



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5416 Name Edgar Dove Corps Medt.

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

1. What is your name? ..... 1. Edgar Dove
2. What is your full Address? ..... 2. Stwillingate
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years 0 Months
5. What is your Trade or Calling? ..... 5. Fisherman
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 ..... Medt.
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, Edgar Dove 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.

24/5/18 Edgar Dove SIGNATURE OF RECRUIT.  
Pte R Power Signature of Witness.

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

I, Edgar Dove do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 24 day of May 1918

Signature of Attesting Officer Edwicks Rielt

### 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

5416

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

Name Edgar Dove  
 Apparent age 21 years      months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 39 inches  
                           { Range of expansion 6 inches  
 Distinctive marks     

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Israael Dove  
Twillingate | Relationship Father  
 Particulars as to Marriage

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

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards <u>Engagement</u> reckons from <u>124-5-18</u>									
Joined at <u>St John's</u> on <u>1004 24-1918</u>									
<u>Discharged August 1 1919</u>									
<u>Embarked St John's Nfld to Halifax N.S. 22-7-18</u>									
<u>Filed for Demobilization 24-6-19</u>									
<u>Arrived Nfld 1-7-1919</u>									
<u>Demobilization St John's 5-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>5-8-1919</u> (date of discharge)									
" " Pensions " " " " " " " " " " " "									

C.R. 5416

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's Aug. 14th 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from 5-8-19.

5416, Pte. E. Doves.

C.R. 5416

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, July 12th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C. C. Discharge Depot with effect from 22-7-19.

5416 Pte.C. Dove.

C.R. 5416

Extract from Daily Orders Part 41 Unit The Royal Field. Regt.  
St. John's, July 22nd 1919.

5416 Pte. L.Dove.

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

C.R. 5416

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

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

#5416 Pte. Edgar Dave.

C.R. 5416

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

#5416 Pte. E. Dove.

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

E. howe

5416

P. t. R. p



a



No. 5336/777

N.F.P./79.

FROM: NEWFOUNDLAND

NEWFOUNDLAND CONTINGENT  
LONDON, S.W. 1

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 Regiment,  
Hazeley Down Camp,  
Winchester.

31 5th April 1919

*April 9th* 1919

5416 Pte. Dove E.

Receipt hereunder.

With reference to the following  
telegram from the Minister of  
Militia / / (118 )

*L. Kane* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commandg. 2nd Batt'n.

"Pay to- 5416 Dove  
£6. 0. 0.

Received the sum of £6.00

Cheque £6. 0. 0. is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

in respect of  
telegraphic remittance from the  
Minister of Militia.

*W. H. Handley*  
Chief Paymaster & O. i/c Records.

Edgar Dove  
No. 5416 Rank Private  
Witness W. Roberts

No 6691/1044

From: NEWFOUNDLAND CONTINGENT

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

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

16th May 1919

May 21<sup>st</sup> 1919.

5416 Pte. E. Dove

With reference to the following telegram from the Minister of Militia / / 19 ( 186 ):

"Pay to- 5416 E. Dove  
£4. 0. 0.

Receipt hereunder.

J. J. Barton LIEUT. COLONEL,  
COMMANDING AND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commanding 2nd Batt. R.

Received the sum of Four pounds

in respect of  
telegraphic remittance from the  
Minister of Militia.

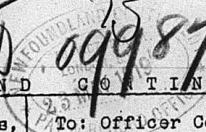
E. J. G. Dove  
No. 5416 Rank Private

Witness: H. Rockett

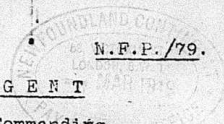
Cheque £4. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. A. Minors  
Chief Paymaster & O. i/c Records.

*Handwritten:* B, 099877, K



No. 3113/465.



From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding  
2nd/Bn. Ryl Nfld Regt.  
  
Winchester.

23rd February 1919

February 26th 1919

5416. Pte Dove. E.

With reference to the following telegram from the Minister of Militia / / (43) O.O.

"Pay to- 5416. Dove. E.

£3.2.0.

Cheque £3.2.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

*P. Karst*  
**LIEUT. COLONEL,**  
Officer Comdg 2nd Bn Ryl Nfld Regt.  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**

Received the sum of Three pounds two Shillings in respect of telegraphic remittance from the Minister of Militia.

E Dove  
No 5416 Rank Private  
Witness W. Rockett

No. 1953/290.

067109

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.

1st. Officer Commanding,  
2/Bn Ryl Nfld Regt.  
Winchester.

5th February 1919

5416. Pte. Pte Dove, E.

With reference to the following  
telegram from the Minister of  
Militia / / (10055)

"Pay to- 5416. Dove.

£6.0.0.

Cheque £ 6.0.0. is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

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

B

February 6th 1919

Receipt hereunder

*[Signature]* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Comdg. 2nd Batt'n.

Received the sum of £6.0.0  
in respect of

telegraphic remittance from the  
Minister of Militia.

*[Signature]*

No. 5416 Rank Private

Witness M. Rockett



L. Dove, E

5416

Ray Dept.

August 5th 1919.

