



FIRST NEWFOUNDLAND REGIMENT

4174

ATTESTATION OF

No. 4174 Name Chas Dove Corps 7th

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Chas Dove</u> |
| 2. What is your full Address? | 2. <u>Chance St.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Postman</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> |

THE DURATION OF THE WAR

I, Chas 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.

G. 30/11/17

Elias Dove SIGNATURE OF RECRUIT.
Namornisy Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Chas 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 30th day of November 1917

Signature of Attesting Officer W. H. H. H.

†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.....191..... } Approving Officer.
Place..... }

† 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: vis:—(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 Chas Dove
 Apparent age 19 years 1 months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 33 3/4 inches
 Range of expansion 8 3/4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Dove
Chanc Hwy, York, Pa | Relationship Father
 Particulars as to Marriage

(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>30-11-17</u>									
Joined <u>M. P. Co's</u> on <u>November 30-17</u>									
<u>Exchanged July 1919</u>									
Embarked <u>M. P. Co's</u> <u>S. S. Koriet to Halifax N.S.</u> <u>29 1/2</u>									
<u>Embarked for B. Co. 2-7-18. Joined B. Co. 9-7-18. Transferred from Rowett 22-4-19. Arrived Winchester 23-4-19. 60 lbs for demobilization 22-5-19. Arrived Camp Ouseley 1-6-1919</u>									
<u>Demobilization M. P. Co's 8-7-19</u>									

Total Service forfeited as above.....
 Total Service towards Engagement to 8-7-19. (date of discharge) 1 years 221 days
 " " Pensions " " " " " " " " " " " "

No. 4174 Name *Dove C* Sqn., Batty., or Company } *B* Corps } *Royal Newfoundland* Date of enlistment } *30-11-17* G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. Company, etc. } *W. H. ...* Character } *Good.*

Army Form B. 122.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

C.R. 4174

Extract from Daily Orders No 9 11 Unit The Royal NLI, Regt.
St. John's, June 14th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.S. Discharge Depot with effect from 21-6-19.

4174 Pte. Elias Dove.

C.R. 4174

Extract from Daily Orders Part 11 Depot, St. John's,
Date 13/6/19.

4174, Pte. Elias Dove

Reported at Headquarters 1/6/19. BE "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4174

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4174 Pte. E. Dove.

C.R. 4174

Extract of Nominal Roll to B. E. F. ~~embarked~~ embarked
Folkestone 2-7-18

#4174 Pte. E.Dove.

C.R. 4174

Extract from Medical Mail Draft "A" covering substance
of the Medical, January, 1918.

4174 Pte. Dove E.

4174

C.R.

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., Dec. 1st, 1917.

4174 Pte. E. Dove.

Attested for General Service with the 1st Wfld. Regt.,
and assigned numbers as shown with effect from Nov. 30th, 17.

C.R. 4174

Extract from Daily Orders Part 11 Unit The Royal Wfld.

Regt. St. John's, 11-7-19

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records ~~11-7-19~~.

4174 Pte. Elias Dove.

C.R. 4174

E. Dore

TRR E

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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. *4074* 3. Rank... *Pte.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Love E.*
(Surname) (Christian Names)
5. Age last birthday... *20*
6. Posted for duty on *1. 10. 17* at *St. John*
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 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? }

na.

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 disability

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

na.

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

na.

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?

Case
yes.
advised extraction

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?

na.

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.

Retreatment

Agreed to Elvornie
W.R.
Capt Rame

Medical Officer in charge of case.

Station

Date

* 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

Reg. No. 4174 Rank Plt Name Dove E.

Attested 30-11-17 Address Chancery St. Swilling St.

Allotment _____ Allottee _____

Date of Allotment _____ Returned from Overseas _____

Embarked for Overseas _____ Cause _____

Dec 7-12-17 Dec. 11-12-17, 2nd Dec. 17/12/17
H. S. 18/12/17 - 27/12/17, Repr. Hqs. 28/12/17
3rd Dec. 31/12/17

To. Mr. John Dove

Chance Port

Summersford.

Via. Marston's H.

Newfoundland

Cable fifteen pounds

through Victoria

H. 9th Pt. E. Dove

249

047579



No. 9397/878

NEWFOUNDLAND CONTINGENT

N.F.P./70.

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

To
Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

~~Subject:~~ 12th June 1918

June 14th 1918.

