



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5208 Name Henry Dunn Corps E of E

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

- |                                                                                                                                    |                                      |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1. What is your name? .....                                                                                                        | 1. <u>Henry Dunn</u>                 |
| 2. What is your full Address? .....                                                                                                | 2. <u>Hall's Tickle B.B.</u>         |
| 3. Are you a British Subject? .....                                                                                                | 3. <u>yes</u>                        |
| 4. What is your age? .....                                                                                                         | 4. <u>21</u> Years <u>---</u> Months |
| 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, Henry Dunn 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.

20-5-18 Henry Dunn SIGNATURE OF RECRUIT.  
B. Smith E.P. Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 20th day of May 1918.

Signature of Attesting Officer B.D. Dick's Lieut.

### †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 ..... 1918

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

5208

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

Name Henry Dunn  
 Apparent age 21 years — months. Height 5 feet 7 1/4 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Dunn  
Hollisto Tickle | 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>20-5-18</u>									
Joined at <u>Johns</u> on <u>10 May 20-18</u>									
<u>Discharged August 15 1919</u>									
<u>(2)</u>									
<u>Admitted 27 Field M. Hmps 8-6-18</u>									
<u>Discharged from Field Hmps 28-6-18</u>									
<u>Admitted Base Hospital 29-8-18</u>									
<u>Discharged from Base Hospital 31-8-18</u>									
<u>Contracted Typhoid from 6th Hmp 22-9-18</u>									
<u>1. kept for demobilization 24-6-19</u>									
<u>Demobilization 15-8-19</u>									
Total Service forfeited as above _____									
Total Service towards Engagement to <u>15-8-1919</u> (date of discharge)					1	years	88	days	
Pensions _____									

C. R. 5208

Extract from Medical Board held on Thursday July 24th, 1919.

5208 Pte. Dunne, H.

Recommended discharge from the Army.

REMAIN IN ESCASONI HOSPITAL

C.R. 5208

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 9th 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by U.C. Discharge Depot from noted date  
1-8-19.

5208, rte. H. Dunn.

C.R. 5208

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

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c Records from noted date 15-8-19.

5208, Pte. Henry Dumm.

C.R. 5208

Extract from Daily Orders part IIm Unit the R. Nfld. R.  
dated July 5th. 1919.

5208 Pte. H. Gunn.

Admitted yo Escasonia Hosp. 1-7-19.

C.R. 5208

Extract from Daily Orders Part 11 by Lt. Col. B.J. Barton, D.S.  
Commanding 2nd Bn. Royal Rifles. Regt. 2-6-19

The following <sup>Detachment</sup> having reported from 1st Bn. is taken on the  
Strength and posted to "C" Company as from 1-6-19

5208 Pte. A. Oake.


 CR 5208  
 NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

 Lane No. 41 Sent by H Rec'd by \_\_\_\_\_ Check 10p No. \_\_\_\_\_

 Place from Palmerston

 To Henry R Bennett


Please wire conditions  
 of 5208 PTE Henry Dunn  
 and oblige.

Joseph Dunn

Wired London  
 15/7/19



C.R. 5208

Extract from Daily Orders Battalion Unit 9th Royal Nfld.  
Regt. St. John's, July 3rd, 1919.

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

5208 Pte. H. Dunn.

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

Extract from Daily Orders Battalion Unit 9th Royal Nfld.  
Regt. St. John's, July 3rd, 1919.

C.R. 5208

to  
Extract from telegram from Synoptical, from Military dated  
July 15th. 1919.

Please inform whereabouts condition of 5208 Dunn.

C.R. 5208

Extract of Orders by MAJOR H.S. SULLIVAN,  
COMMANDING ~~NEWFOUNDLAND~~ FORESTRY COMPANIES.

19/11/18.

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

#5208 Pte. H. Dunn.

"A" Company.

7

C.R. 5208

Extract from Daily Orders part 11, from Unit The Royal Wfla.  
Regt. St. John's, dated May 21, 1918

#5208 Pte. H. Dunn

Attested for General Service with the Royal Wfla. Regt.  
from 20.5.18 to report 24.5.18

Extract from Orders by Lt. Col., B.J. BARTON, D.S.O., Commanding  
2nd., Battalion of the Newfoundland Regiment dated November  
10th., 1918.

