



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5642

Name Bernard Drummond Corps RC

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

1. What is your name? ..... 1. Bernard Drummond
2. What is your full Address? ..... 2. Saint John's N.B.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 34 Years ..... Months
5. What is your Trade or Calling? ..... 5. Explosion
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 are accepted? ..... 11. Yes

I, Bernard Drummond 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.

Bernard Drummond SIGNATURE OF RECRUIT.  
[Signature] Signature of Witness.

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

I, Bernard Drummond 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 recorded as replied to, and the said recruit has made and signed the declaration and taken the oath before me at ..... on this ..... day of ..... 1918  
Signature of Attesting Officer [Signature]

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
If enlisted by special authority, such will be attached to the original attestation.

Date ..... 191 .....  
Place ..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

5642.

Name Dennard Dunn  
 Apparent age 27 years    months. Height    feet    inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks   

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Dunn  
Walk River C.B. | 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.

### 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>18-6-18</u>									
Joined at <u>Albion</u> on <u>June 8-1918</u>									
Discharged <u>July 11, 1919</u>									
Embarked <u>Albion's S.S. Columella</u> to <u>Halifax N.S.</u> <u>22-7-18</u>									
Remained at <u>Halifax N.S.</u> from <u>25<sup>th</sup></u> <u>draft (on isolation)</u> and									
embarked for <u>U.S.</u> at <u>Sydney C.B.</u> <u>29<sup>th</sup></u> . Arrived <u>U.S.</u> <u>9<sup>th</sup></u> .									
Left for demobilization <u>22<sup>nd</sup></u> . Arrived <u>Campanland</u> <u>1-6-1919</u>									
<u>Demobilization Albion's 11-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 11-7-1919 [date of discharge] 1 years 354 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5642

Extract from Daily Orders Part II Royal Newfoundland Regiment  
Depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilisation **hh** has  
been CONFORMED by Officer i/c Records from noted date  
8-7-19.

5642, Pte. Bernard Dunn.

C.R. 5642

Extract from Daily Orders Part II Unit The Royal WFLd.  
Regt. St. John's, June 28th, 1919

The discharge of the undersigned on disability has been  
APPROVED by C.O. Discharge Agent with effect from 27-6-19.

5642 Pte. B. Dunn.

C.R. 45642

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

5642, Pte. Dunn.

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

RE "Corsican"

C.R. 5642

**Extract from Nominal Roll of Casualties from O.C. Embarkation  
Casualty Section, No.6 District Depot, Halifax, Canada.**

✓  
5642 Pte. R. Dunn, Reported from Aldershot 19-8-18 Overseas  
27-8-18.

**MM.**

C.R. 5642

Extract from Orders, Part 11, by Lt. Col., B.J. Barten, D.S.O.,  
Commanding 2nd Bn., Royal Newfoundland Regiment, dated 10/9/18.

The undermentioned who arrived from Newfoundland on the 9/8/18 are taken  
on the strength from that date:

5642 Pte. B. Dunn.

C.R. 5642

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

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

#5642 Pte. Bernhard Dunn.



C.R. 5642

Details of Draft under Capt. Murphy admitted Hospital  
Aldershot, N.S. (no date given.)

#5642 Ste. B. Dunn.

C.R. 5642  
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.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

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 Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated July 30th, 1918

To George Dunn, South River, C.B.

Regret to inform you that your son No. 5642, Private Bernard Dunn is at Field Hospital Aldershot, Nova Scotia suffering from mumps.

W.F. Rendell, Lieut. Col.,  
Chief Staff Officer.

FOR TYPEWRITER

C.R. 5642

Extract from ~~the~~ Daily Orders part 11, from Unit  
The Royal Nfld. Regt. St. John's, dated June 10, 1918.

#5642 Pte. Bernard Dunn.

Attested for General Service with the Royal Nfld. Regt.  
from 8.6.18

B. Dunn

C.R.

5642

~~100~~

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 Field Regt*
2. Regtl. No. *5642* 3. Rank... *pl*
4. Name *Summ* *Bernard*  
 (Surname) (Christian Names)
5. Age last birthday... *26*
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
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 (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity  
 (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability.
12. Place of origin of disability. *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.

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.)

*Discomplaints 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. Procunier Capt Rame*  
 Medical Officer in charge of case.

