



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5306 Name Juan Somers Corps RC

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... Juan Somers
2. What is your full Address? ..... Little Beach Fortm Bay
3. Are you a British Subject? ..... Yes
4. What is your age? ..... 19 Years ..... Months
5. What is your Trade or Calling? ..... Palmer
6. Are you Married? ..... No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Are you willing to be enlisted for General Service? ..... Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... Yes 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? ..... Yes

I, Juan Somers 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.

Juan Somers SIGNATURE OF RECRUIT.  
RC Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Juan Somers 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 stated as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 17 day of May 1918.

Signature of Attesting Officer R. Bricks

### 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 omitted by special authority, such will be attached to the original attestation.

Date May 17 1918 } Approving Officer.  
 Place St. John's

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).....



J. J. Dominic.

C.R. 5306

1890

Dept. of Public Health & Welfare  
MAR 3 1941  
St. John's, Newfoundland

J. J. Donnie.  
A.C.S. "Husky"  
9 P.O. in Charge.  
Sydney, N.S.  
B. 2. 41.

Board of Health  
MAR 5 1941  
Commissioners for Newfoundland

M. McEath  
Sir

I am in receipt of your informis letter of the 21/40 inst, & am very grateful for your information.

Incidentally after writing you, I found the parcel which was mislaid, & am now expressing my warmest thanks in what I may call "put you to a lot of trouble" for which I am very sorry again I say.

file in  
former file  
5306

Very much  
I remain  
J. J. Donnie.







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

OCT 15 1921 1921.

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

is/are forwarded herewith to

James Dominic

in respect of his service as No. 5306 Rank Pte.

Name J. Dominic Royal Nfld. Regt.  
~~North Foreland Corps.~~

Receipt of the same should be acknowledged hereon.

Received

Medal (no 5306)

Signature

James Joseph Dominix

Date

October 24<sup>th</sup> 1921

Address

Little Beach

Belleoram [P.T.O.]



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of The Royal Welch

Number of Sheet one

Signature of O. C. Company R. D. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.		Age on	months					
<u>206</u>	<u>Dominique</u>	<u>19</u>		<u>Freeman</u>				
Joined	Date	Place and Date of Enlistment		Religion				
Joined	Date	<u>St John</u>		<u>R.C.</u>				
Joined	Date	Period of	years.	Place of Birth				
Joined	Date	with Colours	<u>7 1/2</u>	<u>Little Heath, F.B.</u>				
		with Reserve	<u>1 3/4</u>					

  

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilised</u>	<u>St John</u>	<u>4</u>	<u>8/19</u>		

To be carried over.

Army Form B. 121.

Reg. No. 5306 Rank Pte Name Dominic J.  
Attested 22-5-18 Address Little Beach, F. B.  
Allotment 60 Allotee Mr Stephan Dominio (Father)  
Date of Allotment 1-7-18 Returned from Overseas \_\_\_\_\_  
Embarked for Overseas JUL 22, 1918 Cause \_\_\_\_\_

33-578 Vacc  
H.L. 31/9/18 to 31/9/18  
13-6-18 15/11/18 - noc 2nd Dec 27/9/18

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

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

1. Unit and Corps..... *Royal Newfoundland Land. Bde* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5206* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Dominic* } (a) Former Regts. or Corps ; }  
(Surname) } with Regtl. Nos. }  
*James D.* } (Christian Names) }
5. Age last birthday..... *20*
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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.
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.

*Nil  
Nil  
Nil*

14. State whether the disabilities are
- |                                                          | (a) attributable to | (b) aggravated by |
|----------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war                      | .....               | .....             |
| (ii.) Previous active service                            | .....               | .....             |
| (iii.) Climate in pre-war service                        | .....               | .....             |
| (iv.) Ordinary military service before the war           | .....               | .....             |
| (v.) Serious negligence or misconduct on the man's part. | .....               | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

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

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

*He complains of no Disabilities*

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. E. Proctor, Capt RMC*

Medical Officer in charge of case.

Station *Hazeley Down*

Date *8/4/19*

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



C.R. 5306

Extract from Daily Orders Part 11 Unit The Royal Rifles.  
Regt. St. John's, July 10th, 1919.

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

5306 Pte. J. Dominic.

C.R. 5306

Extract from Daily Orders Part II Royal Newfoundland  
Regt. 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.

5306, Pte. J. Dominie.

C.R. 5306

Extract from Daily Orders Det. Unit The Royal Nfld.  
Regt. St. John's, July 3rd, 1919.

5306 Pte. J. Dominic.

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

C.R. 5306

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

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

#5306 Pte. James Dunn.



