



H THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4644 Name Michael Sawyer Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Michael Sawyer
2. What is your full Address? 2. Wells Landing
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years Months
5. What is your Trade or Calling? 5. Pump man
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, Michael Sawyer 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.

Michael Sawyer SIGNATURE OF RECRUIT.

J. S. Raymond Signature of Witness.

Michael Sawyer OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, 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 23 day of April 1915.

Signature of Attesting Officer W. James Stewart

† 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 compiled with. I accordingly approve, and appoint him to the
 If enlisted by special authority, such will be attached to the original attestation.

Date April 23 1915 }
 Place St. John's } 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)



H THE ROYAL NEWFOUNDLAND REGIMENT /

ATTESTATION OF

No. 4644 Name Michael Sawyer Corps RC

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Michael Sawyer
- 2. What is your full Address? 2. Belle Isabella
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 20 Years Months
- 5. What is your Trade or Calling? 5. Pump maker
- 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, Michael Sawyer 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.

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J. Raymond Signature of Witness.

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I, Michael Sawyer 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.

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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 23 day of April 1918.

Signature of Attesting Officer J. J. James

†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 April 23 1918 } Approving Officer.

Place St John's }

† 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.

Name Michael Dewyer
 Apparent age 20 years 0 months. Height 5 feet 7 1/4 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Joseph Dewyer
Belle Island | 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 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>23-4-18</u>									
Joined at <u>St. John's</u> on <u>April 23 1918</u>									
<u>Discharged June 29 1919</u>									
<u>Embarked St. John's train to Halifax 11.6.1918</u>									
<u>Embarked for Europe 26-10-18</u>									
<u>Disembarked France</u>									
<u>Joined Battalion 26-10-18</u>									
<u>Admitted to Gen Hosp Rouen N.Y.S. 12-4-19</u>									
<u>Discharged to duty 17-4-19</u>									
<u>To duty 17-4-19</u>									
<u>Transferred from Rouen 22nd to Arras Winchester 23rd 79</u>									
<u>to Newfoundland for demobilization 22-5-1919</u>									
<u>Arrived Newfoundland 16-1919 Demobilization</u>									
Total Service forfitted as above.....									
Total Service towards Engagement to <u>29-6-1919</u> (date of discharge) <u>10</u> years <u>68</u> days									
" " Pensions " " " " " " " "									

St. John's 29 1919
6
5

C.R. 4644

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 30th, 1919

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 29-6-19.

4644 Pte. Ml. Dwyer.

C.R. 4644

Extract from Daily Orders Part 11 Unit The Royal BFLd. Regt.
St. John's of June 19th, 1919.

The Discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 15-6-19.

4644 Pte. M. Dwyer.

C.R. 4644

· Extract from Daily Orders Part 11 Depot, St. John's,
Date June 18th 1919.

4644, Pte. M. Dwyer.

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

C.R. 4644

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

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

#4638 Pte. M. Dwyer.

4644

C.R.

4644

Extract from War Office List NO.H.A. 35991.

DIS. TO DUTY EX 8 GEN. H. ROUEN 17 April 1919.

4644 Pte $\frac{1}{2}$ M. Dwyer

Gastritis Mild

C.R. 4644

Extract from Daily Orders Part II Unit The Royal Rifles, Regt.,
By Lt. Col. P. G. Mathias, D.S.O. Commanding 1st Bn. 3-11-18

The following joined the Bn. 3-11-18

4644 Pte. M. Dwyer.

B Coy.

C.R. 4644

Extract from Daily Orders Part 11. from Unit The Royal 21st.
Regiment, S.J. John's, dated June 14th 1918.

4644 Pte W. Dyer

Embarked for Overseas with draft 11-6-18

C.R. 4644

Extract from Serial Roll Re-inforcement No. 55 Embarked Folkestone,
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.E.F

4644 Pte; Dwyer, M.

MP.

LANDFORD BOND

C.R. 4644

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

#4644 Pte. Michael Dwyer.

Attested for General Service with the Royal Nfld. Regt.
from 25/4/18.