The undermentioned man will proceed to join the Newfoundland  
Forestry Corps on Monday the 18th., on probation.

---

6

43208 Pte. H. Bunn.

BC.

7

C.R. 5208

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

5208 Pte. Dann Henry.

7

C.R. 5208

Extract of Daily Orders Part 11 Depot St. John's Aug. 31/1918.

#5208 PTE. H. DUNN.

Discharged from Barracks Hospital 31-8-118.

C.R. 5208  
Extract from Daily Orders Part 11 from Depot St. John's Aug. 30/18

#5208 Pte. H. Dunn.

Admitted to Barracks Hospital 28-8-18.



C.R. 5208

May 25, 1918.

Sir:-

#5208 Pte. H. Dunn.

I have the honour to enclose letter from A.B. Morine Esq. K.C., stating that the sight of the above soldier is extremely bad. Will you please have him sent to the Senior Medical Officer and have arrangements made to have his eyes properly tested.

I have the honour to be,

Sir,

Your obedient servant,

Major.  
District Officer Commanding.  
Newfoundland.

O.C. Depot.

ENCLOSURE.

C.R.

May 27, 18.

#5208 Private. Henry Dunn.

Sir:-

I have the honour to acknowledge receipt of your communication of 25rd inst., in connection with the above named soldier, giving instructions that he be recommended for re-examination on account of his eyesight.

I have the honour to be,  
Sir,  
Your obedient servant,

Major.  
District Officer Commanding.  
Newfoundland.

A.B. Morine Esq. K.C.,  
City.

COPY.

Board of Trade Building,  
St. John's Nfld.,  
May 23, 1918.

Minister Of Militia,  
Militia Department,  
City.

Dear Sir:-

I have been informed that Henry Dunn, son of Joseph Dunn, of Holletts Tickle, B.E. has been enlisted in the Royal Newfoundland Regiment, and is now in Barracks here as #5208, in spite of the fact that his sight is extremely bad, he wears glasses which are at times unable to correct his bad vision: his father claims that he is practically unable to see at such times, and is therefore helpless. The examining doctors however passed him, and I have to request that this man should be brought before the board of Medical Examiners for further examination.

I shall be obliged if you will inform me in due course, what has been done with the man.

Yours truly,

(SGD.) ALFRED B MORINE



C.R. 5208

**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

May 31st., 1918.

From Acting M. O.

Depot.

To O. C.

Depot.

5208. Pte. Henry Dunn

I have examined the marginally noted man and find his sight to be 6/12 both eyes, which is much better sight than the regulations call for.

UNSWERED

*W. Borden*  
*adms.*

D.O.C.

For your information please  
Gen. L. Carl, Major  
O.C. Depot.



# DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTMENT OF MILITIA  
AND QUOTE NO.

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ST. JOHN'S, NEWFOUNDLAND.

May 25, 1918.

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Sir:-

#5208 Pte. H. Dunn.

I have the honour to enclose letter from A.B.Morine Esq. K.C., stating that the sight of the above soldier is extremely bad. Will you please have him sent to the Senior Medical Officer and have arrangements made to have his eyes properly tested.

I have the honour to be,  
Sir,  
Your obedient servant,

*A. B. Morine*  
Major.  
District Officer Commanding.  
Newfoundland.

O.C.Depot.

ENCLOSURE.

June 4, 1918.

Sir:-

#8208 Pte. Henry Dunn.

This soldier has been re-examined by the Medical Officer, who reports his eye-sight test as 6/12 for both eyes, which is much better than the regulations call for.

I have the honour to be,

Sir,

Your obedient servant,

Major.

District Officer Commanding.

Newfoundland.

A.B. Morine Esq., K.C.,

City.

ND BOND  
B.F. VMD  
C.R.

5208

Extract from telegram received from Synoptical, London,  
July 21st, 1919.

