



4 THE ROYAL NEWFOUNDLAND REGIMENT /

ATTESTATION OF

No. 4901 Name Thomas Drake Corps R P

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Thomas Drake
2. What is your full Address? 2. Tring Cove, St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years Months
5. What is your Trade or Calling? 5. Fireman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service?.. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you accept? 11. Yes

I, Thomas Drake 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.

Thomas Drake ^{H.S. & W.} SIGNATURE OF RECRUIT.
Raymond SIGNATURE OF WITNESS.

Thomas Drake 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 Tring Cove on this 4 day of May 1915.

Signature of Attesting Officer W. Jamieson

†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 May 4 1915
 Place Tring Cove } 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

4906

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

Name Thomas Drake
 Apparent age 16 years months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 33 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr W E Drake
Long Cove Basin | 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.	
(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>14-5-1918</u>									
Joined at <u>St. John's</u> on <u>May 4-1918</u>									
<u>Embarked August 16 1919</u>									
Special duty Mount <u>Sept 9 1918</u>									
Returns to depot <u>19 9 18</u>									
Embarked <u>St John's</u> train to <u>Halifax</u> <u>18 22-9-18</u>									
To be disembarked for demobilization <u>24-6-1919</u>									
Arrived to embarkment <u>1 7 1919</u>									
Admitted to <u>H.Q. Hospital</u> <u>1 7 1919</u>									
Total Service forfeited as above <u>10 months</u>									
Total Service towards Engagement to <u>16-8-1919</u> (date of discharge)									
Pensions									
} <u>1 year 105 days</u>									

C.R. 4901 2304
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated Sept. 13th 1919.

To Wm. Drake, Esq.,
Burin.

No. 4901, Pte. Thomas Drake returning
home on furlough in a day or two.

A.E. Hickman,
Minister of Militia,



NEWFOUNDLAND POSTAL TELEGRAPH

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 22

Sent by

Rec'd by

30/W

No. _____

Place from

Wa Burin
 Inquiry Bureau
 To
 militia dept.



would you kindly
 advise, as to the where
 abouts of ~~41091~~⁴⁹⁰¹ Pte
 Thomas Drake Sergeant
 from your department
 of eleventh Battalion
 in Hospital at Present
 Home Parents very anxious
 such reply W M Drake

P O S T A L. C.R. 4901

Atlantic Telegraph Company

LIMITED.
ESTABLISHED 1866.

EIGHT TRANS-ATLANTIC CABLES
AUTOMATIC DUPLEX SYSTEM.

CLASS OF SERVICE DESIRED	
Fast Day Message	
Day Letter	
Night Letter	

Patrons should mark an X opposite the class of service desired; OTHERWISE THE TELEGRAM WILL BE TRANSMITTED AS A FAST DAY MESSAGE.

Important Messages should be repeated—	Attention is called to the Importance of legible writing.
--	---

CHECK	TELEPHONE 378 FOR MESSENGER.	TIME
		Received Sent

SEND the following telegram subject to the terms }
on back hereof which are hereby agreed to.

Date **sep t. k3th** **1919** 191

To **WM. Drake, Butin.**

No.4901 Pte. Thomas Drake returning home on
furlough in a day or two.

Minister of Militia.

1 Copy

C.R. 4901

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated Aug 22nd 1919.

The discharge of the undernoted on demobilization has
been CONFIRMED by Officer i/c Records from noted date
16-8-19.

4901, Pte. Thos Brake.

C.R. 4901 Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line Number	Rcd	By	Sent	by	Check
-------------	-----	----	------	----	-------

Dated August 8th 1919.

To William Drake,
BURIN.

somewhat improved will not be
discharged from hospital for
sometime.

A.E. Hickman,
MINISTER of MILITIA.

Charge to Dept. of Militia.