Subject: 4174, Pte. E. Dove.

With reference to the following telegram (5242) from the Hon. Minister of Militia, received

Received by order,
Chambers
LIEUT. COLONEL
OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGIMENT

Pay to 4174 Dove £5:0:0

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGIMENT

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

Received the sum of Five
Pounds on account of cable remittance from Newfoundland.

H.A. Minniss
Chief Paymaster & O. i/c Records.

E. Dove
No. 4174 Rank Private

TO, - The Chief Quartermaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

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

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature:
4174	Gte.	Dove. E	\$2 50	

I have the honour to be, Sir,
~~for this to be done,~~
Your obedient servant.

Date

28-6-18

E Dove

Nº 4599



1st. NEWFOUNDLAND REGIMENT 1.

ALLOTMENTS

I, Elias Dove, Regl. No. 4174

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Swly 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 Feb 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3683	Wife	Mr John Phoebe Dove	Lehance Cove St. John's	60
Total Allotment, \$				60

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

Sig.) [Signature]
Officer Commanding
W Company
[Signature]
Jan 15 1918

(S) Elias Dove
(Rank) Plt

Love, E

H175

Ray Sept.

July 11, 1919

#4174 Pte. Elias Dowe,

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

Raymaster & U.1/c Records. Captain

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 *W. A. Dore* 2. Surname *Dore*
3. Rank *Pl* 4. Reg'tl. No. *4174*
5. Address in full to which future payments of gratuity are to be forwarded, *Wellington, Dist. of Wellington*
6. Date of enlistment in the Regiment *Oct 20/17*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents.....
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service. *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From Oct. 20/17 to June 10/19* 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.....

.....
.....

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?.....

19. Are you now serving in the Rest?..... If not give:- (a) date of discharge..... (b) Reason for discharge.....

..... *Temporary* *Re-education*

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....

France, Belgium & Germany - From July 1918 to Oct. 1919

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..... *No*

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: *J. E. Dove*
 Place of Residence: *Stollington, Dist of Washington*
 Declared before me at: *W. J. H. H. H.*
 This *10th* day of *June* 19*19*

John W. Carthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Legis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

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

July 8, 1919

#4174 Pte. Elias Dove,

Chance Cove,

Twillingate

Dear Sir:-

Please find enclosed Discharge Certificate

#2829.

Yours truly

Captain
Ray aster & O.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4174 Rank Pte Name Howe, Elias
 Intended place of residence St. Lawrence Cove
 Occupation Fisherman
 Classification of soldier E Medical Category HT

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 for H. Mrs. Leach
 Date JUN 10 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 and date ST. JOHN'S JUN 10 1919
 Signature of soldier E. Howe
 Signature of witness Alfred Weston

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date ST. JOHN'S JUN 10 1919
 Signature of soldier E. Howe
 Signature of witness W. J. Eaton

STATEMENT OF SERVICE

7. Enlisted for service 30-11-17 No of days on Military
 Discharged from service JUN 24 1919 Plus 14 days Service 586

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 JUN 24 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment. R. H. Leach Capt

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's Nfld July 8/1919
 Date July 8/1919
 The Royal Newfoundland Regiment. M. Howley Capt
 Officer in Charge Records

AT 32079/3879

The Royal Newfoundland Regiment

Class for Demobilization:—

Ei

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

9.6.19

Regimental No *4174*

Name

Dora

Elise

Rank

Address

1 Willingale

Present Medical Category

A-i

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R.H. Lait Capt

O.C. Discharge Depot.

J. Paterson

Senior Medical Officer

J. Burden

~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4174 Rank Plt Name Dove, Elias
 Date of Enlistment 30-11-17 Address Chargu Ave District Lullypah
 Occupation Fulcrum Classification for Discharge F.E. Medical Category AB
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 9-6-19

H. Muns H.
O. C. Discharge Depot.

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 10-6-19

Al. Bloustein
O i/c. Re-clothing.

3. Transportation and Release Certificate.

R. 1643

The above named has been provided with Travelling Warrant No. 2557 to his home at Chance Lane and Release Certificate No. issued.

Date 10-6-19

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 8-7-19

Date 10-6-19

H. J. ...
Depot Paymaster.

Discharge approved for 24-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	2 Form B
E 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 10-6-19

J.A. Snowcroft
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

R.H. Sait Capt.