A. Dwyer

C.R. 4644

~~1890~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above; but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *46th* 3. Rank. *1st Lt*
4. Name *Dwyer* *Michael*
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on *Apr 23/18* at *St. Johns*
in category (or grade).....
7. Former Trade or Occupation } *Engineer*
- 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. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

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

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

He complains of no disability.

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

20. Do you recommend—

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

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

Repatriation

Station *Danzey D Camp*

Date *30-4-19*

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

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

No. 15444/1802.

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

Officer Commanding,
2/Bn. Royal Newfoundland Rgt.,
Winchester.

September 26th, 1948

30 SEP 1948 191

Subject: 4644, Pte. M. Dwyer

With reference to the following telegram (8321) from the Hon. Minister of Militia, received

!Pay to 4644, Pte. M. Dwyer, £3.0.0.

Draft £ 3.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

Chasen 74
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of £ 3.0.0
Three pounds in account of
cable remittance from Newfoundland.

M. Dwyer
No. 4644 Rank Pte

Witness
H. Manning

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
55 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year, commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4644	Pte	^{Wyer} Defer M. N.	\$250	M Dwyer

I have the honour to be, Sir,
Your obedient Servant.

Date

Jan 1 / 18

M Dwyer

Dwight, M

4644

Ray Sept.

1

June 29, 1919

#4644 Pte. Michael Dwyer,

Bell Island, 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

Captain
Paymaster & O.i /c Records.

25280

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 *Michael*..... 2. Surname *Dwyer*.....

3. Rank *Plt*..... 4. Regtl. No. *4644*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Bell Island, N. B.*.....

6. Date of enlistment in the Regiment..... *Apr. 23/18*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From Apr 23/18 to June 14/19*.....

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 R.C.S.T.? If not give - (a) date of discharge, (b) Reason for discharge.

No

Discharged 11/11/18
Non potory *Re-establishment*

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

France, Belgium + Germany - From Feb. 1918 to Apr. 1919

21. (c) 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.

M. Dwyer

Signature of Applicant:

Place of Residence:

Bell Island, C. B.

Declared before me at:

St. Johns, Nfld.

This

14th

day of

June 1911

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

John McCarty

POST DISCHARGE PAY.				Net amount
Date paid	to	Paid	War Service	days
Soldier.	Dependent.	Classify.		
.....	<i>12 mos</i>	<i>27</i>
.....
.....
Certified correct.				Paymaster <i>[Signature]</i>

June 29, 1919

#4644 Pte. Michael Dwyer,
Bell Island, C.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2493.

Yours truly

Captain,
Paymaster & C. I/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4644 Rank Pvt Name Dwyer M
 Intended place of residence Bill Ina
 2. Occupation Pumpman
 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 14 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date ST. JOHN'S
JUN 14 1919
 Signature of soldier Michael Dwyer
 Signature of witness Amelonski

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date ST. JOHN'S
JUN 14 1919
 Signature of soldier Michael Dwyer
 Signature of witness James Brennan

STATEMENT OF SERVICE

7. Enlisted for service 23-4-18 No of days on Military
 Discharged from service 12-6-19 plus 14 days Service 433

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
 Date JUN 15 1919
 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, Nfld.
 Date June 29/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

AFB 2029/2493

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4644 Rank Pvt. Name Dwyer M
 Date of Enlistment 23-4-18 Address Bell's Is. S. District St. John's
 Occupation Pumpman Classification for Discharge F1 Medical Category H1
 Recommendation S.M.B. _____ Disability Rating _____

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 3404	B 122	1	Board 1st	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 13-6-19 O. C. Discharge Depot. H. M. S. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation Michael Dwyer
West-Insouthern mail

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied _____

Date -6-19

O i/c. Re-clothing A. M. Johnston

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 7344755 to his home at 2111 95th and Release Certificate No. 2790 issued.

Date 14-6-19 *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 29-6-19

Date 14-6-19 *J.A. Knowlton*
Depot Paymaster.

Discharged approved for 15-6-19
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 Ist	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 14-6-19 *J.A. Knowlton*
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

R.H. Jait Capt.