FOR TYPEWRITER

C.R. 4901

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD



Lang No. 24 Sent by Burin Rec'd by Amg Check 8 No. _____

Place from _____

To A. E. Rickman
89hus



Please advise as
to condition of
4901 of the Drake

Wm Drake

Somewhat improved
will not be discharged
from hospital for sometime

C.R. 4901

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 11th 1919.

Repts

The discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot from noted date

2-8-19

4901, Pte. T. Drake.

C.R. 4901

Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's.

Line Number	Rcd _____ By _____	Sent _____ by _____	Check

Dated July 29th 1919.

To Mr. Wm. Drake,
Burin.

4901 Drake much improved was up today yesterday
will not be discharged for some time

A.E. Hickman
Minister of Militia.

Chg. to Dept. of Militia.

FOR TYPEWRITER



NEWFOUNDLAND POSTAL TELEGRAPHS. ^{CR 4901}

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 99 Sent by V Rec'd by 7 Check 10 P

Place from Barr

To Dept of Indstr

St John



Please wire condition private
Drake 4901 when he has
leaves home

CR 4901

Wm Drake

C.R. 4901

NEWFOUNDLAND POSTAL TELEGRAPHS.



CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Date No. 4 Sent by H Rec'd by A m Check 9 No. _____

Place from Lawn 21

To Mr Militia



Please wire immediately
health conditions Private
Drake no 4901.

*a bit better to-day
Pneumonia*

William Drake

~~A.S.D.~~ Hospital
General

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)Signature of Sender _____ Address St. John's

Line Number	Rcd	By	Sent	by	Check

Dated July 22nd 1919.To Mr. William Drake,
Lawn.

4901 BRAKE AT GENERAL HOSPITAL SUFFERING FROM PNEUMONIA
MUCH IMPROVED

A. E. HICKMAN
MINISTER OF MILITIA

Msg. to Dept. of Militia.

C.R. ~~4091~~
4901

Extract from Daily Orders Art 11a Unit the A. Hld. H.
dated July 8th. 1919.

#4091 Pte. J. Drake.

Admitted to I. D. HOSPITAL 1-7-19.

C.R. 4901

Extract from Daily Orders Part II (Unit The Royal Field Artillery)
St. John's, July 2nd, 1919.

4901 Pts. T. Drake

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

C.R. 4901

Extract of Orders by MAJOR M.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

The undermentioned having arrived back from the 2nd Battn.
Royal Newfoundland Regiment is attached to the strength
and posted to the following Company.

#4901 Pte. T. Drake.

"B" Company.

C.R. 4901

Extract from Nominal Roll Entrained St. John's for Overseas,
Sept. 22, 1918. "C"

4901 Pte; Drake Thomas.

CR. 4901

BLANDFORD BOND

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.,
St. John's Sept. 24/18.

The following man returned from Special Duty at Mount Pearl.
19-9-18.

4901 Pte. T. Drake.

C.R. 4901

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, dated Sept. 9-18.

The undernoted man proceeded ~~by~~ on special duty to Mount
Pearl, 9-9-18.

4901 Pte. T. Drake.

C.R. 4901

Extract from Daily Orders Part 11 Unit The Royal Nfld,
Regt. St. John's, dated August 20th, 1918.

4901 Pte. T. Drake.

Transferred from "C" Coy. to "E" Coy.

C.R. 4904

Extract from Daily Orders part II, from Unit The Royal
Field Regt. St. John's, dated May 6th, 1918.

#4901 Pte. T. Drake.

Attested for General Service with the Royal Field Regt.
from 4/5/18.

L. Drake, T.

4901

Ray Sept.

August 18, 1919

#4901 Pte. Thomas Drake.
Long Cove.
BURIN.

Dear Sir:-

Please find enclosed Discharge Certificate #3782.

Yours truly,

Captain & Paymaster.

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 Remain in Hospital

^{he}
J. S. Drake
man Signature of Man.

Reg. No. 4901

J. A. Snow Capt.
Signature of the Vocational Officer or his Representative.

Place

at Johns

Date

2-8-18

191

DECLARATION OF OFFICERS AND MEN

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.