#5416, Pte. R. Dove,

Twillingate.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3382.

Yours truly,

Capt. G

Officer i/o Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5416 Rank Plt Name Dave E  
 Intended place of residence Tullaghan

2. Occupation Fisherman  
 Classification of soldier E Medical Category A 1

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 8 1919

*M. H.*  
 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 8 - 1919

*Dave*  
 Signature of soldier

*J. A. Howlett*  
 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 8 - 1919

*Dave*  
 Signature of soldier

*James Sheehan*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 24-5-18 No. of days on Military  
 Discharged from service JUL 22 1919 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 22 1919

*L. R. Cooper Capt*  
 Officer in Charge  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 5/1919

*M. Bowley Capt*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*2079/3352*



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5416 Rank Cpl Name Dore E  
 Date of Enlistment 24-5-18 Address St. John's District St. John's  
 Occupation Fisherman Classification for Discharge E Medical Category H.1.  
 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	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	<u>M.H.F. 1</u>	" 6	
B 179c	B 120	M 93			

Date 7-7-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

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 [Signature]

Date 8-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 9853 to his home at Swellinggate and Release Certificate No. 3318 issued.

Date 8-7-19

*J.A. Snowcroft*  
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 5-8-19

Date 8-7-19

*J.M. Wills*  
Depot Paymaster.

Discharged approved for 22-7-19

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

N. F. 1/36	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	<u>M 41-1</u>	" 6
B179c	B 120	M 93.		

*2 Form B*

Date 8-7-19

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

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents: **Eligible for War Service Gratuity**

**JUL 22 1919**

Date .....

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

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

Date .....

# The Royal Newfoundland Regiment

Class for Demobilization: 7  
6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 1.7.19 .....

Regimental No. .... 5416. .....

Name ..... Dove Edgar .....

Address ..... Swillingate .....

Present Medical Category ..... A-1 .....

Recommended for: { (a) Immediate discharge .....  
(b) Standing Medical Board .....

Members of Board {

RH Last Major  
.....  
O.C. Discharge Depot.

H. Peterson  
.....  
Senior Medical Officer

J. W. Borden  
.....  
M. O. Depot

## 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.

*E. Dove*

Signature of Man.

*J. A. Shawcroft*

Signature of the Vocational Officer or his Representative.

Reg. No. 5416

Place

*St Johns.*

Date

*8-7-19.*

191

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

# MEDICAL HISTORY

Surname Done OF Christian Name Edgar Pte

Table I.—GENERAL TABLE.

Birthplace:—Parish Twillingate County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	24 <sup>th</sup>	May	1918	191
	at	Sydney	at	
Declared Age	71	years		days
Trade or Occupation	Fisherman			
Height	5	feet	8	inches
Weight			157	lbs.
Chest Measure-ment	Girth when fully expanded	39	inches	inches
	Range of Expansion	6	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	P. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	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>Laminated</u>			
(Rank)	Major			
Enlisted	at	Sydney	at	
	on	24 <sup>th</sup> day of	May	1918
		Corps.	Regtl. No.	
Joined on Enlistment	Royal Nfld		2416	
	Regiment.			
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				day of
(Rank)				191

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	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
	Day	Month	Year	Day	Month	Year				
Military Gravesend	8	8	18	6	9	18	Rheumatism Acute	39	From Trumbull: Knees. Ankles etc Prot. Calc. Calc. Calc. Calc. Knee joint. Calc. Calc. Calc. Calc. Knee joint.	<u>Chamberlain</u> <sup>info</sup>





## 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 *Edgar. Dove*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5416*

Intended address *Swillingate*

Height on discharge *5 feet 9*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father *Isreal*

Christian name of Mother *Editt*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Swillingate 4-29-Age. 22. 1897.*

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) *Edgar Dove*

(Rank) *Plc*

Station

**ST. JOHN'S**

Date *July 5-7-19*

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



Medical Officer 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 N.F.S.D.* 7. Former Trade or Occupation } *Lithuanian*
2. Regt. No. *5746* 3. Rank... *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Scott* *Edgar* (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *27*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 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 general disease.

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

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

In all cases such as facial injuries, eye, ear, nose and throat, disability, 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.)

*No complaints of no disability*

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

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

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

*Refused*

*W.E. Procmier*

Station *Hyderabad*  
 Date *17-11-19*

Medical Officer in charge of case.

\* 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

August 1918. 41. — H S. &amp; S. A.

CLINICAL SHEET	Time	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
	Date	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>													
Patients <u>Dove</u>	Temperature (Fahrenheit) 107 106 105 104 103 102 101 100 99 98 97 96 95 94 93 92 91 90 89 88 87 86 85																				
Name <u>Edgar</u>																					
Age _____																					
Rating <u>Private</u>																					
Ship's Name <u>Kaufmannland Regt</u>																					
Date of Admission <u>3<sup>rd</sup> August</u>																					
Result and Date _____																					
Disease <u>Pneumonia</u>																					
Remarks _____																					
Day of Dis. _____																					
Pulse _____																					
Resp _____																					
Bowels _____																					
Urine Oz. _____																					
Sp. Gr. _____																					

August 12, 1919

Mr. Edgar Dove,  
Twillingate.

