



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2399 Name J. S. Dyke Corps

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

1. What is your name? ..... 1. James Samuel Dyke
2. What is your full Address? ..... { Southern Bay B.B.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 19 Years ..... Months
5. What is your Trade or Calling? ..... 5. Fisherman
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. No
9. Are you willing to be enlisted for General Service? ..... } 9. No
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. No
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? ..... } II. Yes

**FOR THE DURATION OF THE WAR**  
Name .....  
Corps .....

I, J. S. Dyke 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.

..... SIGNATURE OF RECRUIT.

E. Quinn

R. P. Halloway Signature of Witness.

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

I, J. S. Dyke 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.....

on this 3 day of April 1916

Signature of Attesting Officer

R. P. Halloway

### †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.....1916

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).....





# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2399 Name C. S. Dyke Corps

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

- 1. What is your name? ..... I. Osace Samuel Dyke
- 2. What is your full Address? ..... { 2. Southern Bay B.B.
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 19 Years - Months
- 5. What is your Trade or Calling? ..... 5. Fisherman
- 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 .....
- II. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... } II. Yes

I, C. S. Dyke, 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.

Osace Dyke SIGNATURE OF RECRUIT.

E April 1st R.P. Hallaway Signature of Witness.

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

I, C. S. Dyke, 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.....

on this 3 day of April 1916 R.P. Hallaway Signature of Attesting Officer

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the.....

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

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

† 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).....







J.R.

2399

Extract from Nominal Roll of Mfld. Regt. Draft No.14  
from 2nd Bn. Depot, to 1st Bn. B.E .F. Embarked Southampton  
30-11-16.

2399 Pte. J.S. Byke.

C.P. 2399

Extract of Daily Orders part 11, from Unit 4th Battalion  
The Royal Newfoundland Regiment, Headquarters, dated  
February 6th, 1918.

#2399 Pte. I.S. Dyke.

Having been found Medically Unfit is discharged with  
effect from 5/2/18.

C.R. 2399

Extract from Roll Of Officers N.C.O's and Men Discharged from the  
Royal Inf. Rgt.

Regtl.No.	Rank	Name	Date	Reason.
2399	Pte.	Dyke I.S.	Feb2,1918.	Med.Unfit.



C.R. 2399

Extract from list of men of the Royal Newfoundland Regiment  
discharged on various dates.

2399 Pte. I. S. Dyke

Discharged Feb. 2nd 1918, medically unfit

C.R. 2399

Extract from Daily Orders Part II Unit The Royal  
NSIC, Regt., St. John's, Oct. 22 1917.

The following man has been recalled from Special Guard  
duty and reported at Headquarters on Oct. 16th, 1917.

2399 Pte. I. Dyke.

C.R. 2399

Extract from Daily Orders Part 11 Unit the Royal Nfld.  
Regt., St. John's, Oct. 6th, 1917.

2399 Pte. I.S. Dyke.

Transferred from H.Q.Ss to Cape Ray Patrol from Oct. 8th/17



C.R. 2399

Extract from Daily Orders para 11 Unit The Royal Field.  
Regt., St. John's, June, 8th, 1917.

Attached to Strength from Friday June, 1st.

2399 Pte. I.S. Dyke.

C.R. 2399

Extract of Casualties received from Pay & Record  
Office, London, dated May 14, 1917.

With reference to Casualty Report 1358

2399 Pte. S.J. Dyke.

will proceed from  
Ayr. to be repatriated 18/5/17. from Liverpool.

M

February 7, 1917.

Sir,

191

Dear

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that  
No. 2399, Private Isaac S. Dyke, has been admitted  
to Wandsworth suffering from pyrexia.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully.

Mr. Samuel Dyke,  
Lunatic Asylum.

Colonial Secretary.



C. 2399

Extract from Casualties received from P & R Office, London,  
feb.6th, 1917.

2399 Pte. Dyke,

Wandsworth, Pyrexia.

C.R. 2399

Excerpt from Maximal Hall Published St. John's for Overseas,  
per S.S. "Mallin" July 19, 1918.

2399 Pte. Dyke I,



2399

**DEPARTMENT OF MILITIA**  
**NEWFOUNDLAND REGIMENT**

P. O. BOX No 1242

TELEPHONE No. 361

CABLES AND TELEGRAMS TO  
"PAYDEPT."  
ST. JOHN'S, NEWFOUNDLAND

ALL COMMUNICATIONS TO BE  
ADDRESSED TO THE  
PAYMASTER

PAY DEPARTMENT

ST. JOHN'S, NEWFOUNDLAND.

August 31st. 1917. 191

Officer Commanding,  
Headquarters.

Dear Sir:-

Re No. 2399, Private I.S. Dyke.

This man has been squared up to and including  
the 15th. of August, and has an allotment current of  
60¢ per day.

Yours truly,

Lieut.  
Deputy Paymaster.



COPY.

February 1st. 1918.

From D.M.S.

To O. C. Depot.

2399 Pte. I.S. Dyke.

The marginally noted man has been recommended for discharge from the Naval and Convalescent Hospital and has been ordered to report to you for further orders, tomorrow, February 2nd., at 10 a.m.

Signed. Cluny MacPherson.

Major, D.M.S.

COPY.

February 5th. 1918.

The O. C.,  
Royal Newfoundland Regt.,  
Headquarters.

Sir,-

The undermentioned men have been discharged on the dates given.

Kindly note and Post in Daily Orders,  
Part 11.

I have the honour to be,

Sir

Your obedient Servant,

Signed. J.M. Howley,

Capt. & Paymaster &

Officer i/c Records.

JH/.

No. 432 Private. Whelan, Mch. Thos. Feb. 5th. 1918. Med. Unfit.

No. 2399 Private. Dyke, Issac, Samuel. do. do.

FEBRUARY 2nd.

8

From Adjutant,  
Depot.

To Paymaster and Officer i/c Records,  
Department of Militia.

2399 Pte. I. S. Dyke.

Above noted man was recommended for discharge from the Army as permanently unfit and discharge from Naval and Military Convalescent Hospital by Medical Board held on January 22nd. 1918. I am sending him herewith for your attention and necessary action, please. His account has been squared up to and including February 2nd. He has no allotment current.



July 26th. 1917.

From Major A. Montgomerie,  
Commanding Headquarters.  
To 2399, Pte. I.S. Dyke,  
Salvage Bay, B.B.

I have your communication of 21st. inst.

When you are ready to return from furlough  
present this letter to the Agent of the Reid Hfld. Coy..  
as authority to issue you with a pass covering passage  
and meals to St. John's.



**DEPARTMENT OF MILITIA**  
**1ST NEWFOUNDLAND REGIMENT**

P. O. BOX No 1242

TELEPHONE No. 361

CABLES AND TELEGRAMS TO  
"PAYDEPT."  
ST. JOHN'S, NEWFOUNDLAND

ALL COMMUNICATIONS TO BE  
ADDRESSED TO THE  
PAYMASTER

PAY DEPARTMENT

ST. JOHN'S, NEWFOUNDLAND.

September 25th, 1917 191

The Officer Commanding,

Headquarters.

re No. 2399 Pte. I. S. Dyke.  
Cancellation of Allotment.

Dear Sir:-

In accordance with the application of the above mentioned soldier, forwarded by you, his allotment will be discontinued from October 1st, 1917 inclusive.

Yours truly,

  
Lieut.  
D/Paymaster

For Capt. Edwards  
Attention please

Sawage Bay  
Bonavista Bay  
July 21 /17

Maj. Montgomerie Sir.

My time is getting runed up. am sending to you. to know what I am to do for a pass.

I have to take the powder go to Portlandford & take the train  
Please reply  
Yours Truly

23 99 R. W. J. S. Dykes.

---

Ans  
July 25



Reg. No. 2399 Rank Pfc. Name Lynke J.P.  
 Attested 1-4-16 Address Palmyra B. B.  
 Allotment \_\_\_\_\_ Allottee \_\_\_\_\_  
 Date of Allotment \_\_\_\_\_ Returned from Overseas \_\_\_\_\_  
 Embarked for Overseas \_\_\_\_\_ Cause \_\_\_\_\_

Sept	26	Allotment <sup>of 607</sup> cancelled from October 1 <sup>st</sup> /17.
"	18	Absent. Prejud. 11 P.M. 11.9.17 to 8 A.M. 13.9.17 Forfeit 3 days pay.
Oct.	6	One says C.P. using profane language while on duty
	8	Transferred to Cape Roy H.Q.
"	10	Rec 2 mos sus. 6-6-17.
"	13	Rec. L. Dty. 6-10-17.
	17	Recalled Special Guard duties Reported Nov. 16 <sup>th</sup> /17
Nov	9.	3 <sup>rd</sup> Board. Rec. adm to N & m Con Hosp
	14-11-17	Adm. N & m. Con. Hosp.

Reg. No. 2399. Rank Pte. Name Dyke. J.S.

Attested 1. 4. 16. Address Salvage. B.B.

Allotment \_\_\_\_\_ Allottee \_\_\_\_\_

Date of Allotment \_\_\_\_\_ Returned from Overseas \_\_\_\_\_

Embarked for Overseas \_\_\_\_\_ Cause \_\_\_\_\_

		granted leave from N & M. Hosp from 19-12/17
		to 29/12/17 by D.M.S.
22.1.18.	H# Board	Rec. as. as priv. unit &
		discharge from non. bow. Hosp.
22.2.18		sent to Paymaster for attention.
		Discharged with effect 5.2.18

C.R. 2399

Isaac S. Dyke

was attested for General Service with

the NEWFOUNDLAND CONTINGENT on

April 1st 1916.