1. Christian name *Thomas* 2. Surname *Brake*

3. Rank *Platoon Leader* 4. Regtl. No. *4901*

5. Address in full to which future payments of gratuity are to be forwarded. *Long Cove, Barron District*

6. Date of enlistment in the Regiment. *May 4/18*

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 May 4/18 to Aug 14/19

14

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

..... No

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

..... No

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

..... No

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

..... 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 Res?..... If not give:- (a) date of discharge..... (b) Reason for discharge.....

..... Aug. 14/19..... Demobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places and dates of such service.....

..... No

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:

his
Thomas X Drake

Place of Residence:

Long Cove, Parish District

Declared before me at:

M. J. Lewis, U.S. J.

This

14th

day of

August, 1919.

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

John McCarthy
J.P.

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.			Registrar	

FORM K

No 4066



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Drake, Regl. No. 4901

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3933	mother	Mrs Wm (Ann)	Long Cove	
		Drake	Burrin	
Total Allotment, \$			60 ⁹ / ₁₀₀	

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

Sig.) [Signature]
 Officer Commanding
 A Company
St John's
May 17 1918

(Sig.) Thomas X Drake
 (Rank) Private
 Witness: James Arkhe
Cy Sergt.

T. Drake.

C.R

4901

~~PRD~~

FORM K

No 4066

A



ENTERED
 PAY-LEDGER *Asst.*
 NUM. COPY
 ALLOT. INDEX
 REGISTERED *ASH* 21/3/19
 EXAMINED

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Drake, Regl. No. 4901

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, or 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
393	Mother	Mrs Wm (Ann) Drake	Long Cove Bevin	
Total Allotment, \$				60 ⁰⁰

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

Sig. [Signature]
 Officer Commanding
A Company
St John's
May 17 1918

(S) Thomas X Drake
Private
 (Rank)
 Witness
James Arkhe
Cy Sgt.

No 5335/507.

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.



p.d. 06/19 13/19

3rd March 1939

March 5th 1919

4901. Pte Drake. T.

With reference to the following telegram from the Minister of Militia / / (54.)

Receipt hereunder.
Drake
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n.

"Pay to-4901. Drake.

Received the sum of £8.4.0.

£8. 4. 0.
Cheque £ 8.4.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Eight pounds four. in respect of
telegraphic remittance from the
Minister of Militia.

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

Drake
No 4901 Rank Pte

Witness _____

No. 7919/533

6. P.D. 1000 19

N.F.P. / 70.

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. *2nd* Regt. Regiment
Winchester.

26th May 1919

May 27 1919

4901 Pte. T. Drake

With reference to the following telegram from the Minister of Militia / / 19 (203):

Receipt hereunder.
J. G. [Signature]
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commanding.

"Pay to-4901 T. Drake
£4. 0. 0.

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

Received the sum of £ 4. 0. 0.
Forster in respect of telegraphic remittance from the Minister of Militia.

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

T. Drake
No. 4901 Rank Pvt
Witness: [Signature]

NFLD
1914-18

N.M.D. Form B 179



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

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

STATEMENT OF CASE

Station....**St. John's**.....

Date.....**28-7-19**.....

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. **4901**
- 3. Rank **Pte**
- 4. Name **Drake Thomas**
- 5. Age last birthday **18**
- 6. Enlisted on **My 1918**
at **St John's**
- 7. Former trade or occupation **Fisherman**
- 8. Disability **Pneumonia**

**RETURN THESE DOCUMENTS
TO WAR SERVICE RECORDS
DEPT. OF VETERANS AFFAIRS**

- 9. History **Just prior to repatriation developed pneumonia, but was placed aboard boat "Cassandra" and proceeded to St John's, on arrival was admitted to hospital general.**

20-1-52
AS

10. What is his present condition ?

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

General condition poor, is weak and debilitated in appearance. Breath sounds harsh over left chest, on right side of chest, marked flurial friction, rub present and bronchial breathing.