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 20th. 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..... *Edgar* ..... 2. Surname..... *Dove* .....

3. Rank..... *F/Ste* ..... 4. Regt. No. *5416* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Durlligate* .....

6. Date of enlistment in the Regiment..... *May 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 Hfld. If so, give dates and particulars of such service..... *England only* .....

12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *1 year 1 month* .....

..... *1 1/2* .....



*E. Dore*

Signature of Applicant:

Place of Residence:

*Duellingate*

Declared before me at:

*W. P. H. S.*

This

*8th*

day of

*July*

19*19*.

*John A. Carthy*

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

POST DISCHARGE PAY.

Date paid  
Paid  
Soldier. Dependent.

War Service  
Gratuity.

Net amount  
due

Certified correct.

Paymaster

Signature of Applicant:

Place of Residence:

Declared before me at:

This

day of

19

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

POST DISCHARGE PAY.

Date paid  
Paid  
Soldier. Dependent.

War Service  
Gratuity.

Net amount  
due

Certified correct.

Signature of Applicant:

Place of Residence:

Declared before me at:

This

day of

19

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





9795

Jones Cove  
TwillingateFeb 14<sup>th</sup>Officer of i/c  
& Records

1920

Sir

I would be much obliged if you would let me know if my regular discharge Certificate No 5416 Pte E Dove have been sent out of the Dept of Militia if so I havent received it yet I have been looking for it since last Aug. thinking it was mislaid in the Post office somewhere. so I didnt bother it before thinking it was about time for it to turn up I thought I would write you to see if you

Could give me any  
information regarding  
it if you could I  
would be much obliged

Yours truly

E. Dorr  
Jones Cove  
Swillingate

Mailed to Swillingate

5/8/19

J. B. B.

Tuvaluata  
Sep 9<sup>th</sup> 1718

Genl J. R. Bennett  
Minister Militia

5416

Dear Sir St. Johns.

My son Edgar Bone  
joined the 4th Regiment in May of this  
year, in June he was here on furlough  
when leaving for St. Johns he promised  
to have his allotment money sent to me,  
besides present working I have not  
heard or received any money from his  
pay, will you kindly attend to this  
matter and advise me by return  
mail

*Allotment commenced on  
first Sept and money on  
Tuvaluata*

Yours truly  
Israel Bone

Israel Bone

Israel Bone  
Kettle Harbor  
Jones Cove  
Tuvaluata

5416

Sept. 17th, 18

Mr. Israel Dove,  
TWILLINGATE.

Dear Sir:

With reference to your letter of Sept. 9th. I beg to inform you that your son declared an allotment in your favour commencing from Aug. 1st. therefore the first cheque was posted to you on Sept. 7th. in payment for the month of August.

In future all allotment/cheques will be posted to you on the 7th. of each month in payment for the preceding month.

Yours truly,

Lieut.  
For Paymaster

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name.....

Date.....

Place.....

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

Edgar Dove

in respect of his service as No. 5416 Rank Pte.

Name E. Dove Royal Nfld. Regt.  
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature Edgar Dove 5416

Date Oct 28<sup>th</sup> /21

Address Jones Cove Via Swillingate

[P.T.O.]





# The Royal Newfoundland Regiment

5416

## DEMOBILIZATION OF

Reg. No. 5416 Rank Pvt Name Dove E  
 Date of Enlistment 24-5-18 Address W. G. St. District St. John's  
 Occupation fisherman Classification for Discharge Am Medical Category 1/1  
 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 7-7-19 O. C. Discharge Depot. M. H. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied \_\_\_\_\_

Date 8-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 9853 to his-home at Smilgafat and Release Certificate No. 3318 issued.

Date 8-7-19

*J.A. Smoleoff*  
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 8-31-19

Date 8-7-19

*H. H. H. H. H.*  
Depot Paymaster.

Discharge approved for 22-7-19

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

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 349A	B 122	Board 1st.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2.	<u>71-41-1</u>	" 6
B179c	B 120	M 93.		

*2 Form B*

Date 8-7-19

*J.A. Smoleoff*  
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 22 1919

*L.R. Cooper Capt.*  
for O. C. Discharge Depot.

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

Date July 22 1919

*[Signature]*

Reg. No. *2416* Rank *Plt.* Name *Paul G. Swillingham*  
Attested ..... Address .....  
Allotment..... Allottee ..  
Date of Allotment..... Returned from Overseas *Jul 1* 1919  
Returned on S S. *Cambridge* Cause *Discharge*

*8719*  
*2719*  
**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILISATION.**

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Infed* ..... 7. Former Trade or Occupation } *Tradesman*
2. Regt. No. *54/16* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Dove Cyril* ..... (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday *21*.....
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 (b) Date of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

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.)*

*He complains of no disability*

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

20. Do you recommend—

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

*Repatriation*

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

*W. S. Gocunier, Capt Rame*

Station *Hazelton, B.C.*

Medical Officer in charge of case.

Date *1/4/19*

\* 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