
No
8. Relationship of such dependents..... *No*
9. Address in full of such dependents..... *No*
.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *fourteen months*
..... 1. $\frac{1}{2}$

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

no

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

no

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

no

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

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

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.? If not give:- (a) Date of discharge.

no

July 2/19.

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.

England

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: - *Fredrick ^{his} Dodge*
 Place of Residence: *Fleming, Fortare Bay,*
 Declared before me at: *St John's*
 This *7* day of *July*, 19*19*....

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

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

No. 6324



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Frederick Dodge, Regl. No. 5560

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)	
4496	Sister	Miss Maggie Dodge	Home Fortune's Bay		60
Total Allotment, \$				60	

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

(Sig.) Swalson Lieut

Officer Commanding
E Company

St. John's
July 8th 1918

(Sig.) Frederick Dodge
(Rank) Pte Sgt. Banks
Witness.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland
Number of Sheet *one*
Signature of O. C. Company *C. J. Smith Lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	years	<i>fisherman</i>		
<i>5360</i>	<i>Dodge Fredk.</i>		<i>20</i> months			
Joined	Date	Place and Date of Enlistment		Religion		
		<i>St. John's</i>		<i>Cath</i>		
Joined	Date	Period of	with Colours	Place of Birth		
Joined	Date						with Reserve	years.
			<i>1 3/4</i>	<i>St. John's</i>		
			<i>3 1/2</i>	<i>St. John's</i>		

Place	Date of Offence	Rank	Cause of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>4 8/19</i>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

5360

DEMOBILIZATION OF

Reg. No. 5360 Rank PK4 Name Page J
 Date of Enlistment 23.5.18 Address Hemings District Sackville
 Occupation Fisherman Classification for Discharge 6 Medical Category AI
 Recommendation S.M.B. Disability Rating
 Passed to Demobilization Officer with following documents:—

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

Date 4-1-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

*Ind. ^{to} Dodge
mark work w/ labour*

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable. \$65.00
 (b) Clothing Supplied

Date 7-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ⁹⁸³⁴⁹⁸³⁵ to his home at Fleming and Release Certificate No. 3259 issued.

Date 7-7-19 *J.A. Snowball*
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 4-8-19

Date 7-7-19 *J.A. Snowball*
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

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

2 Form B

Date 7-7-19 *J.A. Snowball*
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

JUL 21 1919

Date *R. Cooper Capt*
O. C. Discharge Depot.

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

Date July 21 1919 *[Signature]*

Reg. No. 5360 Rank Pl Name Hodge Fred
Attested Address Flaming F. B.
Allotment Allottee ..
Date of Allotment Returned from Overseas JUL 1 1919
Returned on S Cassandra Cause Discharge

7. 7 19 **PASSED TO DEMOBILIZATION OFFICER**
21. 7 19 **DISCHARGE APPROVED ON DEMOBILISATION.**

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

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

1. Unit and Corps. Royal Artillery.....
2. Regt. No. 506 3. Rank.....
4. Name H. Wolfe Frank.....
(Surname) (Christian Names)
5. Age last birthday... 31.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } Fisherman
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regt. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court
- (b) Date of Discharge ;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | ..... | ..... |
| (ii.) Previous active service | ..... | ..... |
| (iii.) Climate in pre-war service | ..... | ..... |
| (iv.) Ordinary military service before the war | ..... | ..... |
| (v.) Serious negligence or misconduct on the man's part. | ..... | ..... |

- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

No complaint of no disability

15. What is his present condition?

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

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

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

Repatriation

20. Do you recommend—

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

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

W.S. Proemier, Capt R.A.M.C.

Station *Hazely Down*

Medical Officer in charge of case.

Date *1/4/18*

* 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