Station *Hazely Bourne*

Date *1/4/19*

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



### 1ST NEWFOUNDLAND REGIMENT

#### ALLOTMENTS

I, Bernard Gunn, Regl. No 5642.

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

Allotment begins August 1<sup>st</sup>/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4600</u>	<u>Takes</u>	<u>George Gunn</u>	<u>South River B. N.</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

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.) R. G. James 2/11  
 Officer Commanding  
F Company  
St. John's  
July 5<sup>th</sup> 1918

(Sig.) Bernard Gunn  
 (Rank) Pte.

No. 4619/676

*8*  
*064938*

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2<sup>nd</sup> Bn. Royal Newfoundland Regiment,  
Hazelton Down Camp,  
Winchester.

24th March 1919

*March 25<sup>th</sup>* 1919

5642 Pte. Dunn B.

With reference to the follow-  
ing telegram from the Minister of  
Militia / / ( 89 )

Receipt Newfoundland  
*Skinner*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commandg. 2<sup>nd</sup> Batt'n.  
*B.N.P.*

"Pay to 5642 Dunn

£4. 0. 0.

Received the sum of *Four pounds*  
in respect of

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

telegraphic remittance from the  
Minister of Militia.

*B.A. Minors Maj.*  
Chief Paymaster & O. i/c Records.

*B Dunn*  
No. *5642* Rank *Private*

Witness *Sgt. C. Reaney*



Dunn, B

5642

Ray Joseph

July 12, 1919

#5642 Pte. Bernard Dunn,

South River, C.B.

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 & O.i/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... *Bernard* ... 2. Surname... *Leann* .....

3. Rank... *Private* ..... 4. Regt. No... *6642* .....

5. Address in full to which future payments of gratuity are to be forwarded... *South River, Conception Bay* .....

6. Date of enlistment in the Regiment... *June 8<sup>th</sup> 1918* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge...  
*Not applicable* .....

8. Relationship of such dependents... *Not applicable* .....

9. Address in full of such dependents... *Not applicable* .....

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 Rfid. If so, give dates and particulars of such service... ..

12. Give total length of time which you served on active service, whether in Rfid. or Overseas... *One year and one month* .....

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

*Not applicable*

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?

19. Are you now serving in the Regt.? If not give? - (a) Date of discharge. *June 26/19.* (b) Reason for discharge.

*Demobilized*

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.

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.

*A: no - B: 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: *Reward Dunn*  
 Place of Residence: *South River, Conception Bay*  
 Declared before me at: *St John's*  
 This *26<sup>th</sup>* day of *June* 19.*19*....

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

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

July 11, 1919

#5642 Pte. Bernard Dunn,

South River,

Kort de Grave.

Dear Sir:-

Please find enclosed Discharge Certificate #2958.

Yours truly

Captain,  
Quartermaster & Officer i/c Records

The Royal Wld. Regiment

DEMOBILIZATION

No. 5642 Rank

Name *James B*

Warned for demobilization on

JUN 28 1919

# 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.

*B. Dunn*

Signature of Man.

*J. A. Sawloff*  
Signature of the Vocational Officer or his Representative.

Reg. No. 3642

ST. JOHN'S.

Place

Date JUN 26 1919

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# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5642 Rank Plt Name Dunn B  
 Intended place of residence South River P. S. S.  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of DEMOBILIZATION.

## Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S  
 Date JUN 26 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 JUN 26 1919  
ST. JOHN'S  
 Signature of soldier B. Dunn  
 Signature of witness Amblonstone

## 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 JUN 26 1919  
ST. JOHN'S  
 Signature of soldier Bernard Dunn  
 Signature of witness James Sheehan

## STATEMENT OF SERVICE

7. Enlisted for service 8-6-18 No of days on Military Service 399  
 Discharged from service 27-6-19 Plus 14 Days

## APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
 Date JUN 27 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place St Johns, Nfld  
 Date July 11/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

2079/2958

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5642 Rank Plt Name Dunn B  
 Date of Enlistment 8.6.18 Address South Hill District PA 3  
 Occupation Fisherman Classification for Discharge 16 Medical Category AI  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 1/36	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3 <u>3</u>
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 108	ME 2		" 6
B 179c	B 120	M 93		

Date 25.6.19

H. M. S. H.  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

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

(b) ~~Clothing Supplied~~

Date 26-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R 1967 to his home at South River and Release Certificate No. 3051 issued.