Diminished expansior right side of chest. On July 24th, 40 On of fluid withdrawn.

11. Was sanatorium advised and refused ?
operation

N-A

12. Do you recommend discharge as permanently unfit ?

Yes

Signature

J. B. O'Reilly

Rank or Qualification

Capt

Remarks if any by Officer i | c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

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

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

Pulse 96. Temperature 99

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

16. Is the disability permanent? **Yes**
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is :- (a) Reasonable (b) Unreasonable
- Remarks if any :-

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

20. We recommend discharge from retention in the Army
- Remarks if any :-

Remain in hospital

.....L. PATERSON, MAJOR.....
President

Signatures.....J. S. TAIT.....
.....J. B. O'REILLY.....

PlaceSt. John's.....

Date29.7.19.....

APPROVED
DIRECTOR OF MEDICAL SERVICES
Station
Date
No.
NEWFOUNDLAND

.....OLUFY MAOPHERSON, MAJOR.....
Administrative Medical Officer.

C.R. 4901
Form B 178A

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. *4901* 3. Rank *Ans* } 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Drake* } *Thomas* } (a) Former Regts. or Corps ;
 (Surname) (Christian Names) } with Regtl. Nos.
 5. Age last birthday *19*
 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 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. *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? }

The 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?

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

Repatriation

W. B. Proctor *Capt*
Rame
 Medical Officer in charge of case.

Station *Hazelton*

Date *9.1.19*

* 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

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 1901 Rank Pls Name Doakes, V
 Date of Enlistment 1.5.18 Address Long Cove District Burgess
 Occupation Fisherman Classification for Discharge B Medical Category F1
 Recommendation S.M.B. Completely Disabled Disability Rating Total While on Hip
 Passed to Demobilization Officer with following documents:—

N.F. P36.....	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 1.5.19O. C. Discharge Depot. H. Must

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

H. Must
mark
Doakes

 Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) Clothing Supplied.....

Date 2-8-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
 at Long Cove Bunker and Release Certificate No. 3795 issued.

Date 2-8-19 J.A. Brown capt.
 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 16-8-19

Date 2-8-19 J.A. Brown capt.
 Depot Paymaster.

Discharge approved for 2-8-19

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		

from B

Date 2-8-19 J.A. Brown capt.
 Demobilization Officer

APPROVED.

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

AUG 2 1919 Eligible for War Service Gratitude

Date L. R. COOPER, CAPT.
 O. C. Discharge Depot.

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

Date

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet one
Signature of O. C. Company Ed James Hunt

Forms
B. 121.
39.

Regiment of Royal Newfoundland

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>2901 Drake Thos.</u>	Age on	18 years months	<u>fisherman</u>		
Joined	Date	Place and Date of Enlistment	<u>St John's 4.5.18</u>	Religion		
Joined	Date	Period of } with Colours / <u>10 1/2</u> years. with Reserve / <u>18</u> years.		Place of Birth		
Joined	Date			<u>Sandy Cove Burns</u>		

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
				<u>Demobilized</u>	<u>St John's</u>	<u>16 8/19</u>			

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 29.7.19

Regimental No. 4901

Name Thomas Drake

Address _____

Present Medical Category F

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

O.C. Discharge Depot.

Members of Board {

H. Johnson
Senior Medical Officer

M.O. Depot



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 *Thomas Craik*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4901*

Intended address

Height on discharge *5' Feet 6"*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks

Figure on discharge

Christian name of Father

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

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)

(Rank)

Station *ST. JOHN'S*

Date

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.

Hodney
Medical Officer in Hospital.
Unit, or Command Depot.