Regimental No. 2399

was allotted to Pte I.S. Dyke.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919



Dyke Isaac

2399

Ray Dept

No 2399

Name Dyke J

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
May 30	By Pay 12 days @ 1 <sup>12</sup> / <sub>2</sub>			13 20	13 20
31	" " " " 1 <sup>12</sup> / <sub>2</sub>			1 85	15 05
June 30	" " 30 " 2 <sup>12</sup> / <sub>2</sub>			60 00	75 05
July 31	" " 31 " do			62 00	137 05
Aug 15	" " 15 " do			30 00	167 05
May 18	Balance due to P.M.				
June 1	To Pay		73		166 32
8	" "		15 00		151 32
	Hospital breakage		10 00		141 32
	3rd R.R. 1-4 1/2		33		140 99
May 31	To allotment 13 days @ do		7 80		133 19
June 30	" " 30 " "		18 00		151 19
July 31	" " 31 " "		18 60		169 79
Aug 15	" " 15 " "		9 00		178 79
14	To Pay		50 00		128 79
16	" "		37 59		91 20
31	By Pay 16 days @ 1 <sup>12</sup> / <sub>2</sub>			17 60	108 80
	To allotment		9 60		99 20
	To Pay		8 00		91 20
Sept 30	By Pay 30 days @ 1 <sup>10</sup> / <sub>2</sub>			33 00	33 00
	To Pay		16 00		17 00
	Stoppages		3 30		13 70
	To Pay allotment		18 00		14 30
Oct 31	By Pay 31 days @ 1 <sup>10</sup> / <sub>2</sub>			34 10	29 80
	To allotment		18 62		25 50
31	To Pay		4 30		21 20
	" "		19 80		1 40
	" "		5 70		1 40
Nov 30	By Pay 30 days @ 1 <sup>10</sup> / <sub>2</sub>			33 00	33 00
15	To Pay				16 00
30	" "		17 00		1 00
Dec 31	By Pay 31 days @ 1 <sup>10</sup> / <sub>2</sub>			34 10	34 10
	Sublet pay		2 20		31 90
	Equipment		1 60		30 30
	allotment		10 50		19 80
	To Pay		17 60		2 20
	" "		14 60		12 60
					12 60
			351	65	318 55
					12 80

Sig A. J. Looney

No 2399

Name Dyke J. S.

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
	Brought forward		331 65	318 85	12 80
Jan 31	By Pay 31 days @ 1 <sup>10</sup> / <sub>100</sub>			34 10	21 30
	To Pay		17 00		4 30
31	"		17 10		12 80
Feb 2	By Pay 2 days @ 1 <sup>10</sup> / <sub>100</sub>			2 20	15 00
	To Pay		2 20		12 80
5	By Pay 3 days @ 1 <sup>10</sup> / <sub>100</sub>			3 30	9 50
	Bonus			13 70	4 20
	clothing			25 00	29 20
	To Pay	3905	3 25		25 95
Feb 5	"	3904	38 75		12 80 Dr
	War Service Gratuity			280 00	267 20
	4 mos @ 70 <sup>00</sup> / <sub>100</sub>			20 00	287 20
	clothing				273 50
	Bonus		13 70		203 50
Mar 1	To Pay	10616	70 00		133 50
Apr 1	"	13560	70 00		113 50
Apr 19	"	16583	20 00		43 50
May 1	"	17639	70 00		12 80
June 1	"	21365	56 30		
			709 95	697 15	12 80 Dr

PAY LEDGER R. 72/100  
 Date 25-3-21 by all

Sig J. J. Looney ESM

Dr Balance # 12 80



Salvage Bay  
March 12<sup>th</sup> 1968

Capt. J.M. Hawley  
Dear Sir

I inform you  
that I havent got a  
discharge badge and sm one took  
my name and number to send me  
one would you kindly  
see that I get one  
and forward it as quick  
as you can  
Yours truly  
I S Dyke

St. John's, N. F.  
Feb. 7th, /18.

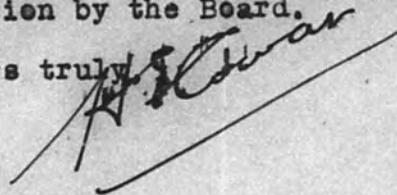
Capt. J. M. Howley,  
City.

Dear Sir:-

Yesterday morning I had an interview with Pte. Isaac Dyke, No 2399, who has been for about two and a half months at the Convalescent Home.

He approached me with the idea of arranging for some tuition starting, say, the first of March. Meantime he is hopeful of going back and visiting his people. So far as I can gather from him his education is very limited, and I have told him that in view of it, it does not seem to me wise for him to take up a course in typewriting. Meantime I suggested to him the advisability of making arrangements at home for a private tuition which would cost somewhere about \$5.00, for which the Board would be responsible, and to put in writing his wishes as regard the future for consideration by the Board.

Yours truly



200

St. John's,  
33 Grand St.  
Feb. 7<sup>th</sup> / 8

Capt. J. M. Howely,  
Dear Sir,

I was speaking to Mr. Brown yesterday about my schooling and he suggested I should express you about what I intend doing. As my education is not very much I should like you to put this before the next board for discussion. If you think my education is too small to go to school I should for you to try and get me some kind of employment.  
Yours truly,  
W. S. Dyer



Despatching  
Office  
Stamp

JOHN B. ...  
MAY 13 1872  
NEW YORK

No. \_\_\_\_\_

From \_\_\_\_\_

Registered Letter Addressed--

Mr Isaac S. Lyke  
Salvage Bay  
B.B.

Arrival  
Office  
Stamp

*[Handwritten signature]*

Received by \_\_\_\_\_

*A. M.*

NOTE.—This Form must be assorted up, each separately as a letter.

**DUPLICATE  
MAIL COPY**

STATEMENT OF ACCOUNT of No. 2599 Pte Dyke J. S.

Posted 24 MAY 1917

NEWFOUNDLAND CONTINGENT

(Substituting A.F.O. 1625). N.F.P 36.

Embarked per S.S. Metagama

From 25/12/16 To 18/5/17 (Dates inclusive).

From Liverpool Date 18/5/17

Classification (See Procedure).

Draft No. 56

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d		
	8	Forfeited Pay	1.10	7	7	70			1	Pay							
	9	Allotments							2	Field Allowances	1.00	147	147	00			
	10		60	147	88	20			3	Other Allowances	10	147	14	70			
	11/12	Total Stoppages							4/5	Total @ 4.86 2/3							
					95	90	19						161	76	33	4	7 1/2
	13	Fines							6a								
	14	Clothing & Necessaries															
	15	Arms & Accoutrements															
	16	Barrack Damages															
	17	Hospital Stoppages															
	17a	Miscellaneous Stoppages															
	19	Casual Payments															
	20	1st Payment															
	21	2nd " AcQ. Rolls France					2	18	10								
	22	3rd " P & R. O.					12	1	8								
	23	Final "															
	24	Balance Debit Last Period															
	28	" Due by Paymaster							27								
					36	16	6						36	16	6		

Gr. Bal. 22/12/16

This account is in accordance with information received at the Pay & Record Office to *W. Marshall* and is therefore subject to amendment if, and as may be found necessary.



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CERTIFIED CORRECT.  
NEWFOUNDLAND CONTINGENT.

Sgd F. W. Marshall, Lieut.

MASTER OFFICER IN CHARGE

O.S. " " Company.

CHECKED

Leut G. Dales

Dear Sir.

I wish to stop my allotment  
made out in favour of my Uncle, Edward Dyke.  
from October 1<sup>st</sup>/17

Sgd. 2399 P. D. S. Dyke

OK. Attesty J. C. COY.  
1st NEWFOUNDLAND REGIMENT,  
ST. JOHN'S, Nfld.

Cancelled from 1/17  
as per above

Please advise when this is cancelled.

Noted  
19/1/17



September 25th.1917

The Officer Commanding,  
Headquarters.

re No.2399 Pte.I.S.Dyke.  
Cancellation of Allotment.

Dear Sir:-

In accordance with the application of the above mentioned soldier,forwarded by you,his allotment will be discontinued from October 1st.1917 inclusive.

Yours truly,

Lieut.  
D/Paymaster

N.P.P./54.

No. 108.

From Pay & Record Office, London

To Minister of Militia, St. John's, <sup>n</sup>fld.

#~~2397~~ Pte. I.S?Dyke

# 2399

Hospita; breakage 3rd London General Hospital one  
Clinical Thermometer 1s.4½d

August 31st. 1917.

Officer Commanding,  
Headquarters.

Dear Sir:-

Re No. 2399. Private I.S. Dyke.

This man has been squared up to and including  
the 15th. of August, and has an allotment current of  
60¢ per day.

Yours truly,

Lieut.  
Deputy Paymaster.



Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 2399

Rank

Private

Name (surname first)

Dyke Isaac Samuel

Regiment

Newfoundland



1. State what special qualifications you have for employment in civil life.

Deep sea fishing  
about 4 years

2. State the name and address of your last, or any other employer before enlistment, etc.; the nature of employment and how long you were employed?

Mr. Charles Linton  
Deep sea fishing one year

3. What is the nature and locality of the employment you desire?

Deep sea fishing  
if possible

4. What is the name of your Approved Society?

None

5. Have you been employed whilst with the Colours? It so, in what capacity?

No

Date

10 April 1917

Signature

Isaac Samuel Dyke

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. .... of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

H.P.P. '54.

No.108.

From Pay & Record office London.

To Minister of Militia, St. John's, Nfld.

#2397 Pte. I S. Dyke

Hospital breakage Std Lon. Gen. Hosp. one Clinical Thermometer  
ls. 4½d.

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 *Isaac* ..... 2. Surname *Dyke* .....
3. Rank *Pte* ..... 4. Regtl. No. *2399* .....
5. Address in full to which future payments of gratuity are to be forwarded *Salvage Bay, BB* .....
6. Date of enlistment in the Regiment *Apr. 1/16* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *No* .....
8. Relationship of such dependents *—* .....
9. Address in full of such dependents *—* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No* .....
11. Were you on active service only in Hfld. If so, give dates and particulars of such service *Overseas* .....
12. Give total length of time which you served on active service, whether in Hfld. or Overseas *From Apr 1/16 to Feb. 15/18.* .....



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.

*Board allowance*

*Clothing allowance*

*\$25<sup>00</sup> x x*

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

*Yes*

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

*No*

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

*No*

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

*No*

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

19. Are you now serving in the Res? If not give - (a) Date of discharge

*Feb. 8/18*

*No*

(b) Reason for discharge

*Physical unfitness*

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 - Nov. 25/17 to Jan. 1917 - Somme.*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

*No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant:

*Isaac Dsh*

Place of Residence:

*Salvage Bay, D.B.*

Declared before me at:

*N. John Nfld*

This

*16th*

day of

*April*

19*.19...*

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

*John McCarthy*

POST DISCHARGE PAY.