With reference to your telegram July 16th. 5208 Dunn repatriated  
By Cassandra.

A. Duran

C.R. 5208

11/10





# THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I,

*Henry Dunn*

, Regl. No.

*5208*

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and *55* 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

*July 120*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>11854</i>	<i>Wife</i>	<i>Mrs Joseph L Marshall</i>	<i>Queen Hill, St John's, N.F.S.</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

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

(Sig.)

*H. Dunn*Officer Commanding  
Company

(Sig.)

*Henry Dunn*

(Rank)

*J. [unclear]*

1918



THE ROYAL NEWFOUNDLAND REGIMENT

I, *Henry Dawson* ALLOTMENTS, Regl. No. *5208*

hereby agree, until further notification by me, and in similar official form to make an Allotment of *Five* Dollars and *00* 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 *July 1918*

Identity Certificate No.	Whether Wife, Child or other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4654</i>	<i>Wife</i>	<i>Mrs Joseph Marthal</i>	<i>Dawson Hollow, etc. etc.</i>	<i>1 50</i>
			<i>B B</i>	
Total Allotment, \$				<i>5 00</i>

PAID *20/3/18*  
 NUM. ROLL  
 ALLOT. INDEX  
 REGISTERED  
 EXAMINED

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  
 Company  
*[Signature]* 1918

(Sig.) *Henry Dawson*  
 (Rank) *Private*

N.F.P./88.

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~7/17/19~~/extract from MINISTER OF MILITIA,

No. \_\_\_\_\_ Dated 16/7/19 (270). received 17/7/19

Decoded by J.S. Checked by R.A.P.

Branch Records Acted upon (Initial) \_\_\_\_\_

Acknowledged per No. \_\_\_\_\_ Dated / \_\_\_\_\_

Please inform-whereabouts of-condition of-5208-Dunn-  
5482-Stratton-fullstop-

NEWFOUNDLAND CONTINGENTTRANSLATION ~~full-text~~/extract of TELEGRAM to MINISTER OF MILITIA,No. 295 22 / 7 / 19 M. of M. Reply No. \_\_\_\_\_ d/h X /  
Coded by \_\_\_\_\_ branch Records Checked by \_\_\_\_\_

With reference to your telegram 16th July-5208-Dunn-  
repatriated-Cassandra-

2  
5468-Stratton-Hilsea, Military Hospital-will be discharged-  
in a few days-

N.F.P./88.

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~Full text~~/extract from MINISTER OF MILITIA.

No. \_\_\_\_\_ Dated 16/7/19 (270). received 17/7/19

Decoded by J.S. Checked by R.A.P.

Branch Records Acted upon (Initial) \_\_\_\_\_

Acknowledged per No. \_\_\_\_\_ Dated / /

---

**Please inform-whereabouts of-condition of-5208-Dunn-  
5462-Stratton-fullstop-**

Dunn, N

5208

Hay Sept.

August 18, 1919

#5208 Pte. <sup>H</sup>Henry Dunn,  
Hellett's Tiekie, N.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3783.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 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..... *Henry Dunn* .....

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

5. Address in full to which future payments of gratuity are to be forwarded..... *Hollis, St. John's, N.F.* .....

6. Date of enlistment in the Regiment..... *May 20/18* .....

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 field, if so, give dates and particulars of such service..... *Overseas* .....

12. Give total length of time which you served on active service, whether in field or Overseas..... *From May 20/18 to August 1/19* .....



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

*No*

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

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

*No*

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

*No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

*No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

*No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

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

*Yes*  
*Aug 21/19*

*Yes*  
*Revolutions*

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.

Henry Dunn

Signature of Applicant:

Place of Residence:

Declared before me at:

This

27th

day of

Hallett's Neck, B. B.  
St. John's, Nfld.

1919...

John McCarthy

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

POST DISCHARGE PAY.