Date JUN. 24. 1919

O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former occupation

Signature of Man.

B. Dore

Reg. No.

J. A. Snow Capt.

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date *10-6-19*

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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

Signature of Man.

B. Dore

Reg. No.

J. A. Snow Capt.

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

10-6-19

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

MEDICAL HISTORY

Surname Doss OF Christian Name Elias

Table I.—GENERAL TABLE.

Birthplace:—Parish Chaux Bois N.D. Bay. County Nica

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	30th day of Nov 1917	St. Louis	day of	191
Declared Age	19 years	1 Mos	years	days
Trade or Occupation	Fisherman			
Height	5 feet	9 inches	feet	inches
Weight		118 lbs.		lbs.
Chest Measurement	Girth when fully expanded... 33 3/4 inches		inches	
	Range of Expansion... 3 3/4 inches		inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.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)	<i>Lammert Petersen</i>			
(Rank)	Major		Medical Officer.	
Enlisted	at	St. Louis	at	
	on	30th day of Nov 1917	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	1st Nica Regt 4174			
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 Newfoundland Dragoons* 7. Former Trade or Occupation } *Fisherman*
 2. Regtl. No. *4174* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Dove* *E.*
 (Surname) (Christian Names)
 5. Age last birthday. *20*
 6. Posted for duty on *1-10-17* at *St. John's* 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 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? } *Na.*

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? *na.*
17. If not, was an operation advised and declined? *na.*
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? *Caries, advise extraction.*
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? *na.*

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. G. Prosser *Capt R. A. M. C.*
 Medical Officer in charge of case.

Station *Wagley Down*

Date *28/4/19*

* 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



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 *Elias Dove*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4174*

Intended address *Twillingate*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father *John*

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 *Twillingate, — 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) *E Dove* *St*
(Rank)

Station *ST. JOHN'S.* Date *9-6-19*

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

Station _____ Date _____

Casualty Form - Active Service.

Regiment or Corps Royal Newfoundland
 Rank Private Surname Lease Christian Name Charles
 Religion Methodist Age on Enlistment 19 years 1 months
 Enlisted (a) 30-11-17 Terms of Service (a) Duration service reckons from (a) 30-11-17
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate
 Occupation Fisherman *W. H. W. [Signature]* Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		AI 28-6-18	Embarked ... Disembarked ...	2 JUL 1918 5 JUL 1918	
H. 8.18	83 Gen 1100 adm.	Conjunctives Hill	Field	9.7.18	Buzd. 13/7/18
		Boulogne		24.7.18	1/2 26749
	When rep. unit	Arrived in UK		23/4/19	
	<i>[Signature]</i>				

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.
 W 2625 M2733 20000 9/17 (35611) C. P. & S., Ltd., Form B./103. E/1897. P.T.O.

NEXT OF KIN

John Done . *Chance* of *Mr. N.D. Bay* *Wfd*

11860. Toronto ont

March 8
121

Dear Sir

I just a few lines
to let you know
that I only received
I Pays of my
gratuity money and
I would like for
you to send it

Wront, Please send
it as ~~to~~ soon as
Possible

yours Truly
Regy 4174 ^{to} Elias Leon
Dove

July 12	-	1195	-	70-
Aug "	-	6479	-	70-
Sept "	-	4992	-	70-
Oct "	-	15615	-	70-

all Cheqs made

To Chesapeake

Tullygate

May 3, 1921.

Elias Dove,
Toronto, Ont.,
Canada.

Dear Sir:

With reference to
your letter of March 8, I have been directed to
all War Service Gratuity due you has been paid you
as follows:

July 12	\$70.00
Aug "	70.00
Sept. "	70.00
Oct. "	70.00
	<u>280.00</u>

All cheques were
mailed to Chanceryfort, Twillingate.

Yours truly,

Capt.
For Paymaster.

11954

Ames

Tronto May 15/21

Dear Sir

I take the greatest of pleasure in righting you these few lines to let you no that I onely received to pays of my gratuity money and I would like for you to send it to Tronto I would Be very much pleas with it and I would also like for you to send my discharge page with I havent received it yet and I would like for you to send it as quick as possible

yours truly Elias Dou

my reglementte no 4174 E Dou

955 Lansdowne ave
Tronto

Discharge certificate
mailed to Tunlingate
July 1919

RB

958 - 70.00
6178 - 70.00
9726 - 70.00
15359 - 70.00

March 8, 1920

E. Dove,
Jones' Cove,
Twillingate.

4174

Dear Sir:

In reply to your letter of February 14th. I have been directed to advise you that your Discharge Certificate was forwarded to Twillingate on 5th. August, 1918, and evidently it is still remaining in the Post Office at that place.