Date paid Paid Soldier. Paid Dependent.

War Service Gratuity.

Net amount due

.....

*4 mos*

*\$280<sup>00</sup>*

.....

.....  
Certified correct.

.....  
Barrister

*2*

WWB/OR.

9660

Feb. 17, 1920,

To:- Major Howley,  
O.I.C. Pay and Records.

Capt. Murphy, Employment Officer.

Mr. C. McGrath) ) Accountants.  
Mr. G. Pomeroy ) )

Isaac Dyke, 2399

This is to certify that the man named  
above will complete his course on Feb. 28th.  
If an extension is in the meantime granted,  
I will notify you.

*W.W. Blackall.*  
Vocational Officer.



December 22nd 1919.

Major Howley  
O. I. C. Records

Please pay to I. S. Dyke, 2399  
the sum of eleven dollars and seventy cents  
in payment of arrears of allowance for 5 weeks ending Jan 3rd 1920  
and charge same to Civil Re-establishment Committee

\$11.70

Pension Nil

*C R C*

ACCT	<i>28023</i>	<i>File</i>
CH		
DATE		
BY		

*J*

*W W McCall*

.....  
Vocational Officer

*I S Dyke*

Oct 11th 1919

Major Howley  
O. I. C. Records

Please pay to I. S. Dyke, 2399  
the sum of two dollars and thirty three cents  
in payment of arrears of allowance for week ended this date  
and charge same to Civil Reestablishment Committee

\$2.33

Pension

\$10.00

*J. C. S.*  
*W. C. Marshall*

ACCOUNT	<i>14643</i>	<i>Law</i>
CH. NO.		INITIALS
IND. LEDGER		INITIALS
PAY LEAFLET		INITIALS
GEN. L.V. 33		INITIALS

Vocational Officer

*I. S. Dyke*

April 12th 1920

Major Howley  
O. I. C. Records

Please pay to I. S. Dyke, 2399  
the sum of sixty dollars  
in payment of P. & A. Bonus  
and charge same to Civil Re-establishment Committee

\$60.00

Pension Nil

*A. C. S.*  
*W. M. Medall*

Vocational Officer

ACCOUNT	
CHK NO. 34610	INITIALS <i>W. M.</i>
ISS. CHECKER	INIT. LB.
PAY LEDGER	INITIALS
GRN LEDGER	INIT. LB.

*I. S. Dyke*



Salvage Bay  
Bonavista Bay

2/18/1918

Mr. J. W. Howley

2399

Dear Sir

Yours of Feb 8<sup>th</sup> received today. I have removed from 35 young street to Salvage Bay. If there is anything you can do please forward by letter. As it is impossible to call at your office as I would like to do.

Yours Faithfully  
J. S. Dyke

FIRST NEWFOUNDLAND REGIMENT.  
V O U C H E R.

In Acct.with #2399 Pte. Isaac Dyke

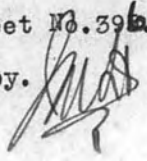
Voucher No. 31218.

Cheque No. 31218.

DATE	Req'n.No.	Particulars.	Amt.
June 7.	39 <sup>b</sup>	Pay on a/c	\$10.00

CERTIFICATION.

Recap. Sheet No. 39<sup>b</sup>

Checked by. 

  
PAYMASTER.

RECEIPT.

Received from the 1st. Newfoundland Regiment the sum of

Ten -----Dollars.

and -----Cents in payment as above stated.

June 1917.

\$10.00

Sig. 



FIRST NEWFOUNDLAND REGIMENT.  
V O U C H E R.

In Acct.with #2399 Pte. Isaac Dyke

Voucher No. 31218.

Cheque No. 31218.

DATE	Req'n.No.	Particulars.	Amt.
June 7.	39 <sup>b</sup>	Pay on a/c	\$10.00

CERTIFICATION.

Recap. Sheet No. 39<sup>b</sup>

Checked by. *[Signature]*

*[Signature: M. Bowley]*  
PAYMASTER.

RECEIPT.

Received from the 1st. Newfoundland Regiment the sum of

Ten -----Dollars.

and -----Cents in payment as above stated.

June 1917.

\$10.00

Sig. *[Signature: J. S. Dyke]*







No. ....



# 1st NEWFOUNDLAND REGIMENT

## VOUCHER

In Acct. with #2399 Pte. Isaac S. Dyke

Voucher No. 1247.

Cheque No. 1247.

Reg'l A/c No. ....

Name

C.B. Folio No. ....

Date	Req'n No.	Invoice No.	Particulars.	Amoun
Aug. 14	38		Pay on a/c	\$50 .
				\$50 00

### CERTIFICATON

Dissect<sup>o</sup> Sheet No. ....

Recap. Sheet No. 38

*J. M. Howley*  
PAYMASTER

Checked by

*C.C.O.*

### RECEIPT

August 14th, 1917.

## Received

from the 1st. NEWFOUNDLAND REGIMENT the sum of

~~Fifty~~-----

Dollars

and ----- Cents in Payment as above stated.

August 1917.

\$ 50.00

[Sig.]

*Isaac S. Dyke*  
mark

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 20<sup>00</sup>

Apr 19 19 19

Received from the *First Newfoundland Regiment*  
the sum of twenty <sup>00</sup> Dollars.  
~~on account~~ of Pay. *Clothing*

*Isaac Payne*

Ch. No. <u>16583</u>	Initials. <u>GP</u>
Pay Ledger <u>72</u>	Initials. <u>GP</u>
Gen. Ledger.....	Initials.....

Regtl. No. ....

Rank

*A.C.P.*



No. 2399

Rank

Pl

Name

Dyke J.S.

This man (J.S. Dyke)  
made an allotment  
but asked to have it  
destroyed. His wife is  
in town + he will make  
another when he knows  
what her address will  
be.

AD.

May 21/16



This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Isaac Samuel Dyke  
aged 19 yrs conducted at Lehigh  
Date: Feb 30/16 Recruiting Officer:

NO OF TEST	FINDING
1	No.
2	No.
3	No.
4	No.
5	No.
6	No.
7	Yes.
8	Yes.
9	No
10	No
11	No
12	No
13	Teeth to come out
14	No
15	No
16	No
17	No
18	No
19	6/6 Best
20	No
21	No
22	No
23	No
24	No
25	No
26	No
27	No
28	No
29	No
30	No
31	No
32	No
33	No
34	5 1/2"
35	12 3/4"
36	32 3/4"
37	12 1/2" mouth
38	Father
39	None

2399

Mr. Samuel Dyke. Inmate of Lehigh 6 yrs.

Dr

Signature of Medical Examiner: William Roberts



THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 408

Regt. No. 2399 Rank Pvt Name J. S. Dyke  
Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 11/12/19

Pensionable Disability Nil for \_\_\_\_\_ months

Pension Granted: Nil per month for \_\_\_\_\_ months

Total authorized amount \$ \_\_\_\_\_

or Gratuity Granted:

\$ \_\_\_\_\_ Payable in \_\_\_\_\_ equal monthly instalments

Granted to:

Name J. S. Dyke  
Address 42 Young St.

*W. A. Young*

Date case disposed of \_\_\_\_\_

Approved by:

Members of Board

McClay per Chairman

W. A. Young

*W. A. Young*  
*S. D. B.*

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *W. A. Young*

HAMM

WILL

SEVENTH BOARD

Form Z179 N.M.D.

## Report of Medical Board.

Station St. John's, Nfld. Date **DECEMBER 5TH., 1919.**  
 No. and Rank **2399 PRIVATE** Age **21** Height **5'3 1/2"**  
 Name **DYKE I. S.** Complexion **SALLOW**  
 Unit Royal Newfoundland Eyes **GREY** Hair **DARK BROWN**  
 Address **42 YOUNG STREET**  
 Former Trade **DEEP SEA FISHERMAN**  
 Enlisted at **ST. JOHN'S** On **3/4/16** (The Board will please note how the soldier's appearance corresponds with above description).  
 Disease or Disability Original **GASTRO ENTERITIS - RECURRENT HEMATURIA.**

Subsequent

Present Condition (Compare with previous Board)

*has passed any blood, feeling better, pulse 72  
 has had any pain since last report.*

**THE ENTIRE DISABILITY:** To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *wt*

**PENSIONABLE DISABILITY:** To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *wt*

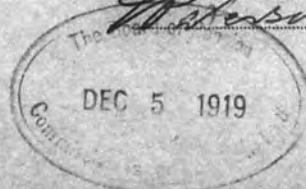
Recommendation of Medical Board

Members of Board

*Cluny Macpherson*  
*Li Col*

*H. S. Lee*  
*Woodley Capt.*  
*Macpherson Li Col*

Approving Medical Officer.



THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 408.

Regtl. No. 2399 Rank Plt Name J. S. Dyke

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 27 May 19

Pensionable disability 20% for Six months

Pension granted:

\$ 10<sup>00</sup> per month for Six months

or Gratuity granted:

\$          payable in          equal monthly insts.

Granted to:

Name J. S. Dyke

Address Salvage Bay

Date case disposed of JUN 6 - 1919

Approved by:

Members of Board

[Signature] Chairman

[Signature]

NOTED  
DATE 2/15/19  
INITIALS [Signature]

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

May 28th., 1919.

*K.S.F.*

From:- D. M. S.  
To :- B. P. C.

RECORD

2399, Pte. Dyke, I. S.

Please note that the marginally noted man was discharged from the Naval & Military Convalescent Hospital, May 28th., 1919.

CLUNY MACPHERSON,  
Major, D. M. S.

AMB.

Per *A.W.B.*

*Noted  
G.W.A.*

*5000  
26600  
50000  
30) 70000  
15000  
55000  
23.53*

408



**DEPARTMENT OF MILITIA**

**ST. JOHN'S, NEWFOUNDLAND**

May 15th., 1919.

From:- D. M. S.  
To :- B. P. C.

2399, Pte. Dyke, I. S.

Please note that the marginally noted man was admitted to the Naval & Military Convalescent Hospital May 15th., 1919.

CLUNY MACPHERSON,  
Major, D. M. S.  
Per *Q. W. B.*

AMB.