Date paid	Rank	and Soldier, Dependence	War Service Entitlement.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			.....	Paymaster

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5208 Rank Private Name Dunn H  
 Intended place of residence Halletts Inkle
2. Occupation Fisherman  
 Classification of soldier B Medical Category B
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 11 1919 .....
- H. M. [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 1-8-19 .....
- Henry Dunn  
 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 28.7.19 .....
- Henry Dunn  
 Signature of soldier
- [Signature]  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 20-5-18 .....
- Discharged from service 1-8-19 .....
- No. of days on Military Service 453  
453 [Signature]

## 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 1 1919 .....
- N. R. Lodge 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 15/1919 .....
- [Signature]  
 Officer in Charge  
 The Royal Newfoundland Regiment

and B 2079/3783

# The Royal Newfoundland Regiment

## DEMOLIBIZATION OF

Reg. No. 2208 Rank Pl Name Dunn H  
 Date of Enlistment 20.5.18 Address Bellevue Terrace District St. John's  
 Occupation Cashier Classification for Discharge B Medical Category F  
 Recommendation S.M. per. military Disability Rating Total White on Hip  
 Passed to Demobilization Officer with following documents:—

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 27.2.19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOLIBIZATION

#### 1. Civil Re-Establishment.

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

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 per. DunnDate 29.7.19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
 at Hallett Tackle and Release Certificate No. 3777 issued.

Date 1-8-19 J. H. 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 pay and allowances to 15-8-19

Date 1-8-19 J. H. Snow Capt.  
 Depot Paymaster.

Discharge approved for 1-8-19

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	B 268	B 121	1	N.F. Med.	D.F. 1	
B 178	W.3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1315		do 2nd	" 3	2 form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2	256		" 6	
B 179c	B 120	M 93				

Date 1-8-19 J. H. Snow Capt.  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date AUG 1 1919 L. R. COOPER, CAPT.  
 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:

*Remaining in Hospital*

*Henry Dunn*

Signature of Man.

Reg. No. 3208

*J. A. Brown*

Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*28-7-18*

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

# MEDICAL HISTORY

Surname Dunn OF Christian Name Henry

Table I. - GENERAL TABLE.

Birthplace: - Parish Hollen's Green, Nfld. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	20 <sup>th</sup> day of May 1918	S. Johns		
Declared Age	24 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet	7 1/4 inches	feet	inches
Weight		122 lbs.		lbs.
Chest Measurement	Girth when fully expanded	34 inches		inches
	Range of Expansion	4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R. E. - V =	6/12	R. E. - V =	
	L. E. - V =	6/12	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)	Lambert Adams			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	S. Johns	at	
	on	20 day of May 1918	on	day of 191
Joined on Enlistment	Corps	The Royal	Corps	
	Regtl. No.	1208	Regtl. No.	
Transferred to	Nfld. Regt.			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
21 Field St	J	6	18	25	6	18	Mumps	22	-	Booburder
MAGDALEN CAMP HOSPITAL WINCHESTER	10	4	19	24	4	19	Influenza	16	Admitted with acute antrax febrile tox. also P. decolor. Caprous Ruvous	Edthyma Col Rater



Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signatures
4-7-18 Vaco 51-578	SP
4-7-18	T.A.B. 18
14-9-18	T.A. B 3rd 40
9-9-18	T.A.B. 2nd 41

No. & RANK		5708 Mc.		Date of Exam.	
NAME		Dunn H.		28-7-18	
CORPS		R. 2nd Lt.		Date of Issue	
Vision w/out Glasses		20/200		28-7-18	
BPM		-		Optic. Cond. No.	
CYL		-		71	
AES Vision w/with Glasses		6/6		Frame No. (for Measurements)	
L		20/250		D.	
Signature of No. 1		H. Davis		Optician's Initials	

MILITARY HOSPITAL  
DEPARTMENT  
WINCHESTER

RKV =  $\frac{6}{24}$  C-2  $\frac{6}{6}$

L =  $\frac{6}{12}$  C-0.50 =  $\frac{6}{6}$

*Alroy*  
*Captn*

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<p>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <b>B</b> for discharge on Demobilisation. Medical category</p>					
<p>28-7-18 Date of M.B.</p>				<p><i>[Signature]</i> Discharge Certificate</p>	



## 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, Henry.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5208.*

Intended address *Follett's Tickle,  
Bonaville Bay.*

Height on discharge *5* Feet *7 1/2*.