Extract from Daily Orders part 11, from Unit The Royal  
Wfld. Regt. St. John's, dated May 23rd, 1916.

#5306 Pte. James Dominic.

Attested for General Service with the Royal Wfld. Regt.  
from 22.5.16

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5306 Rank ptr. Name Dominic J. ...  
 Date of Enlistment 22-5-18 Address Little Beach District Fortune  
 Occupation Fisherman Classification for Discharge E Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
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 4-7-19 L O. C. Discharge Depot. *[Signature]*

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am now in a position to resume civilian occupation.  
fisherman James L. Lomerie

Particulars passed to Vocational Officer for information and action.

Date 7-7-19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$165.00
- (b) Clothing Supplied [Signature]

Date 7-7-19 O i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. B2179 to his home at Little Beach and Release Certificate No. 3235 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

Date

7-7-19

1-7-19  
*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	<input checked="" type="checkbox"/> N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*2 Form B*

Date

7-7-19

*J.A. Snowball*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date

July 21 1919

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

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

Date

July 21 1919

Reg. No. *5306* Rank *Pfc* Name *Samonie J.*  
Attested ..... Address *Long Beach*  
Allotment ..... Allottee ..  
Date of Allotment ..... Returned from Overseas *JUL 1 1919*  
Returned on S S *Cassandra* Cause *Discharge*

*4.7.19*  
*21.7.19*

**ASSIGNED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION.**



No. 18980/2109

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn Royal Wfld. Regt.  
Winchester.



21st November 1918

Subject: 5306, Pte. J. Dominic

With reference to the following telegram (9984) from the Hon. Minister of Militia, received

Pay to 5306 Dominic £2:1:0

Draft £ 2:1:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. A. Minnell Maj.*

Chief Paymaster & O. i/c Records.

Nov. 23rd 1918

Receipt hereunder.

*Exam'd*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer. Commdg. 2nd Batt'n,  
Royal Newfoundland Regiment.

Received the sum of Two pounds  
one shilling on account of  
cable remittance from Newfoundland.

*J. J. Dominic*  
No. 5306 Rank Pte.

Witness W Power. Pte

*065501*  
*JR*

No. 6815/1114 <sup>3</sup>

N. F. F. 479.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
Pay & Record Office,  
53, Victoria Street,  
London, S.W. 1.

To:

Officer Commanding,  
2nd Batt. Ryl. Nfld. Regiment  
Winchester

6th May 1919

Subject: 5306 Pte. J. Dominic

With reference to the following telegram ( 165 ) from the Hon. Minister of Militia, received

5306 J. Dominic  
£5. 3. 0.

Draft £ 5. 3. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon:

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

15 MAY 1919

Receipt hereunder.

*J. Seymour* <sup>PLIEUT. COLONEL</sup>  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT

Officer Comdg. 2nd Batt'n  
Royal Newfoundland Regiment

Received the sum of £5. 3. 0

Five pounds three on account of cable remittance from Newfoundland.

J. Dominic <sup>CB.</sup>  
No. 5306 Rank PLT

*Geo King*

No. 4162/623

N.F.P./79.

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2/Bn. Royal Newfoundland Regt.  
Winchester.

14th March 1919

March 18 1919

5306 Pte Dominic J.

Receipt hereunder.

With reference to the following  
telegram from the Minister of  
Militia / / ( 77 )

*[Signature]*

LIEUT. COLONEL

OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to-5306 Dominic,  
£4. 2. 0

Received the sum of four

Pounds 2/- in respect of  
telegraphic remittance from the  
Minister of militia.

Cheque £4. 2. 0 is enclosed  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

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

Dominic J.  
No. 5306 Rank Private

Witness S/C. J. Walsh.

e

Lominick, J

5306

Hay Sept.

August 11, 1919

Mr. James Dominick,  
Little Beach,  
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..... *Tamer* ..... 2. Surname..... *Domined*
3. Rank..... *Pte* ..... 4. Regt. No..... *5306*
5. Address in full to which future payments of gratuity are to be forwarded..... *Little Reach, Fortune Bay*
6. Date of enlistment in the Regiment..... *23 Nov. 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*no*
8. Relationship of such dependents.....  
*no*
9. Address in full of such dependents.....  
*no*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....  
*no*
11. Were you on active service only in field, if so, give dates and particulars of such service.....  
*Overseas*
12. Give total length of time which you served on active service, whether in field or Overseas.....  
*fourteen months*
- ..... 1.  $\frac{3}{4}$  .....



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

.....  
.....

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

.....  
.....

15. Have you been issued with a War Service Badge? *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. *July 18/19*

(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. *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.