NOTED  
DATE *15/5/19*  
INITIALS *AP*



THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 1404

Regtl. No. 2399 Rank Pte Name J. S. Dyke

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Mar. 10<sup>th</sup> 1919

Pensionable disability 20% for 6 months

Pension granted: \$10<sup>00</sup> per month for 6 months

or Gratuity granted: Payable in equal monthly insts.

Granted to:

Name J. S. Dyke

Address Salvage Bay

B.B.  
MAR 31 1919

Date case disposed of

Approved by:

Members of Board

[Signature] Chairman

[Signature]

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# The Board of Pension Commissioners for Newfoundland

In replying please mention Date and

No. ....

All communications should be addressed to the  
DIRECTOR OF MEDICAL SERVICES,  
DEPARTMENT, OF MILITIA, NFLD.

St. John's, Nfld.,

January 22nd., 1919.

To:— John McDonald, Esq., M. D.,  
Salvage.

From:—The Board of Pension Commissioners for Nfld., St.  
John's, Nfld.

Sir:—

Name

2399, Pte. I. S. Dyke

The Board of Pension Commissioners requiring a report on the Pensioner named in the margin, kindly notify him to appear before you AS SOON AS POSSIBLE.

You will find a form on which to record your examinations on pages 2 and 3.

Address

Salvage Bay, B. E.

Pensioner will be notified to appear before you on whatever date you will find convenient.

If another Registered Medical Practitioner is in your neighbourhood, or likely to be there during the week, it is preferable that you should both examine the Pensioner at the same time, and both sign report.

The form when fully completed, signed and dated, is to be returned by the president of the Board of Medical Examiners to the undersigned.

If the pensioner neglects to present himself for examination within a reasonable period, you will please telegraph the fact to the undersigned.

If it is necessary for the pensioner to travel, in order to present himself for examination, bills for Transport should be certified by you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for such examination is One dollar (\$1.00) for each Doctor for each examination.

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

*Cluny Macpherson*

DIRECTOR OF MEDICAL SERVICES.

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER.

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

(If incomplete or imperfect, amplification or correction is required)

DESCRIPTION OF PENSIONER:—

Apparent age <sup>20</sup> on ..... Height <sup>5'3 1/2"</sup> ..... Colour of Eyes <sup>Grey</sup> .....  
 Complexion <sup>Sallow</sup> ..... Colour of Hair <sup>Dark Brown</sup> ..... Marks of Identification .....

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on ..... and other necessary information, follows:—

Condition of Pensioner:— June 6th., 1917. Urine now clear. No albumen. Cough is not constant but when he coughs considerable phlegm comes with the cough.

Condition August 14th., 1917. Complains of irritability of bladder - passing water frequently. General condition very good.

Condition November 9th., 1917. No albumen. Passes urine very frequently. Complains of pain in the back. Pulse 64.

Condition January 22nd., 1918. Test shows no sugar.

Disability:— GASTRO ENTERITIS - RECURRENT HAEMATURIA.

Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified.

The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR DISABILITY IS ESTIMATED.

MEDICAL REPORT.

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2? .....
- (2) Give a DEFINITE, DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

(Each disabling condition should be separately and conjointly estimated.)

*Urine clear except, no albumen, no Haematuria  
 when working, or walking much,  
 passes urine very frequently, with  
 pain points of pain; also complains  
 of back. Pulse 66*

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct? .....

*Subsidiary*

- (4) Will it materially increase or diminish? .....

- (5) Is the disability permanent? .....

- (6) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?

(Extent should be stated as TOTAL, 4-5, 3-5, 2-5, 1-5, or NOTHING.)

*4% at present*

- (7) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

*4% at present*

- (8) Would treatment reduce the prisoner's disability or increase his comfort? .....

*Yes*

- (9) If so, is pensioner willing to accept such treatment, and when? .....

*Yes, as opportunity*

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place *St. John's* *St. John's* President

Date *Nov. 20, 1919* *W. G. P. & G. M. & T. & C.*

Members



Pensioner's Signature *Deac Samuel Dyke*

Signature of Witness *J. V. Macdonald M.D. M.C. 27427*

CONTINUATION.

*Approved for 20%  
Clay Macpherson Major.*

*Cost might come on  
for treatment in Spring*



The answers to the following questions are to be filled in by the medical examiner.

- 8 (a) Has the pensioner married since last medical re-examination? *Yes*
- 8 (b) If so, is he receiving the additional allowance? .....
- 9 (a) Has a child been born to pensioner since last medical re-examination? .....
- 9 (b) If so, is he receiving the additional allowance? .....
- 10 If pensioner was married, has his wife died since last medical re-examination? .....
- 11 Have any of pensioner's children died since last medical re-examination? .....

Place *S. W. Cape*

Date *Mar 10 7.9.19* *J. V. Macdonald M.D. M.C. 27427* Medical Examiner.

Department of Militia

H O S

St. John's, Nfld., April 23/19 19    

Received of

DEPARTMENT OF MILITIA, Medical Dept. (Pensions),

the sum of One Dollar (\$1.00), in payment for services

rendered in connection with the ~~boarding~~ <sup>re-boarding</sup> of 2399 Pte. I. S. Dyke  
*Medical Examination*

at Salvage B. B.

Cheque No.....693.....

Initials .....

(Signature)

*John Macdonald*  
*Mt. St. John's*

408

Dec 15, 1919.

Dear Sir:-

I beg to advise you that the Medical Board that examined you has reported as to your condition, and has rated you as having no disability.

In view of this report you do not come within the class of those for whom Pensions or Gratuities are granted.

Yours faithfully,

C.C. Oke

ASST. Secy.

Per. *C.C.O.*

I.S. Dyke, Esq.,  
42 Young Street,  
City.



408

NOV 1 - 1919

Dear Sir:-

I beg to advise you that the enclosed cheque for \$9  $\frac{33}{22}$  is the balance due you to Nov 28<sup>th</sup> the date on which your pension expires.

You will be notified where and when to report for Medical examination to determine the continuance or otherwise of your pension, during the present month. If, however, you are not notified by the end of the present month, kindly communicate with me.

Yours faithfully,

*C. C. Oke*  
Asst. Secy.

March 24/19

From: - The B. P. C.  
To : - The Secy. S. M. B.

2399 Pte. Dyke.

With reference to the above mentioned man  
and your Memo of March 13th.

It was agreed that we stop <sup>his</sup> pension in  
the meantime.

Asst. Secy.

CCO/LED.

408

July. 24/19

I. S. Dyke, Esq.,  
Salvage Bay, B.B.

Dear Sir:-

Kindly report to Dr. John McDonald, Salvage, B. B.  
for re-examination, on whatever date he notifies you  
to appear,

Yours faithfully,

Asst. Secy.

The Board of Pension Commissioners  
for Nfld.

CCO/LBD.



2399

# BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

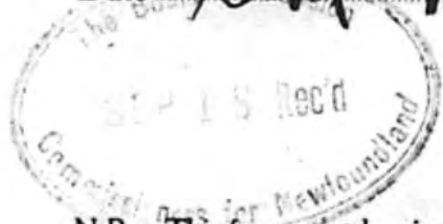
Form to be signed by pensioner on receipt of pension and returned to the Secretary  
of the Board

Received of *The Board of Pension Commissioners for Newfoundland*

the sum of *Eight* xx Dollars,  
<sub>100</sub>

being payment of pension or gratuity to *Oct 5/8.* \$ *8.00*  
<sub>100</sub>

Date *Sept 14 1908*



*D. D. Pyke* Signature of Pensioner  
*Lewis Squire, P.M.* Signature of Witness

N.B.—This form must be signed, and returned immediately on receipt, otherwise your next payment may be delayed.

Form B.P.C. 4

PENSION No. *408*



DEPARTMENT OF MILITIA

ST. JOHN'S Jan. 22nd. 1919  
NEWFOUNDLAND

From:- D. M. S.  
To:- B. P. C.

2399, Pte. Dyke, I. S.  
Salvage Bay, B. B.

The marginally noted man should report to Dr. John McDonald, Salvage, B. B. for re-examination, on whatever date the doctor notifies him to appear.

*Clive Macpherson*

Major, D. M. S.

AMB.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

March 13th., 1919.

~~408~~  
408

From:- D. M. S.  
To:- B. P. C.

2399, Pte. I. S. Dyke

The following telegram received from Dr. MacDonald, Salvage, with regard to the marginally noted man is forwarded for your information:

"2399 Pte. I. S. Dyke has not appeared have notified him."

*Clive Macpherson*

Major, D. M. S.

*Stop Pension*

*[Signature]*  
A.T.A.

*OK  
[Signature]*

*[Signature]*

AMB.

*Just  
not this  
old*



N.M.D. Form 98.

# The Board of Pension Commissioners for Newfoundland

In replying please mention Date and

No. ....

All communications should be addressed to the  
DIRECTOR OF MEDICAL SERVICES,  
DEPARTMENT OF MILITIA, NFLD.

St. John's, Nfld.,  
January 22nd., 1919.

To:— John McDonald Esq., M.D.  
Salvage.

From:—The Board of Pension Commissioners for Nfld., St.  
John's, Nfld.

408

Sir:—

Name

2399 Pte. I.S. Dyke.

The Board of Pension Commissioners requiring a report on the Pensioner named in the margin, kindly notify him to appear before you AS SOON AS POSSIBLE.

You will find a form on which to record your examinations on pages 2 and 3.

Pensioner will be notified to appear before you on whatever date you will find convenient.

Address

Salvage Bay, B.B.

If another Registered Medical Practitioner is in your neighbourhood, or likely to be there during the week, it is preferable that you should both examine the Pensioner at the same time, and both sign report.

The form when fully completed, signed and dated, is to be returned by the president of the Board of Medical Examiners to the undersigned.

If the pensioner neglects to present himself for examination within a reasonable period, you will please telegraph the fact to the undersigned.

If it is necessary for the pensioner to travel, in order to present himself for examination, bills for Transport should be certified by you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for such examination is One dollar (\$1.00) for each Doctor for each examination.

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

DIRECTOR OF MEDICAL SERVICES.

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER.