Color of hair on discharge *Brown.*

Complexion *Dark.*

Color of eyes *Brown.*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Tall*

Christian name of Father *Joseph*

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 *Salvoage Barb Sept 13<sup>th</sup> 1896*

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) *Henry Dunn*

(Rank) *Plt*

Station *St John's* Date *1-8-19*

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



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..... **JULY 24th., 1919.**

- |                                   |                                                |
|-----------------------------------|------------------------------------------------|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <b>22</b>                 |
| 2. Regimental No. <b>5208</b>     | 6. Enlisted on <b>MAY 1918</b>                 |
| 3. Rank <b>PRIVATE</b>            | at <b>ST. JOHN'S</b>                           |
| 4. Name <b>DUNNE HENRY</b>        | 7. Former trade or occupation <b>FISHERMAN</b> |

8. Disability

**PULMONARY TUBERCULOSIS**

9. History

**ENLISTED IN MAY 1918. CROSSED TO ENGLAND IN SEPT. WAS ON DUTY TILL JUNE 1st., 1919. REPORTED SICK JUNE 1ST. AND WAS NOT ON PARADE SINCE. WAS INVALIDED HOME JULY 1ST. ENTERED ESCABONI HOSPITAL**

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).

**MEDIUM PHYSIQUE. POORLY NOURISHED. ON PERCUSSION DULNESS ABOUT SAME ON BOTH SIDES. R.F. INCREASED ON RIGHT. AUSCULTATION REVEALS LEFT APEX AND LEFT UPPER LOBE FULL MOIST RALES ANTERIORLY. MOIST RALES IN RIGHT UPPER LOBE BUT NOT SO PRONOUNCED. POSTERIORLY ON RIGHT SIDE LARGE AREA BELOW ANGLE SCAPULA. FULL MOIST RALES. PATIENT COMPLAINS MUCH COUGH WITH MUCH PURULENT EXPECTORATION AND PROFUSE SWEATS ON SLEEPING. HEART SOUNDS GOOD. SLIGHTLY ACCELERATED.**

**FAMILY HISTORY - OWN FAMILY NEGATIVE. TWO AUNTS ON MOTHER'S SIDE DIED WITH CONSUMPTION.**

11. Was sanatorium advised and refused ?  
operation

12. Do you recommend discharge as permanently unfit ?

Signature **(SGD) S.G. KEAN.**

Rank or Qualification **CAPT.**

Remarks if any by Officer in Charge Hospital.

Place ..... Signature .....

Date ..... Rank .....

RECEIVED AT THE OFFICE OF THE ASSISTANT SURGEON GENERAL  
WASHINGTON, D. C. JAN 10 1918

10-103-1

## 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.

### YES. ACCOMPANIMENTS BOTH LUNGS

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 WHILE IN HOSPITAL**  
(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?
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 resolvent on in the Army

Remarks if any:—

### REMAIN IN SANATORIUM

(SGD) J. B. O'REILLY .....  
President  
J. SINCLAIR TAIT .....  
Signatures.....  
L. PATERSON, MAJOR.....

Place ST. JOHN'S .....

Date JULY 24th, 1919 .....

APPROVED  
Station .....  
Date .....  
No. ....



(SGD) CLUNY MACPHERSON, MAJOR..  
Administrative Medical Officer.

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 } *Stoker*
2. Regt. No. *1208* 3. Rank. *plr* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bunn* *Henry* (a) Former Regts. or Corps; with Regt. Nos.  
(Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

*Re Complaints of 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?

*Repatriation*

20. Do you recommend—

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

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

*W.E. Proemier*  
*J. P. Runc.*

Medical Officer in charge of case.

Station: *Aszley Down* .....

Date: *9/11/19* .....

\* 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

24-4-19.

To be Discharged from Hospital ~~to-morrow~~.

Unit.	Squadron battery or company	Regtl. No.	Rank and Name.	
2 Newfoundland "C"		5200	Plt:	Dunn. H.  R. H. [Signature] for Lt. Colonel. O/c.