Date 26-6-19

*J.A. Snow 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 SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACT - 19 pay and allowances to 19

Date 26-6-19

*H.M. News Lt.*  
Depot Paymaster.

Discharged approved for 27-6-19

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
B179c	B 120	M 93		

*2 Form B*

Date 26-6-19

*J.A. Snow Capt.*  
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 27 1919

*R.H. Jait MAJOR*

O. C. Discharge Depot.

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

Date .....

# The Royal Newfoundland Regiment

Class for Demobilization:—

1  
4

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 20.6.19

Regimental No 5642

Name Dunn, Bernard Rank Pte

Address South River

Present Medical Category A1

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

Members of Board {

RH Last Major  
O.C. Discharge Depot.

J. Paterson  
Senior Medical Officer

Dee Borden  
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 *Dunn, Bernard*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5647*

Intended address *South River C.B. Port de Grave*

Height on discharge *5 Feet 10*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks  
Figure on discharge *Tall*

Christian name of Father *George*

Christian name of Mother *Bridget*

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

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

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

Place and date of soldier's birth *South River 14-17-1894*

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) *Bernard Dunn*

*He*  
(Rank)

Station \_\_\_\_\_ Date *24-6-19*

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 \_\_\_\_\_

**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 Artillery*
2. Regtl. No. *2642* 3. Rank... *Sgt*
4. Name *Lunn* *Bernard*  
(Surname) (Christian Names)
5. Age last birthday... *26*
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade or Occupation } *Fufurman*  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.  
 (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 (d) Particulars of Pension or Gratuity (if any)
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  
 (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.
  12. Place of origin of disability.
  13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- nil  
nil  
nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i.) Service during the present war .. .. .
- (ii.) Previous active service.. .. .
- (iii.) Climate in pre-war service .. .. .
- (iv.) Ordinary military service before the war .. .. .
- (v.) Serious negligence or misconduct on the man's part. } .. .. .

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

*No complaints of no usability*

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

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W.E. Rocchini, Capt R.A.M.C.*  
Medical Officer in charge of case.

Station *Haydock*

Date *11-14-19*

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

FORM K

No 6096



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Bernard Dunn, Regt. No. 5642.

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 August 1st/18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4600</u>	<u>Wife</u>	<u>George Dunn</u>	<u>South River B. B.</u>	<u>60</u>
			Total Allotment, \$	<u>60c</u>

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.) M. G. James 2/11  
 Officer Commanding 7 Company  
St. John's  
July 5th 1918.

(Sig.) Bernard Dunn  
 (Rank) Pte.



ST. JOHN'S, June 26 /19

# Royal Newfoundland Regiment.

Billeting Account,

To W. B. Dunn

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 23<sup>rd</sup> /19

5642 W. B. Dunn 23 80

ACCOUNT	<u>B. M.</u>
CH NO	<u>24924</u>
IND LEDG. NO.	
PAY LEDG. NO.	
INITIALS	
INITIALS	

Certified correct for \$ 23.80

A. J. Sawbath  
A. J. Billeting Officer.  
W. B. Dunn



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5642 Rank PLC Name Dunn B  
 Date of Enlistment 8.6.18 Address South River District P.A. 3  
 Occupation Fisherman Classification for Discharge 6 Medical Category AI  
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136	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 25.6.19 O. C. Discharge Depot. H. M. S. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date 25.6.19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60

(b) ~~Clothing Supplied~~

Date 26-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R. 1967 to his home at Saint Pierre and Release Certificate No. 3051 issued.

Date 26-6-19 *J.A. Knowlton*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-1-19 SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACC.

Date 21-1-19 *J.A. Knowlton*  
Depot Paymaster.

Discharge approved for 27-6-19  
Forwarded with following documents to O.C. Discharge Depot.

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
B179c	B 120	M 93		

*2 Form B*

Date 26-6-19 *J.A. Knowlton*  
O.C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

- Officer ic Records.
- Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 27 1919 *R.H. Jait MAJOR*  
O. C. Discharge Depot.

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

Date July 9/19 *J. Melkath*  
*for O.C. Records*

Reg. No. *1644* Rank *Plt* Name *Burns, B.*

Attested ..... Address *Front Row*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *1.6.19.*

Returned on S.S. *Loanshead* Cause *Discharge*

*25.6.19.*  
*27.6.19.*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION.**