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

*(If incomplete or imperfect, amplification or correction is required)*

DESCRIPTION OF PENSIONER:—

Apparent age... 20 ..... on ..... Height. 5' 3 $\frac{1}{2}$ "... Colour of Eyes. GREY ....  
Complexion.. SALLOW..... Colour of Hair. DARK BROWN..... Marks of Identification  
.....  
.....

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on..... and other necessary information, follows:—

Condition of Pensioner:— June 6th., 1917. Urine now clear. No albumen. Cough is not constant but when he coughs considerable Phlegm comes with the cough.

Condition August 14th., 1917. Complains of irribability of bladder. passing water frequently. General condition very good.

Condition Nov. 9th., 1917. No. albumen. Passes Urine very frequently. Complains of Pain in the back. Pulse 64.

Condition January 22nd., 1918. Test shows no sugar.

Disability:— GASTRO ENTERITIS. RECURRENT HAEMATURIA.

Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified.

The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

**PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR  
DISABILITY IS ESTIMATED.**

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER.

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

*(If incomplete or imperfect, amplification or correction is required)*

DESCRIPTION OF PENSIONER:—

Apparent age... 20 ..... on ..... Height. 5' 3 $\frac{1}{2}$ "... Colour of Eyes. GREY ....

Complexion.. SALLOW..... Colour of Hair. DARK BROWN..... Marks of Identification

.....

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on..... and other necessary information, follows:—

Condition of Pensioner:— June 6th., 1917. Urine now clear. No albumen. Cough is not constant but when he coughs considerable Phlegm comes with the cough.

Condition August 14th., 1917. Complains of irribability of bladder. passing water frequently. General condition very good.

Condition Nov. 9th., 1917. No. albumen. Passes Urine very frequently. Complains of Pain in the back. Pulse 64.

Condition January 22nd., 1918. Test shows no sugar.

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Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified.

The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

**PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR DISABILITY IS ESTIMATED.**



MEDICAL REPORT.

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2?
(2) Give a DEFINITE, DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY.

(Each disabling condition should be separately and conjointly estimated.)

Urine clear Now. NO ALBUMEN NO HAEMATURIA. WHEN WORKING OR WALKING MUCH PASSES URINE VERY SLOWLY FREQUENTLY WITH PAIN POINT OF PENIS. ALSO COMPLAINS OF BACK. PULSE 66.

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct?

STATIONARY

- (4) Will it materially increase or diminish?

- (5) Is the disability permanent?

- (6) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?

(Extent should be stated as TOTAL, 4-5, 3-5, 2-5, 1-5, or NOTHING.)

4/5 at Present

- (7) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

4/5 at present

- (8) Would treatment reduce the prisoner's disability or increase his comfort?

YES

- (9) If so, is pensioner willing to accept such treatment, and when?

NOW 1ST. OPPORTUNITY.

If not, why?

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place TWILLINGATE J. McDONALD President

Date MARCH 11th 1919

Members

Pensioner's Signature..... **ISAAC SAMUEL DYKE**.....

Signature of Witness..... **JOHN McDONALD**.....

**CONTINUATION.**

**APPROVED FOR 20%**

**CLUNY MACPHERSON**

**MAJOR.**

**CASE MIGHT COME ON FOR TREATMENT IN SPRIN. C.M.**

The answers to the following questions are to be filled in by the medical examiner.

- 8 (a) Has the pensioner married since last medical re-examination? .. **NO** .....
- 8 (b) If so, is he receiving the additional allowance? .....
- 9 (a) Has a child been born to pensioner since last medical re-examination? .....
- 9 (b) If so, is he receiving the additional allowance? .....
- 10 If pensioner was married, has his wife died since last medical re-examination?  
.....
- 11 Have any of pensioner's children died since last medical re-examination?  
.....

Place **TWILLINGATE** .....

Date **MARCH 10TH. 1914.** .....

..... **JOHN MACDONALD** .....

Medical Examiner.

2299  
Quincy  
T. Quincy

Miss Leed  
Miss Ward

Salvage Bay  
Bonanuta Bay  
Dec 26<sup>th</sup>/18.

Mr H Parsons

Dear Sir  
I am sending to you  
asking you if you can find  
any sort of a job suitable  
as to my situation as I have been  
discharged from the army and  
for any more service and not  
being able to do any hard work  
home here I would like to get  
a job in town as I hear  
that there have been trades learned  
by returning soldiers of some  
kind if it could be done  
I would like to learn →

Engineering



plus these mistakes  
I remain yours  
J S Dyke



Feb. 1/13

J. S. Dyke, Esq.,  
Salvage Bay, B. B.

Dear Sir:-

I am sorry that I neglected replying to yours  
of December 26th before.

I am enclosing a pamphlet issued by the  
Re-Establishment Committee, which will give you  
the required information.

If you require employment in town, it will be wise  
for you to communicate with Dr. Blackall, Vocational  
Officer, who will put you on the right track.

Yours faithfully,

Secretary,  
Board of Pension Commissioners  
for Newfoundland.

CCO/LED.

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

**MEDICAL HISTORY**

OF  
 Christian Name

Surname

*Dyke* *Isaac Samuel*

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE		REGULAR ARMY.	
	on	day of	on	day of
Examined	31	March		191
	at	<i>Stoke Newington</i>	at	
Declared age	19	years		days
Trade or occupation				
Height	5	feet	4	inches
Weight			123	lbs.
Chest Measure- ment	Girth when fully expan- ded	34 1/2	inches	inches
		Range of expansion	2 1/2	inches
Physical development				
Vaccination marks	Right	Left	Right	Left
	Arm ...			
Number				
When vaccinated				
Vision	R.E. - V =	6/6	R.E. - V =	
	L.E. - V =	6/6	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)	<i>Isaac Samuel</i>			
(Rank)	Capt.			
	Medical Officer.			Medical Officer.
Enlisted	at	<i>Stoke Newington</i>	at	
	on	31 day of March	on	day of 191
Joined on enlistment	Corps		Corps	Regtl. No.
	<i>Med Regt. 2399</i>			
Transferred to				
Became non-effective by				
	on	day of	on	day of
(Signature)				
(Rank)				

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

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 <sup>rd</sup> London General Hospital Wandsworth, S.W.	11	2	17				Gastro-Enteritis Recurrent Rheumatism		<p>Board held - see overhead</p> <p>Disability - Gastro Enteritis - Recurrent Rheumatism                      Edema + dull. Albumen in urine                      Irregular rises of temperature, with abdominal pain + general malaise</p> <p>Cause - Exposure to infection on Active Service</p> <p>Total inability at present to earn a livelihood</p>	<p>J. Hagan Capl. R.A.M.C.</p> <p>3<sup>rd</sup> London General Hospital Wandsworth, S.W.</p>





*Certified True Copy*

Medical Report on an Invalid.



Station 3<sup>rd</sup> London General Hospital, Wandsworth, SW.

Date 13 April, 1917

1. Unit Newfoundland  
2. Regimental No. 2399  
3. Rank Plt.  
4. Name Dyke, I.S.

5. Age last birthday 18  
6. Enlisted { on 3 April, 1916  
at St John's, Nfld.  
7. Former Trade or Occupation { Deep Sea Fisherman

8. Disability.

Gastro Enteritis - Recurrent Haematuria

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Jan 1917  
10. Place of origin of disability. The Somme

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

While in the trenches on the Somme developed vomiting diarrhoea & abdominal pains, & went to the Scottish Hosp Rouen. In hospital since 2.2.17 & has had recurrent attacks of haematuria, with pain in the region of the left kidney. X-Ray picture negative. No tubercle bacilli found in the urine. A pleurisy also developed - in March but cleared up.

12. (a) Give your opinion as to the causation of the disability.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Exposure the result of Active Service

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

*Spleen & dull. Still albuminuria in the urine but no blood. Periodical rises of temperature with abdominal pain & general malaise. General condition poor.*

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

16. Was an operation performed? If so, what?

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*As Permanently Unfit*

*J. John Porter*  
Officer in medical charge of case.

*3rd London General Hospital*  
I have satisfied myself of the general accuracy of this report, and concur therewith,

*Waudsworth Sw.*  
Station *Waudsworth Sw.*  
Date *14 April 1917*  
Officer in charge of Hospital

\* 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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1163, Pay Warrant, 1913).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

*Active Service  
Exposure to Infection*

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

- (a) Intemperance?
- (b) Misconduct?

*No  
No*

22. Is the disability permanent?

*No*

23a. Is <sup>he</sup> fit for discharge from the service as an out-patient, and will he require out-patient treatment on discharge from Hospital?

*three Months*

*Yes Yes*

*well at present.*

In defining the extent of his inability to earn a livelihood, estimate it at 1, 1/2, 2, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Yes*

Signatures:—

*3rd London General Hospital*  
Station *Waudsworth Sw*  
Date *14 April 1917*  
*3rd London General Hospital*  
Station *Waudsworth*  
Date *14 April 1917*

*Sidney Martin Maj. R.A.M.C.*  
President.  
*R. Howard Esq.*  
Members.  
*C. J. Galpin Capt. R.A.M.C.*  
*Sidney Martin Maj. R.A.M.C.*  
Administrative Medical Officer.



13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

*Sale & dull. Still albumin  
in the urine, but no blood.  
Periodical rises of temperature with abdominal  
pain & general malaise.  
General condition poor.*

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

16. Was an operation performed? If so, what?

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*As Permanently Unfit*

*J. John Porter*  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

*Wanda*  
Station *Wandsworth Sw.*  
Date *14 April 1917*  
Officer in charge of Hospital.

\* 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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1163, Pay Warrant, 1913).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.  
(b) If due to one of these causes, to what specific conditions do the Board attribute it?

*Active Service  
Exposure to Infection*

21. Has the disability been aggravated by

- (a) Intemperance?
- (b) Misconduct?

*No*  
*No*

22. Is the disability permanent?

*No*

23. If not permanent, what is its probable minimum duration?  
to be stated in months.

*Twelve Months*

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*Total at present.*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$ , or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Yes*

Signatures:—

*3rd London General Hospital* *Sidney Martin Maj. R.A.M.C.* President.  
Station *Wandsworth Sw.* *R. Howard, Esq.*  
Date *14 April 1917* *C. J. Galpin, Capt. R.A.M.C.* Members.  
*3rd London General Hospital* *Sidney Martin Maj. R.A.M.C.*  
Station *Wandsworth* Administrative Medical Officer.  
Date *14 April 1917*

(On leaving Corps or Station where invalidated.)

