



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5136 Name Archibald Droue Corps 3rd

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------|
| 1. What is your name? | 1. <u>Archibald Droue</u> |
| 2. What is your full Address? | 2. <u>Spargans Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years |
| 5. What is your Trade or Calling? | 5. <u>fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Archibald Droue 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.

Archibald Droue SIGNATURE OF RECRUIT.

J.P. Dayna Signature of Witness.

17/07/18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Archibald Droue 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 Spargans Bay on this 17 day of July 1918.

P. B. Dicks Signature of Attesting Officer

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 3rd.

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

Date May 17 1918

Place Spargans Bay } 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

5136

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

Name Archibald Drouer
 Apparent age 20 years months Height 6ft feet inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 5 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Leander Drouer
Spaniards Bay. | 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 limited engagement reckons from <u>17-5-18</u>									
Joined at <u>St John's</u> on <u>17-1-1918</u>									
<u>Discharged July 10, 1919</u>									
<u>Embarked St John's S. C. Colombo to Halifax N.S. 22-7-18</u>									
<u>Embarked for B.C. 23-11-1918</u>									
<u>Re-embarked France 28-7-18</u>									
<u>Transferred from Row 22 to Arrived Winchester 28-7-19</u>									
<u>to Newfoundland for demobilization 22-5-19</u>									
<u>Arrived Newfoundland 1-6-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 10-7-1919 (date of discharge) 1 years 55 days
 Pensions

C.R. 5136

Extract from Daily Orders Part II Unit The Royal Field
Regt. St. John's, July 14th, 1919.

The discharge of the undernated on demobilization has been
confirmed by Officer i/a Records from 10-7-19.

10-7-19

5136 Pte. Archibald Drover.

C.R.

5736

Extract from Daily Orders Part 11 Unit The Royal WFLC. Regt.
Depot St. John's, June 25th, 1920.

The discharge of the undernoted on ~~complete~~ discharge has
been APPROVED by C.O. Discharge Depot with effect from 24-6-19.

5136 Pte. A. Drover.

C.R. 5136

Extract from Daily Orders Part A1 Depot, S^t. John's,
Date June 18th 1919.

5136, Pte. A. Drover.

Reported at Headquarters 1/6/19. ex "Corsican"
which sailed Liverpool May 23/1919.

C.R. 5736

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 23/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5136 pte. A. Drover.

C.R. 5136

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated Nov. 23rd 1918.

5136 Pte. J. Touchings.

Discharged from 21 Field St. 22/11/18.

CP 5136

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 18th, 1918.

#5135 Pte. A. Drover.

Attested for General Service with the Royal Hfld. Regt.
from 17.5.18

C.R. 5136

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

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

#5136 Pte. Arch Drover.

A Drower

C.R. 5136

~~P. 10~~

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. *5726* 3. Rank... *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Asker, A.* (Surname) *Asker* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *21*
6. Posted for duty on *17.5.18* 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? }

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 from disability

16. Was an operation performed? If so, when and what was its nature? *h*
17. If not, was an operation advised and declined? *n*
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? *n*
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? *n*

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation
W. E. Brown
1919
Capt. R. M. M.

Station *Hayley Camp*

Date *29. 4. 1919*

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

430017/215
7205/15/P&A

O/C. Depot, R.Nfld.Regt.,
Hazeley Down Camp,
WINCHESTER.

FM/FK. *1/3*

Pay & Record Office.

9th May 9.

5136 PTE. A. DROVER,
R. NEWFOUNDLAND REGT.

With reference to 1st
Battalion Daily Orders 18/3/19
of which the following is an
extract:-

"No.5136 Pte.Drover,A. make
good loss of shirt and vest
12/10M"

His A.B.64 shows stoppage
as follows:-

18/3/19 Deficiencies £2:0:3:

Will you kindly say which
amount is correct, so that
adjustment may be made in
Drover's account, please.

Major,
Chief Paymaster & O.i/c.Recds.

Forms
C. 348
63

7205/15/P&A

ENCLOSURE

MEMORANDUM.

From **OFFICER IN CHARGE,
NEWFOUNDLAND CONTINGENT,
3, VICTORIA STREET,
LONDON, S.W. 1,
ENGLAND.**

To **O/C. Depot, R.Nfld. Regt.,
Hazeley Down Camp,
WINCHESTER.**

From **O. C. 1st Bn.
R. Newfoundland Regt.
Officer in Charge
London**

ANSWER.

FM/EK.

Pay & Record Office.

9th May 1919.