Date

28/7/19



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

MEDICAL HISTORY

OF

Surname

Drake

Christian Name

Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish

Long Cove Basin County*Nfld*

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <i>4</i> day of <i>May</i> 191 <i>8</i>	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191
Declared Age...	at <i>St Johns</i>	at _____	at _____	at _____
Trade or Occupation	<i>Fisherman</i>	_____	_____	_____
Height	<i>5</i> feet <i>5</i> inches	_____ feet _____ inches	_____ feet _____ inches	_____ feet _____ inches
Weight	<i>115</i> lbs.	_____ lbs.	_____ lbs.	_____ lbs.
Chest Measure- ment {	Girth when fully expanded....	<i>33</i> inches	_____ inches	_____ inches
	Range of Expansion	<i>4</i> inches	_____ inches	_____ inches
Physical Development... ..				
Vaccination Marks {	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V= <i>6/6</i>	R. E.—V= _____	R. E.—V= _____	R. E.—V= _____
	L. E.—V= <i>6/6</i>	L. E.—V= _____	L. E.—V= _____	L. E.—V= _____
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)	(a)	(a)
(b) Slight defects but not sufficient to cause rejection	(b)	(b)	(b)	(b)
Approved by (Signature)	<i>L. Amund Peterson</i>			
(Rank)				
Enlisted	at <i>St Johns</i>	at _____	at _____	at _____
Joined on Enlistment...	on _____ day of <i>May</i> 191 <i>8</i>	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191
Transferred to..	<i>The Royal Nfld Regt</i>	_____	_____	_____
Became non-effective by	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191
(Signature)				
(Rank)				

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4901 Rank 1st Lt. Name Dugan, J.
 Intended place of residence Long Cove, Durbin
 2. Occupation Fisherman
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of

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 2. 8 - 19

J. A. Snow Capt.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date 2. 8 - 19

Timothy Decker
 Signature of soldier

J. A. Snow Capt.
 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 Aug 2nd / 19

T. J. Drake
 Signature of soldier

James O'Sullivan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 4-5-18 No. of days on Military
 Discharged from service 2-8-19 Plus 14 days Service 470

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 AUG 2 1919

K. R. Cooper Capt.
 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 16 / 1919

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

CNSB 207 91 3782

28
30
31
16
105

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*
2. Regt. No. *46921* 3. Rank. *pl*
4. Name *Booke* *Thomas*
(Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on at
in category (or grade)
7. Former Trade or Occupation } *Disseman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regt. Nos. (b) Date of Discharge ;
(c) Cause of Discharge.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When (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 a (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? }

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.)

Accomplished from 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?

Repatriation

20. Do you recommend—

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

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

W. E. Proctor, R. Kame

Station *Hazley Down*.....

Date *9/4/19*.....

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

41901

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4901 Rank Plt Name Drake, J
 Date of Enlistment 11-5-18 Address Long Cross District Buayin
 Occupation Fisherman Classification for Discharge B Medical Category E1
 Recommendation S.M.B. Permit to fly Disability Rating Total Whole in Hop
 Passed to Demobilization Officer with following documents:—

N.F. P36	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 1-8-19 O. C. Discharge Depot J. Marsell

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. J. Drake
with permission
W. E. Newman

Particulars passed to Vocational Officer for information and action.

Date.....

a. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. £6.00
- (b) Clothing Supplied. 1 new cap

Date 2-8-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at Long Cross Burn Release Certificate No. 3785 issued.

Date 2-8-19

J.A. Lumscomb
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 16-8-19

Date 2-8-19

J.A. Lumscomb
Depot Paymaster.

Discharge approved for 2-8-19

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		

Date 2-8-19

J.A. Lumscomb
Demobilization Officer

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

AUG 2 1919

Date

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date Aug 15/19

J.A. Lumscomb

Aug. 6th, 1919

From Officer Commanding,
Discharge Depot

To Office of D.M.S.,
Militia Department.

The undermentioned men, patients of the General Hospital, were before the Standing Medical Board on 29-7-19 and were recommended for discharge but to remain in the General Hospital.

They have been discharged from 2-8-19.

- 4239	Pte.	H. Piersey
3949	"	J. Scott
2640	"	J. Edgar
4901	"	T. Drake

Copy to Bd. of Pension Commissioners