Transfer { Date \_\_\_\_\_  
Station \_\_\_\_\_ }  
or  
Embark- { Date \_\_\_\_\_  
ation { Port \_\_\_\_\_ }  
Name of { Conveyance \_\_\_\_\_  
Vessel \_\_\_\_\_  
Officer in }  
medical charge } \_\_\_\_\_

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
Hospital or } \_\_\_\_\_  
Station } \_\_\_\_\_  
Officer in medical charge. \_\_\_\_\_

(At Station or Hospital where finally disposed of.)

Station and Hospital } \_\_\_\_\_  
Arrived from \_\_\_\_\_ Date \_\_\_\_\_

If admitted Date	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } \_\_\_\_\_

Administrative Medical Officer. \_\_\_\_\_

Army Form B. 179.

MEDICAL REPORT ON AN  
INVALID.

Station *1st*  
Corps *1st*  
Regimental No. *2399*  
Rank *1st Lt*  
Name *Walter A. J. S.*  
Disability *Walter A. J. S. General disability*  
Date *14. 4. 17*

Hospital or Station transferred to for final disposal }  
Date of final disposal }  
How finally disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.  
(21) (38579) W. 1698 4701 F. 15 W. B. & L.

**NEWFOUNDLAND.**  
**REPORT OF MEDICAL BOARD**  
**ON SOLDIER OR NAVAL RESERVIST RETURNED**  
**FROM OVERSEAS**

Station ST. JOHN'S NFLD. Date JUNE 6th., 1917.  
 No. 2399 Age 18 Height 5'3 $\frac{1}{2}$ "  
 Rank PRIVATE Complexion SALLOW  
 Name DYKE, I. S. Eyes GREY Hair DARK BROWN  
 Unit 1ST NEWFOUNDLAND  
 Address SALVAGE BAY, B. B. Former Trade DEEP SEA FISHERMAN  
 Enlisted at ST. JOHN'S NFLD. on APRIL 3rd., 1916.  
 Disease or disability GASTRO ENTERITIS - RECURRENT HAEMATURIA

Present condition

*Urine now clear. No albumen.  
 Cough is not constant but when he coughs, considerable  
 phlegm comes with the cough.*

Estimated disability

Recommendation of Medical Board

*2 months furlough*

Class

Members of Board

Approving Medical Officer.

*W. Fraser  
 L. Peterson  
 J. Sinclair  
 Chas. Macpherson,  
 Major.*





**NEWFOUNDLAND.**  
**REPORT OF MEDICAL BOARD**  
**ON SOLDIER OR NAVAL RESERVIST RETURNED**  
**FROM OVERSEAS**

Station ST. JOHN'S NFLD. Date AUGUST 14th., 1917.  
 No. 2399 Age 18<sup>9</sup> Height 5'3<sup>1</sup>/<sub>2</sub>"  
 Rank PRIVATE Complexion SALLOW  
 Name DYLE I. S. Eyes GREY Hair DARK BROWN  
 Unit 1ST NEWFOUNDLAND  
 Address SALVAGE BAY, B. B. Former Trade DEEP SEA FISHERMAN  
 Enlisted at ST. JOHN'S NFLD. on APRIL 3rd., 1916  
 Disease or disability GASTRO ENTERITIS - RECURRENT HAEMATURIA  
 Present condition

*Complain of irritability of bladder - passing  
 water frequently. General Condition very good*

Estimated disability

Recommendation of Medical Board

*Light duty*

Class

Members of Board

Approving Medical Officer.

*R. Fraser  
 Surgeon, Det  
 J. M. Duncan*

*Cluny Macpherson, Major*



**NEWFOUNDLAND.**  
**REPORT OF MEDICAL BOARD**  
**ON SOLDIER OR NAVAL RESERVIST RETURNED**  
**FROM OVERSEAS**

Station ST. JOHN'S NFLD. Date NOVEMBER 9th., 1917  
 No. 2399 Age 18 Height 5'3½"  
 Rank DYKE, I. S. Complexion SALLOW  
 Name PRIVATE Eyes GREY Hair DARK BROWN  
 Unit 1ST NEWFOUNDLAND  
 Address SALVAGE BAY, B. B. Former Trade FISHMAN  
 Enlisted at ST. JOHN'S NFLD. on APRIL 3rd., 1916

Disease or disability GASTRO ENTERITIS-RECURRENT HAEMATURIA

Present condition *no albumen. Passes urine very frequently. Complaints of pain in the back. Slight best*

Estimated disability

Recommendation of Medical Board

*To enter R.M. Serv. A.*

Class

Members of Board

*H. S. [unclear]  
 J. Sinclair, Dist  
 D. Paterson, Major*



Approving Medical Officer.

*Clay Macpherson, Major*  
 D. N. S. NEWFOUNDLAND.

## NEWFOUNDLAND.

REPORT OF MEDICAL BOARD  
ON SOLDIER OR NAVAL RESERVIST RETURNED  
FROM OVERSEAS

Station ST. JOHN'S NFLD. Date JANUARY 22<sup>nd.</sup>, 1918  
 No. 2399 Age 19 Height 5'3½"  
 Rank PRIVATE Complexion SALLOW  
 Name DYKE, I. S. Eyes GREY Hair DARK BROWN  
 Unit 1ST NEWFOUNDLAND  
 Address SALVAGE BAY, N. B. Former Trade FISHERMAN  
 Enlisted at ST. JOHN'S NFLD. on APRIL 3<sup>rd.</sup>, 1916

Disease or disability GASTRO ENTERITIS - RECURRENT HAEMATURIA

Present condition *Urine found of high sp. gr. and  
 test for sugar recommended.  
 Test shows no sugar, and the  
 following are the recommendations  
 of the board.*  
*Am.*

Estimated disability 20%.

Recommendation of Medical Board

*Discharge as permanently  
 unfit.*

Class

Members of Board

*H. Shaan  
 J. J. MacLean  
 J. P. Peterson*

Approving Medical Officer.

*Clay Macpherson, Major  
 D.M.S.*





Feb. 8th. 1918.

Pte. Isaac S. Dyke,  
35 Young Street,  
City.

Dear Sir:-

Referring to your letter of February, 7th.,  
please call at my Office, at your convenience,  
and oblige,

Yours faithfully,

Secretary,

P.&.D. Board.

REG'T No. 2399

RANK Private

H. Q. No.

SOLDIER'S NAME Dyke Isaac

BLOCK No.

DATE PENSION COMMENCES 1-7-19

ANNUAL RATE	PERIOD	MONTHLY RATE	EXPIRES	AMT. PAYABLE	AUTHORIZED AMOUNT	BY
\$120.	6	\$10.	28-11-19	\$49.33	\$49.33	hcb
\$ Nil ✓		Nil ✓				

PENSIONER'S NAME Dyke Isaac

WIFE'S NAME

CHILDREN'S NAMES

DEBITS

CREDIT

TOTAL PAYMENTS	DATE	PERIOD	DED.	ABSTRACT	CHEQUE		TOTAL AMOUNT PAID	AUTHORIZED AMOUNT	BALANCE DUE
					SERIES	No. MONTHLY PAYMENT			
	JUL	1 JUL			216	10.00	10.00 s	49.33 -	39.33 Cr
10.00	AUG	1 AUG			17.00	10.00	20.00 s	49.33 -	29.33 Cr
20.00	SEP	1 SEP			31.54	10.00	30.00 s	49.33 -	19.33 Cr
30.00	OCT	1 OCT			46.91	10.00	40.00 s	49.33 -	9.33 Cr
40.00	NOV	1 NOV			63.29	9.33	49.33 s	49.33 -	.00 Cr

L.S. Dyke.

C.R.

2399

P.R.O.



This space to be left blank for the Chelsea Number.



Army Form B. 268.



# Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>2399</u>	Army Rank <u>Private</u>
Name <u>Dejke Isaac Samuel</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>February 5<sup>th</sup> 1918</u>	
Place of discharge <u>St. John's, Nfld</u>	

1. Description at the time of discharge.

Age	years	months	Descriptive marks.	
19	5	3 1/2	<u>Old scars on right knee</u>	
Height	5	feet		
Chest measurement	girth when fully expanded			ins.
	range of expansion			ins.
Complexion	<u>fallow</u>			
Eyes	<u>grey</u>			
Hair	<u>Dark Brown</u>			
Trade	<u>Boatman</u>			
Intended place of residence	<u>Saloppe Bay</u>			
(To be given as fully as practicable)	<u>Charveta Bay Newfoundland</u>			

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Recurrent Haematuria Patrol Duties

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

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---

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

8-12-52  
AS  
Army Form B. 2088 has been issued to\*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate of education .....

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

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St John's N.S.D. J S Dyke (Signature of Soldier.)

(Date) Feb. 5<sup>th</sup> 1918 Chas. C. O'Connell (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

\_\_\_\_\_ (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " "

Total ... .. " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

---

*No Reservations!-*

*J. S. Dyke*

*Chas. C. Oke S. M.*



Army Form B. 103.

**Casualty Form—Active Service.**

Regimental Number C.R. 2399

Rank B/Pte Regiment or Corps 2/1 Newfoundland Regt Christian Name J. Issiac

Religion 6 of E Age on Enlistment 19 years 19 months.