WINDALEN CAMP HOSPITAL,  
WINCHESTER.



# 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

*July 24 '19*

Regimental No. *5208*

Name

*Dunn Henry*

Address

*Salway's B.B.*

Present Medical Category

*E*

Recommended for:— (a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board

O. C. Discharge Depot.

*W. Robinson*  
Senior Medical Officer

M. O. Depot



Hollett's Tickle

Mar 8 - 3 - 1920

Mr. R. R. Crawford

Dear Sir

I received your letter asking  
me to send my regimental  
number I wrote Captain J. C. H.  
Howley again last week  
but never put my number then  
I thought he never got the  
first one so I wrote him again

I remain

Yours Truly

5208 ex Pt Henry  
Dunn

Hollett's Tickle  
R. R.

THE BOARD OF  
PENSION COMMISSIONERS  
FOR NEWFOUNDLAND

Hon. Sir P. T. McGrath, K.B.E.,  
(President Legislative Council),  
Chairman.

Hon. J. A. Clift, K.C., C.B.E.,  
Major W. H. Parsons, M.C.,  
R.A.M.C.



In reply refer to

No.....

St. John's 21/10/19.

Henry James S.M.C. O'Connell

Has been discharged from hospital  
& is now subject to Kevin Poth  
wage protest. J. W. O'Connell Capt.  
For Secy B.C.L.

Forwarding bal today  
\$ 210.00

12/5/20

10/5<sup>2</sup>

May 3<sup>rd</sup> 1920

Kolletts Feckle

Mrs Crawford

Dear Sir My Son  
Henry Dunn. I understood  
that there was four months  
gratuity money an never  
received only one. please  
will you forward other  
three months money to  
Mrs Joseph Dunn  
an you will greatly  
oblige

Address Mrs Joseph Dunn  
Kolletts Feckle  
Squid Feckle Post office  
Barnavesta Bay

Holletts Tickle

Feb 27 - 2 - 1920

0048

5208

Captain J. M. Howley

Dear Sir

I am writing you a word concerning my gratitue money I wrote you once before this winter and I didnt- receive any answer I received ~~one~~ seventy dollar cheque when I leaved the Hospital in october and was told I would get another next mont and I havent got it yet- so I am writing you again I also had in a applage balon for a Discharge bag and I havent got that yet- will you please try and give me some envermation about this money if you cant send it along I have been expecting the money all the Winter

I cannot see the reason I  
didnt get mine as well as  
any one else I suppose it is  
because I am sick and am in  
need of it all the bhops that came  
home well around he got it without  
any trouble and dont see as I am  
going to get <sup>any</sup> and I would like to  
know the reason Will you please  
let me know as soon as possible

I am yours sincerely

Ed. Pte. Henry Dunbar

Hollett's Yick

Badge  
noted  
J.M.  
Boavista Bay

9411

Holletts Tiche

Jan 5-1-1920

5208

Captain J. H. Bowley

Dear Sir

I am writing you  
a few words to ask you  
about my gratified money  
I was discharge from hospital on  
October. 23 and received  
one cheque of Twenty Dollars  
and was told I would get another  
one next month I havent received  
any yet I am not sure whats  
Due to me only I know other  
fellows got four cheques  
for the same service as ~~my self~~  
Will you please let me know  
about it I also put in my  
Name for Discharge badge



and gave him my address  
to send it when it was ready  
but I havent received it yet.  
I dont know the man it was  
the same man who gave me  
my gratitue papers to fill out  
If I new the man's name I would  
have riter liminated of you I am  
sorry to trouble you because I dont  
know if you are the rite man  
or non only what I herd some  
one else say I will be very  
thankful if you will give  
me envcarmation about it

I am your Sincarty  
ex Pt H Dunn  
Hobbits Yickle *Wm H Dunn*  
Bonavista Bay

5208

February 21, 1920

H. Dunn,  
Hollett's Tickle,  
B.B.

Dear Sir:

With reference to  
your letter of recent date, please quote regi-  
mental number.