5136 PTE. A. DROVER.
R. NEWFOUNDLAND REGT.

With reference to 1st
Battalion Daily Orders 18/3/19
of which the following is an
extract:-

"No. 5136 Pte. Drover, A. make
good loss of shirt and vest
12/10d"

His A.B. 64 shows stoppage
as follows:-

18/3/19 Deficiencies £2:0:3:

Will you kindly say which
amount is correct, so that
adjustment may be made in
Drover's account, please.

J. J. [Signature]
Major
Chief Paymaster & O. i/c. Recds.

12th May 1919.

5136. Pte. A. Drover.

Ref the above, should
read

No 5136 Pte. Drover, A.
NEWFOUNDLAND CONTINGENT
make good loss of shirt
and vest 12/10. 5631

Recd 14 MAY 1919
Major
1919

No. 5136 Name *Drover A.* Sqn., Batty., or Company *D.* Corp. *R. Newfoundland* Date of enlistment *7/5/18* G.C. *1* Service of Proficiency Pay *122.68*
 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. *M. H. [unclear] Capt.* 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
<i>Fines</i>	<i>7/1/19</i>	<i>Pte</i>		<i>Def of down ration 8/1</i>	<i>Sgt Carter</i>	<i>Adm. Pay for same</i>	<i>10/1/19</i>	<i>Mag. Bernard</i>	<i>10/1</i>
	<i>5/2/19</i>			<i>(1) Not carrying with a soldier (2) Drunkenly handling</i>	<i>By [unclear] (2) [unclear]</i>	<i>10 days P.C.</i>	<i>4/4/19</i>	<i>Mag. Bernard</i>	<i>10/7</i>
<i>Field</i>	<i>16/3/19</i>	<i>"</i>		<i>quid of powder and salt</i>	<i>C. M. Woodhouse</i>	<i>Pay for same</i>	<i>20/3/19</i>	<i>Mag. Bernard</i>	<i>10/7</i>
<i>Kerosen</i>	<i>11-4-19</i>	<i>Pte</i>		<i>Defendant of hot water 1/2</i>	<i>C. M. Woodhouse</i>	<i>Pay for same</i>	<i>10-4-19</i>	<i>Mag. Bernard</i>	<i>10/6</i>

L. Crover, A

5136

Ray Capt.

July 10, 1919

#5136 Pte. Archibald Dwyer,

Spaniards Bay, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2914.

Yours truly

Captain
Paymaster & Officer in Charge Records

The Royal Nfld. Regiment

DEMOBILIZATION

No. 513 Rank

Name Loose A

Warned for demobilization on

JUN 25 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5126 Rank. PLC Name. Travis A
 Intended place of residence. Spaniard Bay

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

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 JUN 25 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUN 24 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUN 24 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 17-5-18 No. of days on Military
 Discharged from service. 26-6-19 Plus 14 days Service. 420

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUN 26 1919

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

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 10/1919

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

APP 2079/2914

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5736 Rank Plt Name Drowes A
 Date of Enlistment 17-5-18 Address Spamand Bay, St. John's
 Occupation Trickman Classification for Discharge 4 Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 24-6-19 P. O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

a broker

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied [Signature]

Date 25-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. TR 1937 to his home at Spaniards Bay and Release Certificate No. 3021 issued.

Date 25-6-19

J.A. Lawless
Demobilization Officer

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 10-7-19

Date 25-6-19

H. M. Smith
Depot Paymaster.

Discharged approved for 26-6-19

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

N.F. P/36	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 25-6-19

J.A. Lawless
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

Date JUN. 26. 1919

R.H. Jait MAJOR

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.

A. D. Kea

Signature of Man.

Reg. No. *5136*

J. A. Snowball
Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date *25-6-19*

191

The Royal Newfoundland Regiment

Class for Demobilization:—

14

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24.6.19

Regimental No 5736

Name Dennis Archibald Rank Pl

Address St. John's, Nfld.

Present Medical Category Ai

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

Members of Board {

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

Watson
Senior Medical Officer

D.W. Burden
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 *Drover, Archibald*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5136*

Intended address *Spaniards Bay H. Grace*

Height on discharge *6 feet*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Tall*

Christian name of Father *Leander*

Christian name of Mother *Martha*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Spaniards Bay 7-7-1898*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Arch Drover

H.
(Rank)

Station

Date

23-6-19

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.

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

Station

Date

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

MEDICAL HISTORY

Surname Droves OF Christian Name Archiebald

Table I.—GENERAL TABLE.