Enlisted (a) 14 John Terms of Service (a) Duration Service reckons from (a) 1/4/16

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) \_\_\_\_\_  
or Corps Trade and Rate \_\_\_\_\_

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B. 213, 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. 213, Army Form A. 36, or other official documents
From whom received	Date				
<p>COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. M.F.P.30. NO. 2 DATED 2 MAY 1917</p>			Embarked ... <u>Shampton</u>		<u>30 NOV 1916</u>
			Disembarked <u>Rouen</u>		<u>16 DEC 1916</u> <u>1-DEC 1916</u>
<u>29 I.B.D.</u>		<u>Deprived 7 Days Pay Decaying C.O. Loren</u>	<u>Loren</u>	<u>10/12/16</u>	<u>61810.47B</u>
<u>Unit</u>		<u>Joined Battalion</u>	<u>France</u>	<u>12/2/16</u>	<u>B 213</u>
			<u>With BATT. 23. I. 17?</u>		
<u>Att. "Wairlda"</u>		<u>Invalided to England ex 11</u>	<u>Sty. A. Rouen</u>	<u>3/2/17</u>	<u>W 3083</u>
		<u>P.M.O.</u>			

*fm*

*Mr Burchell*  
**CAPTAIN.**  
Officer i/c No. 1 Regular Infantry Section  
General Headquarters, 2-1

(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.  
(b) Signaller, Shoeing-Smith, &c.  
(938) Wt. 15012/5153. 1,000,000. 1/16. P.P.Ltd. Forms/B.103/3. **[P.T.O.]**

**Casualty Form—Active Service.**



*Copy of true copy*

Regiment or Corps Newfoundland  
 Regimental No. 2399 Rank Pte Name Dyke Isaac  
 Enlisted (a) St. John's Terms of Service (a) Duration Service reckons from (a) 1.4.16  
 Date of promotion } \_\_\_\_\_ Date of appointment } \_\_\_\_\_ Numerical position on } \_\_\_\_\_  
 to present rank } \_\_\_\_\_ to lance rank } \_\_\_\_\_ roll of N.C.Os. } \_\_\_\_\_  
 Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Southampton		30.11.16	
		Disembarked Rouen		1.12.16	
	29 P.D. Unit	Deprived 7 Days Pay Decurring 8.16	Rouen	10.12.16	MS10. 47 B
		Joined Battalion	France	12.12.16	B 213
		With do		23.1.17	
		Inv. to England ex 11.11.16	Rouen	3.2.17	W 3083
		P. M. O.			

*M.S. Warilla*

*J. H. Burchell Capt.  
 for ofc No. 1 Regular Infantry Section  
 G.H.Q. 3rd Echelon*

(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.  
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Original

Army Form B. 179.

# Medical Report on an Invalid.

3rd London General Hospital

Station

WANDSWORTH, S.W.

Date

13/4/17



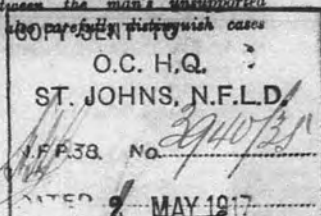
1. Unit 2/1 Newfoundland. 5. Age last birthday 18.  
 2. Regimental No. 2399. 6. Enlisted { on April 3<sup>rd</sup> 1916.  
 3. Rank Private at St John's, Nfld.  
 4. Name Dyke, I. S. 7. Former Trade ( Deep-sea Fisherman.  
 or Occupation (

### 8. Disability.

Gastro-enteritis - Recurrent Haematuria

### Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also refer to distinguish cases entirely due to venereal disease.



9. Date of origin of disability. Jan. 1917.  
 10. Place of origin of disability. The same.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

While in the trenches on the Somme developed bronchitis diarrhoea and abdominal pain - and went to the Scottish Hosp. Rouen in hospital since 2.2.17. and has had recurrent attacks of haematuria - with pain in the region of the left kidney. X-ray picture negative. No Tubercle bacilli found in the urine. Rt. pleurisy also developed - in transit but cleared up.

- 12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Supposed to result of Active Service



13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Pale & dull. Still anorexic in the urine. but no blood. Periodically has ~~an~~ rises of temperature with abdominal pain and general malaise. - General condition poor.

Pale & dull. Still anorexic in the urine. but no blood.

14. If the disability is an injury, was it caused

(a) In action? /

(b) On field service? /

(c) On duty? /

(d) Off duty? /

15. Was a Court of Inquiry held on the injury?

If so—(a) When? /

(b) Where? /

(c) Opinion? /

16. Was an operation performed? If so, what?

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Do you recommend

(a) Discharge as permanently unfit,

or

(b) Change to England? —

as permanently unfit

W. H. Roper Capt R.A.M.C.T.  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

except  
3rd London General Hospital,  
WANDSWORTH, S.W.

J. H. Bonce Col.

Station

Officer in charge of Hospital.

Date

14. 4. 17

..... Lt. Col. R.A.M.C.T.

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

Comd. 3rd London Gen. Hospital.

† Delete this word if no exceptions are to be made.

## Opinion of the Medical Board.

NOTE.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165 Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

*Active Service*

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

*Leprosy contracted*

21. Has the disability been aggravated by

(a) Intemperance?

*No*

(b) Misconduct?

*No*

(c) Any of the conditions mentioned

22. Is the

23. If not  
minimal

To be stated

23a. Is he fit for discharge from the service as an out-patient, and will he require out-patient treatment on discharge from hospital?

*Yes*

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*Not present*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total incapacity.

24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

*—*

25. If an operation was advised and declined, was the refusal unreasonable?

*—*

26. Do the Board recommend

(a) Discharge as permanently unfit, or

*Yes*

(b) Change to England?

Signatures:—

3rd London General Hospital,  
Station WANDSWORTH, S.W.

Date 14<sup>th</sup> April 1917

*Sir John ...* President.

*W.B. Howard* Members.

*Chas. Salpin* Members.

Approved.

3rd London General Hospital,  
Station WANDSWORTH, S.W.

Date 14<sup>th</sup> April 1917

*Sir John ...* Administrative Medical Officer.

## Opinion of the Medical Board.

**Notes.**—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165 Pay Warrant, 1913).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

*Active service*

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

*Exposure to climate*

21. Has the disability been aggravated by

(a) Intemperance?

*No*

(b) Misconduct?

*No*

(c) Any of the conditions mentioned in Question 20, and if so which?

*-*

22. Is the disability permanent?

*No*

23. If not permanent, what is its probable minimum duration?

*Twelve months*

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*Not at present.*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{2}{3}$ ,  $\frac{1}{3}$ , or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

*-*

25. If an operation was advised and declined, was the refusal unreasonable?

*-*

26. Do the Board recommend

(a) Discharge as permanently unfit, or

*Yes*

(b) Change to England?

Signatures:—

3rd London General Hospital,  
Station WANDSWORTH, S.W.

Date 14<sup>th</sup> April 1917

*Sushil Singh Raju Ramesh* President.

*P. B. Howard* C.S.

*Ch. Salpin* Capt. Ramesh

Members.

Approved.

3rd London General Hospital,  
Station WANDSWORTH, S.W.

Date 14<sup>th</sup> April 1917

*Sushil Singh Raju Ramesh*

Administrative Medical Officer.



(On leaving Corps or Station where invalided.)

Transfer { Date \_\_\_\_\_  
 or Station \_\_\_\_\_ } Name { Conveyance \_\_\_\_\_  
 of Vessel \_\_\_\_\_  
 Embark- { Date \_\_\_\_\_  
 ation Port \_\_\_\_\_ } Officer in }  
 medical charge \_\_\_\_\_

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
 Hospital or Station \_\_\_\_\_ } Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and }  
 Hospital }  
 Arrived from \_\_\_\_\_ Date \_\_\_\_\_

If admitted Date	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision }

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN  
 INVALID.

8716

Station *4yr*  
 Corps *21st New Brunswick*  
 Regimental No. *2399*  
 Rank *Plt.*  
 Name *Byrne J. S.*  
 Disability *Acute Syphilitic Neuritis*  
 Date *14. 4. 17*

Hospital or Station }  
 transferred to for }  
 final disposal }  
 Date of final }  
 disposal }  
 How finally }  
 disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.  
 (4736) W. 5830/2774, 800K 9/11 C. P. 144

### Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>2399</u>	Army Rank <u>Private</u>
Name <u>Duke Isaac Samuel</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1<sup>st</sup> Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
<small>COPY SENT TO D.C. HQ ST. JOHN'S, N.F.L.D. MAY 23. NO. 3940/20 DATED 2 MAY 1917</small>	
1.	Description at the time of discharge.
Age <u>18</u> years _____ months	Descriptive marks. <u>Old scar on right knee</u>
Height <u>5</u> feet <u>3 1/2</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Pallor</u>	
Eyes <u>Grey</u>	
Hair <u>Dark Brown</u>	
Trade <u>Deep Sea Fisherman</u>	
Intended place of residence { <u>Salvage Bay</u> <u>Bona Vista Bay</u> <u>Newfoundland</u>	
(To be given as fully as practicable)	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>Gastro Enteritis</u> <u>Recurrent Haematuria</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
To be filled in on the soldier quitting the Colours.	3. Military character :—
	4. Character awarded in accordance with King's Regulations :—
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

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

# MEDICAL HISTORY

Surname Dyke Christian Name Isaac Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>31<sup>st</sup></u> day of <u>March</u> 191 <u>6</u> at <u>St John's N.F.</u>		on _____ day of _____ 191 at _____	
Declared Age	<u>19</u> years — days		years days	
Trade or Occupation				
Height	<u>5</u> feet <u>4</u> inches		feet inches	
Weight	<u>123</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded... <u>34 1/2</u> inches		inches	
	Range of expansion... <u>2 1/2</u> inches		inches	
Physical Development				
Vaccination Marks	Arm		Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</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>L. Samuel Paterson</u>			
(Rank)	<u>Capt</u> Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's</u> on <u>25<sup>th</sup></u> day of <u>March</u> 191 <u>6</u>		at _____ on _____ day of _____ 191	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>1st West York</u>			
Transferred to	<u>2399</u>			
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

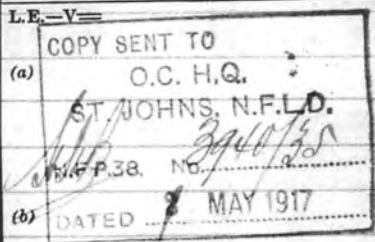




Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

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 further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital, WANDSWORTH, S.W.	4	2	17				Gastro-Enteritis Recurrent Haematuria		Board held - see overleaf. Disability - Gastro-Enteritis - Recurrent Haematuria. Pale & dull. Albumin in urine. Periodical Rises of temperature, with abdominal pain & general malaise. Cause - Exposure to infection on Active Service. Total inability at present to earn a livelihood.	N. Fegan C.M.D. 3rd London General Hospital, WANDSWORTH, S.W.