I would suggest that you communicate with the Post Office authorities there and ask them if it is still in their possession to forward it on to you.

Yours truly,

Capt.
For Paymaster

July 22/1922

14 Lygon Street
Toronto

Dear Sir
Will you be kindly
enough to send me
a copy of my discharge
papers I lost mine
and also my discharge
Button. I haven't received
it yet

yours truly
Elias Howe

R R reg no 4174

August 11th, 1922

Mr. Elias Deve,
14 Lippinsett St.,
Toronto, Ont..

Dear Sir:-

Referring to your letter of July 22nd., I beg to advise that a duplicate of your discharge certificate cannot be issued, but if a record of your services with the Royal Nfld. Regiment is required at any time, it may be obtained by writing to this Department.

Your discharge Badge is enclosed herewith.

Yours truly,

Major
Paymaster

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

1st Newfoundland

Signature of O. C. Company

Number of *Days*
W. H. [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>4174</i>	Age on	<i>19</i> years <i>1</i> months	<i>Fisherman</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's</i>	Religion	
Joined	Date	Period of	<i>30-11-17</i>	<i>Meik</i>	
Joined	Date	with Colours	<i>221</i> years.	Place of Birth	
Joined	Date	with Reserve	<i>365</i> years.		

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

To be carried over

The Royal Newfoundland Regiment 4174

DEMOBILIZATION OF

Reg. No. 4174 Rank Plt. Name Dave Elias
 Date of Enlistment 30-11-17 Address Cherry Ave. District Lillydale
 Occupation Fisherman Classification for Discharge F1 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 9-6-19
 O. C. Discharge Depot. H. H. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.
 I am / in a position to resume civilian occupation.
P. Love

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 10-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *71. 1043* to his home at *James Lane* and Release Certificate No. *2557* issued.

Date *10-6-19*

J.A. Sawloff
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 *5-7-19*

Date *10-6-19*

H. J. News
Depot Paymaster.

Discharge approved for *24-6-19*

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 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 *10-6-19*

J.A. Sawloff
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
R.H. Jait Capt.

Date *JUN 24 1919*

O. C. Discharge Depot.

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

Date *June 18/19*

James Heath
for O.C. Records

Reg. No. *4174* Rank *Pte* Name *Dove, E.*

Attested Address *Chance St*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

9.6.19
24.6.19

PASSED TO LEGISLATION OFFICER

DISCHARGE APPROVED ON DEMERITIZATION.

NEWFOUNDLAND



~~DEPARTMENT~~ OF DEFENCE
DIVISION

ST. JOHN'S,

27th April, 1948.

P & Records

War Pensions Officer,
Dept. Public Health and Welfare.

We attach herewith letter from Elias Dover of 1185 Woodbine Avenue, Toronto, regarding his discharge papers. His number in the Newfoundland Regiment of World War 1 was 4174.

~~For your attention and necessary action, please.~~

A brief acknowledgment has been sent.

A. S. Manning
Officer-in-charge.

Encl: 1.

MM:-



Mr Fanning
26/4/48 agw

1185 Woodbine Ave

Toronto, Ont. Apr 16/46

War Dept
St. John, Nfld.

APR 24 1948

ms

Dear Sir:

I am writing you
to request a copy of my
discharge papers. The regiment
number was 4174. I was
discharged in 1919.

Thanking you

Yours respectfully
Elias Dovey

McN. - 4174

Please quote above reference and
date of this letter in your reply.



Department of
Public Health and Welfare

St. John's
Newfoundland

11 May 1948.

Mr. Elias Dove,
1185 Woodbine Avenue,
Toronto.

Dear Sir:-

Attached herewith please find
record of your service as requested in
your letter dated 27 April 1948.

Yours very truly,

TO WHOM IT MAY CONCERN.

Re:- #4174 Elias DOVE -

This is to certify that the above-named
enlisted in the Royal Newfoundland Regiment on
30 November 1917 and was discharged under demob-
ilization on 8 July 1919, having served one year
and 221 days.

11 May 1948.