Yours truly,

Lieut.  
For Paymaster

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*

---

Fold Here

OCT 15 1921

1921.

The accompanying ~~Victory Medal~~ ~~and/or~~ British War Medal  
is/are forwarded herewith to

Henry Dunn

in respect of his service as No. 5208 Rank Pte.

Name H. Dunn Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature Joseph Dunn

Date Oct 22 1921

Address Holletts Yickle, B.B. Nfld.

[P.T.O.]

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet theForms  
B 121.  
39-

Regiment of

Royal Newfoundland

Signature of O. C. Company

P. Adams  
Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Dunn, Henry</u>	Age on	<u>21</u> years <u></u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's</u> <u>28.5.18</u>	Religion	
Joined	Date			<u>C. P. E.</u>	
Joined	Date	Period of	with Colours <u>1 1/2</u> years. with Reserve <u>3 1/2</u> years.	Place of Birth	
Joined	Date			<u>Halletts Tickler A.B.</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>15</u>	<u>8</u>	<u>19</u>	

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5208 Rank Pls Name Dunn A.  
 Date of Enlistment 20-5-18 Address St. John's, Nfld. District St. John's  
 Occupation Fisherman Classification for Discharge B Medical Category 1  
 Recommendation S.M.B. permissible Disability Rating White  
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	3
B 178a	1/ D 400A	1/ B 1915		do 2nd	" 3	
B 179	1/ D 400B	Form L		do 3rd	" 4	
B 179a	1/ D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2	206-1	" 6		
B 179c	B 120	M 93				

Date 27-7-19O. C. Discharge Depot. M. H.

## PARTICULARS FOR DEMOBILIZATION

## 1. Civil Re-Establishment.

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

Henry Dunn

Copies 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 per Dunn

Date 29-7-19

O i/c. Re-clothing.

## 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
at Hallett, Tachle and Release Certificate No. 3777 issued.

Date 1-8-19 J. H. 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 pay and allowances to 15-8-19

Date 1-8-19 J. H. Snow Capt.  
Depot Paymaster.

Discharge approved for 1-8-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36.	B 268.	B 121.	1	N.F. Med.	D.F. 1.	1
B 178.	W 3494.	B 122.		Board 1st.	" 2.	1
B 178a.	D 400A.	B 1915.		do 2nd.	" 3.	2 from B
B 179.	D 400B.	Form L.		do 3rd.	" 4.	
B 179a.	D 400C.	Form K.		do 4th.	" 5.	
B 179b.	B 103.	ME 2.	256 1		" 6.	
B 179c.	B 120.	M 93.				

Date 1-8-19 J. H. Snow Capt.  
Demobilization Officer.

## APPROVED.

Documents as above forwarded to—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date AUG 1 1919 E. R. COOPER, CAPT.  
O. C. Discharge Depot.

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

Date Aug 15 1919 B.H.E.

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 (Landed)* Former Trade or Occupation } *Fisherman*
- 2. Regtl. No. *209* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Dana Bentley* (Surname) (Christian Name) (a) Former Regts. or Corps; with Regtl. Nos.
- 5. Age last birthday *22*
- 6. Posted for duty on..... at..... in category (or grade).....
- 8. If the disability is an injury was it caused
  - (a) in action (b) on field service
  - (c) on duty (d) off duty? (b) Date of Discharge;
  - (c) Cause of Discharge.
- 9. If a Court of Inquiry was held on an injury state:—
  - (a) When (d) Particulars of Pension or Gratuity (if any)
  - (b) Where
  - (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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 is 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.)*

*No Complaints of no disability*

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

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

*Repatriation*

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

*W. A. Proctor* *Capt* *Rams*

Station *Hazleyburn* .. .. .

Medical Officer in charge of case.

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

Oct. 1st. 1925

Rev. E. H. Humphries,

Salvage, B.B.

#5208 Pts. Henry Dunn (Deceased)

Dear Rev. Sir,

I beg to inform you that this Department has received the consent of the father (at Holletts Cove) of the above named soldier to have his grave treated as a War Grave. With this end in view this Department is anxious to have the work completed before the frost arrives and, if possible, we would prefer to have the work done by a local man from Holletts Cove or Squid Tickle, if one can be found with a thorough knowledge of concrete work.