Birthplace:—Parish Spaniards Bay County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	17 day of May 1918	St Johns	day of	191
Declared Age	20 years	— days	years	days
Trade or Occupation	Fisherman			
Height	6 feet	— inches	feet	inches
Weight	145	lbs.		lbs
Chest Measurement	Girth when fully expanded	37 inches		inches
	Range of Expansion	✓ inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/24	R.E.—V=	
	L.E.—V=	6/24	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>James Patterson</u>			
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at	St Johns	at	
	on	17 day of May 1918	on	day of 191
	Corps		Corps	Regt. No.
Joined on Enlistment	The Royal Nfld Regt			
Transferred to				
Became non-effective by				
(Signature)	on	day of 191	on	day of 191
(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.

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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* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5126* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Drew* } (Surname) } *A.* } (Christian Names) } (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *21*
6. Posted for duty on *17/5/10* at *S. S. J. G. H.* 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 nasal 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.)

no complaint of 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? *na*
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. E. Proctor *Capt. R. A. M. B.*

Station *Harley D. Camp*
 Date *29.4.19*

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

July 29th 1919.

Mr. Arch. Dwyer,
Spaniard's Bay.

Dear Sir:

Referring to your application, I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of "War Ser-
vice Gratuity.

Yours truly,

Capt. & Paymaster.

RS/.

1041

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... *Archibald* ... 2. Surname... *Primer*

3. Rank... *Private* ... 4. Regtl. No. *5136*

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

6. Date of enlistment in the Regiment. *14th May 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *NO*

8. Relationship of such dependents. *Wife*

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? *NO*

11. Were you on active service only in field, if so, give dates and particulars of such service. *France*

12. Give total length of time which you served on active service, whether in field or barracks. *Thirteen Months*

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. *\$ 107.99*

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

16. Have you, during the present war, served in the Imperial Forces? *NO*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *NO*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *NO*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *NO*

19. Are you now serving in the Regt.? *Yes*... If not give:- (a) Date of discharge *25th June 1919*... (b) Reason for discharge *War ended*

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:

A. Droker

Place of Residence:

Spanish Bay

Declared before me at:

St Johns

This *25th* day of *June* 19*.19*....

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

W. J. James D.P.

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

ST. JOHN'S, JUN 25 1919

Royal Newfoundland Regiment.

Billeting Account,

To *Mr. A. Drower*

Billeting Soldiers as undermentioned

from *June 1st /19* to *June 23rd /19*

5136 - Mr. A. Drower 23 80

ACCOUNT	<i>B. D. Drower</i>
AMT. NO.	<i>24903 - Rev</i>
DATE	<i>23. 80</i>

Certified correct for \$

23. 80

J. H. Snow
Billeting Officer.

A. Drower

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of *Royal Newfound Sts*

Number of Sheet *One*

Signature of O. C. Company *C. B. Smith new*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5136</i>	Age on	<i>20</i> years	<i>12</i> months	<i>J. S. Lerman</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's</i>	Religion	<i>Cath.</i>	
Joined	Date	Period of } with Colours } <i>1st</i> years. with Reserve } <i>3rd</i> years.	Place of Birth		<i>Spaniards Bay</i>	
Joined	Date					

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 10th 1919</i>					

To be carried over

15136

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5736 Rank Plt. Name Drover A
 Date of Enlistment 17-5-18 Address Spamford Bay District St. John's
 Occupation Instrument Classification for Discharge 4 Medical Category 45
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 288	B 121	Board 1st	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 24-6-19 *[Signature]*
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied *[Signature]*

Date 25-6-19 O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 1487 to his home at Spannamuk, Bangalore Release Certificate No. 30201 issued.

Date 25-6-19 *J.A. Snowball*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 10-7-19

Date 25-6-19
Depot Paymaster.

Discharge approved for 26-6-19
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 3404	B 122	Board Ist.	" 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	do 5th	" 6
B179c	B 120	M 93		

3 Form B

Date 25-6-19 *J.A. Snowball*
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

Date JUN 26 1919 *R.H. Mason*
O. C. Discharge Depot.

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

Date July 9/19 *J.A. Snowball*
R. H. Mason

Reg. No. *1106.* Rank. *He* Name *Armes. A.*
Attested Address. *Spaniards Bay*
Allotment Allottee
Date of Allotment Returned from Overseas. *29. 1. 19.*
Returned on S.S. *Loisicau* Cause. *Discharge*

24. 6. 19

PASSED TO DEMOBILIZATION OFFICER

26 6. 19

DISCHARGE APPROVED ON DEMOBILISATION.