(Witness) Stoylen

Signature of Applicant: James X Dominick

Place of Residence: Little Neck, Fortus B03

Declared before me at: St Johns

This 7 day of July 1917.

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

Stoylen

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Paymaster

NO BOND

August 4th 1919.

#5306, Pte. J. Dominic,  
Little Beach, Fortune.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3336.

Yours truly,

Capt. & Paymaster.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5306 Rank Plt Name Dominic J  
 Intended place of residence Little Beach Fortine

2. Occupation Fisherman  
 Classification of soldier E Medical Category A<sup>1</sup>

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

*[Signature]*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 7 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 7 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 22-5-18 No. of days on Military  
 Discharged from service 21-7-19 Plus 14 days Service 440

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

*[Signature]*  
 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

*[Signature]*  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

*[Handwritten]* 20032049/5338



# The Royal Newfoundland Regiment

Class for Demobilization: *Aj*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *11.7.19*

Regimental No. *5306*

Name *Dominic James* Rank *Plt*

Address *Little Beach, Futaba Bay*

Present Medical Category *Aj*

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

Members of Board

*R.H. East Major*  
O.C. Discharge Depot.

*H. Brown*  
Senior Medical Officer

*Geo. Borden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5506 Rank pts Name Dominic J. Fortune  
 Date of Enlistment 22-5-18 Address Little Beach District Fortun  
 Occupation Fisherman Classification for Discharge 4 Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 208	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 4-7-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

with Newman James & Dominic mark

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

[Signature]

Date 7-7-19

O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. <sup>B2179</sup> to his home at Little Beach and Release Certificate No. 3235 issued.

Date 7-7-19

*J.A. Knowlton*  
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 4-7-19.

Date 7-7-19

*J.A. Knowlton*  
Depot Paymaster.

Discharged approved for 21-7-19

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

N.F. 1136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*2 Form B*

Date 7-7-19

*J.A. Knowlton*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

- Officer in Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919

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

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

Date .....

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

# MEDICAL HISTORY

Surname Dominic OF Christian Name James J.

Table I. GENERAL TABLE.

Birthplace:—Parish Little Beach P.B. County Mea.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	<u>2nd</u> day of <u>May</u> 191 <u>8</u>	<u>Sigfus</u>		
Declared Age	<u>19</u> years	days	years	days
Trade or Occupation	<u>Traberman</u>			
Height	<u>5</u> feet	<u>3 3/4</u> inches	feet	inches
Weight	<u>132</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>37</u> inches			inches
	Range of Expansion... <u>1</u> inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>/</u>	<u>/</u>		
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>Samuel Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<u>Sigfus</u>	at	
	on	<u>2nd</u> day of <u>May</u> 191	on	day of 191
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.	<u>1306</u>	Regtl. No.	
Transferred to	<u>Royal Mea Regiment.</u>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





## 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 *Leominie, James*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5306*

Intended address *Little Pearl Fortune Bay*

Height on discharge *5 Feet 5*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father *Stephen*

Christian name of Mother *Mary Ann*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Little Pearl 2-7-1898*

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) *James X Leominie*

*mail* (Rank)

Station

Date

*W. S. Shaw* JULY 1919

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



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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*  
2. Regtl. No. *1306* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—  
4. Name *Luminis* *James J.* (a) Former Regts. or Corps; with Regtl. Nos.  
(Surname) (Christian Names)  
5. Age last birthday. *22*  
6. Posted for duty on..... at.....  
in category (or grade).....  
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.  
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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 Complaints of no disability*

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

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

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?

*Repatriation*

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

*W. E. Proemier. Capt R.A.M.C.*

Station *Hazeley Down*

Medical Officer in charge of case.

Date *8/14/19*

\* 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





DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>/<sub>100</sub>

July 14 19 19

Received from the First Newfoundland Regiment

the sum of Seventy

Dollars.

on account of Pay. TSW  
balance

~~John J. O'Sullivan~~  
Frank

Ch. No. <u>2931</u>	Initials <u>TSW</u>
Pay Ledger <u>145</u>	Initials <u>WR</u>
Gen. Ledger.....	Initials.....

Regtl. No.

Rank

Wit E. Walsh

No. 5306

Rank

1st

Name

Domine J

#5306, James J. Dominic,  
Royal Newfoundland Regt.

THIS IS TO CERTIFY that the above named enlisted  
at St. John's on May 22nd., 1918 in the Royal  
Newfoundland Regiment and was demobilized at  
St. John's on August 4th., 1919, having served  
on year and seventy-five days.

H. M. Mosdell, M. D.  
Secretary for Public Health and Welfare.

October 7th., 1940