I am enclosing a circular letter which may be of use to the contractor and will give the dimensions of the curb. If needed we will ship the cement and lumber from here.

I may say that the headstone has not yet arrived but provision will be left in the head of the curb to set the stone as soon as it arrives.

For your information, the above soldier is buried in the G. of E. Cemetery at Squid Tickle, B.B.

If you will certify the bills when the work is finished and send them to us, payment will be made immediately.

Your kind attention to this matter will be much appreciated.

Yours very truly,

Lieut.

Officer i/o Records.

Hollis Cove

B.B. Sept 29<sup>th</sup> 1929

W<sup>m</sup> Rendill

Dept of Militia

Dear Sir

I received your letter about  
the grave of our late son Geo  
of the Henry Dunn. I will be  
pleased to accept the I. M. G. C.  
Headstone and also to have the  
grave treated as you have  
outlined. there is a private  
Headstone but it can be removed  
to another part of the family  
plot as you wish

I am yours Truly

Joseph Dunn

Rev. E. H. Humphreys

Salvage - 123

Burial at Sea  
120

Nov. 16th., 23.

Postmaster,

Salvage, B.B.

Dear Sir,

I have to inform you that this Department forwarded a registered package # G 73, dated 30.10.23, addressed to the Rev. E.H. Humphries, Salvage.

We have since been informed that the above named gentleman has since left the Country and we now request that you deliver this package in question to the Rev. J.T. Richards, Hollett's Cove, B.B. We advise him to apply to you for same.

Trusting that you will meet with our request,

I have the honour to be,

Yours very truly,

Lieut.,  
Officer i/c Records.

Nov. 16th., 23.

Rev. J.T. Richards,  
Holletts Cove, B.B.

Dear Reverend Sir,

5208 Pte. Henry Dunn (Deceased)

I beg to inform you that this Department has received the consent of the next-of-kin, Joseph Dunn, father of the above mentioned to treat the grave of his son as a War Grave.

I am enclosing a letter and Circular which we addressed to the Rev. E.H. Humphries but the same was returned advising us that the reverend gentleman had left the Country.

We would like for you to set for us in this matter but unfortunately the same cannot now be handled until the Spring. We also forwarded to Rev. Humphries a registered parcel containing one dozen hyacinths for immediate planting on the grave. I am writing the Postmaster at Salvage to deliver the same to you, and if not too late kindly see that same are planted this Fall.

Thanking you in anticipation of an early reply,

I remain,

Yours very truly,

Lieut.,

Officer i/c Records.

Hollets Cove B.B.

Nov 23<sup>th</sup> 1923

Lieut Col Rendell  
St Johns

Dear Sir.

I received your letter  
and also the parcel of bulbs I am setting them to day.  
I can get a man in Hollets Cove that understands  
concrete work, I can also get the lumber and  
sand. but I can't the cement, thanking you

I am your very truly

Joseph Dunn

Nov. 30th. 25.

Joseph Dunn Esc.,  
Helletts Cove, B.B.

Dear Sir,

I beg to acknowledge receipt of your letter of the 23rd. inst. and note that you have planted bulbs on the grave of the son.

As the Season is now too far advanced for satisfactory concrete work we are leaving same over until the Spring.

I will write you further on this matter next year.

I have the honour to be,

Yours very truly,

Lieut.  
Officer i/c Records.

Burnside B. Bay  
June 11<sup>th</sup> 1927

Major J. M. Sawley  
General Post Office  
St. John's N. F.

Dear Sir -

Mr. Joseph Dunn asked me to visit the cemetery to inspect the grave of his son. I visited the grave of his son Pte Henry Dunn this afternoon and I hereby certify that the stone is set in concrete and the grave is enclosed in a concrete frame of the size as contained in your instructions. The rods are placed as directed and the whole grave presents a creditable appearance and in my opinion Mr. Dunn has given faithful service and the work is well done.

Yours very truly  
(Rev.) Ralph Towler

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5208