Date JUN 15 1919
O. C. Discharge Depot.

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

Date.....

The Royal Newfoundland Regiment

Class for Demobilization:

T
6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 13.6.19

Regimental No 4644

Name Dwyer Inf Rank Pte

Address Bell Island

Present Medical Category A1

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

Members of Board

R.H. Lat
O.C. Discharge Depot.

H. Peterson
Senior Medical Officer

S.W. Burden
— M. O. Depot

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.

M. Dwyer
Signature of Man.

Reg. No. 4644

J. P. Knowlton
Signature of the Vocational Officer or his Representative.

Place *St. Johns*

Date *14-6-19.* 191

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

MEDICAL HISTORY

Surname Dwyer OF Christian Name Michael

Table I.—GENERAL TABLE.

Birthplace:—Parish Bell Island County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>23rd</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191_____	
	at <u>St John's Nfld.</u>		at _____	
Declared Age	<u>20</u> years — days		years	days
Trade or Occupation	<u>Pumpman</u>			
Height	<u>5</u> feet <u>7$\frac{1}{4}$</u> inches		feet	inches
Weight	<u>134</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>36</u> inches			inches
	Range of Expansion... <u>3</u> inches			inches
Physical Development				
Vaccination Marks	Arm	<u>(line)</u>		
	Number			
When Vaccinated	<u>Three months ago</u>			
Vision	R.E.—V= <u>4/2</u>		R.E.—V= _____	
	L.E.—V= <u>6/12</u>		L.E.—V= _____	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>James O'Paradon</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St John's, Nfld.</u>		at _____	
	on <u>23rd</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191_____	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>The Royal Nfld. Regt.</u>			
		<u>4644</u>		
Transferred to				
Became non-effective by				
	on _____ day of _____ 191_____		on _____ day of _____ 191_____	
(Signature)				
(Rank)				

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 Signature
24-4-18	Vacc. 20
7-5-18	T.A.B. 29
17-5-18	to 28

It is hereby certified that this soldier has been before a Travelling Medical Board, and has been classified as 16 for Discharge on Demobilisation. Medical category MI

12.6.19
Date of T.M.B.

J. M. H.
Discharge Director, New Zealand

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

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4644 Rank _____

Name Louise M _____

Warned for demobilization on

JUN 14 19 71

BOND

HALF



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 *Surgt. Michael*

Regiment from which discharged *Royal Newfoundland*

Regimental number *644*

Intended address *Bell Isld*

Height on discharge *5* Feet *9*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Tall*

Christian name of Father *Joseph*

Christian name of Mother *Elizabeth*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Bell Isld 20 Aug. 1897.*

Nature and locality of civil employment required _____

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

(Soldier's signature in full) *Surgt. Michael*

Witness *[Signature]* (Rank) _____

Station *[Signature]*

Date *12-6-19*

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 (vi), or 431A, 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 F., 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 New Zealand Land* } Former Trade or Occupation } *Engineer*
2. Regtl. No. *4644* 3. Rank..... *file* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Buyer Michael*
(Surname) (Christian Names)
5. Age last birthday *21*.....
6. Posted for duty on *Apr 23/18* at *St. J. In.*.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.....
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *n.a.*

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.)

the complaint of no disability

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

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

Sept 10 1919
W. J. ...
Capt. ...

Station *Hazeley D Camp*

Medical Officer in charge of case.

Date *23. 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

Casualty Form - Active Service.

Regiment or Corps (4844) 271st ROYAL NEWFOUNDLAND REGT.

Rank Plt Surname Swyer Christian Name Michael

Religion N. C. Age on Enlistment 20 years 00 months

Enlisted (a) 23/4/18 Terms of Service (a) DURATION: 1 Service reckons from (a) 23/4/18

Date of promotion to present rank 1915 Date of appointment to lance rank 1915

Extended S Re-engaged J Qualification (b) Plt
or Corps Trade and rate Plt

Occupation Pumpman Signature of Officer J. W. G. [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported, on Army Form B.215, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.215, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ...	26 OCT 1918	
			Disembarked ...	3 NOV 1918	
	<u>BCuni.</u>	<u>Adm Hosp.</u>	Joined Battalion		
		<u>Arrived in UK</u>		<u>12/4/19</u>	<u>B.13</u>
				<u>93/4/19.</u>	

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered in the column headed "Terms of Service (a)".

Rest of kin

Father Joseph Swyer Bell Island Newfoundland.

4644

No. ~~4644~~ Name ~~R. J. ...~~ Sqn., Batty., or Company } B Corp ROYAL NEWFOUNDLAND REG. Date of enlistment } 23/4/1918 } 33 Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drink } Period not reckoning towards freedom from extra line } Sheet No. ~~100~~ Signature O.C. Company, etc. } J. O. M. ... } Character

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
Field	6/11/18	Pte.		Deficient of 1 Galo Badge 1 Table Knife 1 Field Dressing	C. J. ...	Pay for deficiency	8/11/18	C. J. ...	Pay for deficiency 11/11/18 Lt 5
	7/11/18			Absent from orderly room when duty was on.	W. B. Clarke	7 days Lt 6	8/11/18	"	Lt 5
P. ...	2/12/18			Deficient of 2 Goggles	C. J. ...	Admonished	27/12/18	C. J. ...	Pay for def...
	14/1/19			Deficient of 1 ...	C. J. ...	"	6/4/19	C. J. ...	2/5

Army Form B. 122

May 9, 1919

Mr. Jos. Dwyer,
BELL ISLAND.

Dear Sir:

With reference to your telegram
of May 1st. I beg to state that I have cabled
4644, Pte. Hl. Dwyer, 27.

Yours truly,

Lieut.
For Paymaster.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 45 Sent by Hand Rec'd by Hand Check ✓ No.

Place from Bell Island

To Minister Militia



Please cable 4644 Pte
 Michael Dwyer Seven
 pounds 11s call
 Money Order office for
 amount

Joseph Dwyer

ST. JOHN'S, June 16/19

Royal Newfoundland Regiment.

Billeting Account,

To Plt M Sawyer
Belle Isle

Billeting Soldiers as undermentioned

from 1-6-19 to 15-6-19

H644 Plt M Sawyer - 15.50

ACCOUNT

CH. NO.

IND. LEDGER

PAY LEDGER

GEN. LEDGER

INITIALS

INITIALS

INITIALS

B.M. Sawyer
23744

C.R.

Certified correct for \$ 15.50

A. McDonald
for *Billeting Officer.*

M. Sawyer

C.C.S.

Receipt for Army Book 64

No. *4644* Name *Dwyer*

To Certify that I have received the AB 64 of the above
named Soldier.

Date..... *July 21st 1950*

Place..... *Bell Island*

Name *Michael Sawyer*

U.S. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

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

Aug. 26 1921.

The accompanying Victory Medal and/or British War Medal

is/are forwarded herewith to:

Pte. Michael Dwyer

in respect of his service as No. 4644 Rank Pte.

Name Michael Dwyer Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received 1 Medal British War Medal

Signature Michael Dwyer

Date aug 28 1921

Address Michael Dwyer Belfast

[P.T.O.]

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6414 Rank Pvt. Name Dwyer, M.
 Date of Enlistment 23-4-18 Address Balders District St. John's
 Occupation Pumpman Classification for Discharge F Medical Category H.1.
 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
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 13-6-19 J. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation Michael Dwyer
int. Insurance

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied _____

Date 14-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 2754-2755 to his home at Bell, Ala and Release Certificate No. 2790 issued.

Date 14-6-19 J.A. Snowlight
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 14-6-19

Date 14-6-19 J.A. Snowlight
Depot Paymaster.

Discharge approved for 15-6-19
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 Ist	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 14-6-19 J.A. Snowlight
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to—
Officer in Charge Records,
Board of Pension Commissioners,
with following additional documents.

Eligible for War Service Gratitude

Date JUN 15 1919 R.H. Jait Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date June 4/19 J.A. Snowlight