## 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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

**A Name in full** Dyke, Isaac, Samuel.  
**Regiment from which discharged** 41 Newfoundland.  
**Regimental Number** 2399  
**Where born (Parish, Town and County), and when** Salvage Bay, Bona Vista Bay, Sep. 16<sup>th</sup> 1898. (Nfld.)  
**Intended address** Salvage Bay, Bona Vista Bay, Nfld.  
**Height on discharge** 5 Feet 3 1/2 Inches  
**Colour of Hair on discharge** Dark Brown. **Colour of Eyes** Grey.  
**Descriptive marks** Old Scar on Rt. Knee. **Complexion** Pallow.  
**Figure on discharge** Medium  
**Christian name of Father** Samuel  
**Christian name of Mother** Susannah.  
**Wife's Maiden name in full** ✓  
**Date and Place of Marriage** ✓  
**Christian names of Children** ✓



**Nature and locality of civil employment desired** Fishing (deep-sea) if condition permits.  
 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. Samuel Dyke  
 (Soldier's Signature in full) Isaac Dyke (Rank) Sergeant  
 Station Wordsworth Date April 12<sup>th</sup> 1917

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.  
John J. ... Medical Officer i/c  
 Station WANDSWORTH, S.W. Date 12. 4. 17  
3rd London General Hospital,

	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
<b>B Period of Service and in what Corps ...</b>				India		
				S. Africa		
Disallowed ...						
Service towards Pension ...						
D. inclusive to which pay has been issued				Sum due on account of advance of pension )		
Sums due on account of public debts ...						

**Rank on Discharge**  
**Character (as on Certificate of discharge)**  
**Where born, and on what date**  
**Date and Place of first Enlistment**  
**Trade on Enlistment**  
**Cause of Discharge**  
**Number of G.C. Badges** **Medals**  
**Wounds, and Actions in which received**

**Other distinguishing marks**  
 I certify that the above details of service and other particulars are, to the best of my knowledge, correct.  
 Station \_\_\_\_\_ Officer in Charge  
 Date \_\_\_\_\_ Records.



# 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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

**A Name in full** Byke Isaac Samuel  
**Regiment from which discharged** Newfoundland  
**Regimental Number** 3399  
**Where born (Parish, Town and County), and when** Salvage Bay, S.B. Apr 16.9.1898  
**Intended address** Salvage Bay, Bonaville Bay Newfoundland  
**Height on discharge** 5 Feet 3 1/2 Inches  
**Colour of Hair on discharge** Dark Brown **Colour of Eyes** Grey  
**Descriptive marks** Old sea salt knee **Complexion** Sallow  
**Figure on discharge** Medium  
**Christian name of Father** Samuel  
**Christian name of Mother** Susannah  
**Wife's Maiden name in full** —  
**Date and Place of Marriage** —  
**Christian names of Children** —  
**Nature and locality of civil employment desired** Fishing (deep sea) if condition permit

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) Isaac Samuel Byke (Rank) Sgt.  
 Station Wandsworth S.W. Date 12 April 1917

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 Wandsworth S.W. Date 12 April 1917  
John Peyton Cap. R.A.M.C. Medical Officer i/c  
3rd London General Hospital.

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
					India	
				S. Africa		
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued	Sum due on account of advance of pension }					
Sums due on account of public debts ...	of advance of pension }					

**Rank on Discharge**  
**Character (as on Certificate of discharge)**  
**Where born, and on what date**  
**Date and Place of first Enlistment**  
**Trade on Enlistment**  
**Cause of Discharge**  
**Number of G.C. Badges**  
**Wounds, and Actions in which received**

**Medals**

**Other distinguishing marks**

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station \_\_\_\_\_ Officer in Charge  
 Date \_\_\_\_\_ Records.

**COPY**

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

**MEDICAL HISTORY**

OF

Surname

DYKE

Christian Name ISAAC SAMUEL

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.				REGULAR ARMY.			
	on	day of	191	at	on	day of	191	at
Examined	31	March	1916	St. John's, Nfld.				
Declared Age	19	years	days			years	days	
Trade or Occupation								
Height	5	feet	4	inches		feet		inches
Weight			123	lbs.				lbs.
Chest Measurement	Girth when fully expanded...			34½	inches			inches
	Range of Expansion..			2½	inches			inches
Physical Development								
Vaccination Marks	Right				Right			Left
	Left				Left			
When Vaccinated								
Vision	R.E.—V=	6/6			R.E.—V=			
	L.E.—V=	6/6			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)	(Sgd) LAMONT PATERSON							
(Rank)	CAPT Medical Officer.							
Enlisted	at	St. John's, Nfld.			at			
	on	31	day of	March	1916	on	day of	191
Joined on Enlistment	Corps.	1st Nfld.			Corps.			
	Regtl. No.	2399			Regtl. No.			
Transferred to								
Became non-effective by	on	day of	191	on	day of	191		
[Signature]								
[Rank]								





st in case of Warrant Officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of future use. In case of re-admissions to hospital will be shown. The subsequent progress, including particulars of discharge out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Board held - see overleaf

Disability - Gastro Enteritis - Recurrent

Haematuria Pale and dull. Albumen in Urine.

Periodical rises of temperature with abdominal pain and general malaise.

Cause - Exposure to infection on Active Service

Total inability at present to earn a livelihood.

(Sgd) H. FAGAN, CAPT. RAMCT  
3rd Lon. Gen. Hospital,  
Wandsworth, S. W.

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
30/6/16	1st. Inoculation (L.P.)
10/7/16	2nd Inoculation (L.P.)
22/9/16	3rd " Para T. (H.F.W.)
18/8/16	Successful vaccination (H.F.W.)
29/9/16	Fit for foreign service (H.F.W.)
10/11/16	Dental treatment complete (H.F.W.)
14/4/17	Board held
	Found - Permanently Unfit
	Board - Approved (Sgd) H. FAGAN, Capt., R. A. M. C. T 3RD LONDON GENERAL HOSPITAL WANDSWORTH, S. W.
6/6/17	Board held at St. John's Nfld.
	Found - 2 months furlough
14/8/17	Board held at St. John's, Nfld.
	Recommendation - Light Duty.

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

February 1st., 1918.

From:- D. M. S.

To:- O. C. Depot.

PRELIMINARY REPORT

At a Medical Board held on Tuesday January 22nd. the following were the findings:-

2399 Pte. Dyke, I. S.

Recommended Discharge as Permanently Unfit  
and discharge from N. & M. Con. Hospital.  
(4th Board)

*Cluny Macpherson*

Major, D. M. S.







3<sup>rd</sup> London General Hospital  
Wandsworth  
21.4.17.

Sir

Please pay Pte Dyke  
The sum of £1.~~00~~. (One Pound  
Ten Shillings) on allowance that  
is due to me

Yours respectfully

(M)

Paid.  
£ 1-10-0  
W.M.

No 2399 Pte J Dyke  
2<sup>nd</sup> Lt Newfoundland  
H. Tugon Caplan

Approved Registrar, R.A.M.C.T.  
3<sup>rd</sup> London General Hospital,  
Wandsworth, S.W.

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.



17th 14th Regiment.  
\*The Officer Commanding 17th 14th Contingent  
The Officer in Charge of Records 58 Victoria St  
The Regimental Paymaster 58 Victoria St

With reference to No. 2399 Pls Dyke S.S. of the above Regiment, who appeared before a Medical Board and was approved by

the ~~EDMS~~ Command, on the 14-4-17 for discharge from the Service as permanently unfit, please note that this man has been sent to his home on warrant with orders to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded to 58 Victoria St on [date] 5-5-17

\_\_\_\_\_  
Officer Commanding  
H. Jagan Hospital.

Place London  
Date 5th MAY 1917  
\_\_\_\_\_  
Registrar, R.A.M.C.T.  
3rd London General Hospital,

\* In case of Territorial Force " Officer Commanding the Administrative Centre. Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.



ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN  
EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

*to 10/11/17*

1<sup>st</sup> Infld. (Regiment).

No. 2399 Rank Pte., Name Dyke J.S.

is discharged from Hospital with orders to proceed to his ~~home~~

(Address 58 Victoria St.  
S.W.)

and there await further instructions as to his discharge from the  
Service.

Place Wandsworth H. Jago Officer Commanding,  
Capt. R.A.M.C.

Date 5/5/17

Registrar, R.A.M.C. Hospital.  
3rd London General Hospital  
WANDSWORTH, S.W.

2399 Pte Dyke J. S.

23/12/16

18/5/17

A.

Liverpool  
36

Metagama

18/5/17.

1.10 7 7 70  
60 147 88 20

1.00 147 147 00  
10 147 14 70

95 90 19 14 2

161 70 33 4 7½

===== Advances 2 2 0

Gr. Bal. 22/12/16 2 16 10½

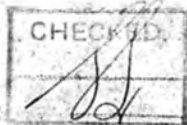
Ration Allowance 5/5/17-10/5/17 12 0

Acq. Rolls France 2 18 10  
P & R. O. 12 1 6

5 0

36 16 6

36 16 6



NEWFOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Regtl No. 2399 Rank Pte

Name Dyke J

Pay	P. Allow	Working	Total
1-	10		110
Less Allotment			60
Net Rate			50

Date	DEBITS	£	s	d	CREDITS	£	s	d
1917	Balance				Balance	22	11	10
	P.M. ADVANCES:				Pay & Net Rate:			
	A.B. 64.		1	6	33/12/17 to 5/5/17 = 134 days			
	Acquittance rolls	3	7	4	50 = \$ 67.00	14	15	4
	Hospital Advances	2	18	6	5/5/17 to 10/5/17 = 6 days			
	STOPPAGES:				2/0 = \$ Ration Allow	12	0	
	Hospital dys =	1	11	8	6/2/17 to 18/5/17 = 6 days			
	Forfeited Pay 7 dys				20 = \$ 300	18	4	7
	Miscellaneous					18	16	4
	Cables							
	P.&R.O. PAYMENTS:	4	12	6				
	Sundry Bills							
	Cash							
		12	14	6				
		5	10	0				
		15	4	6				
		15	10	0				
		15	15	6				

5/5/17  
Cash 8/5/17

W.P.M.



No. 2399 Name *Dyke David* Sqn., Batty., or Company } *Cb Corps 2/1 Wfld Regt.* Date of enlistment } *3-4-16* G.C. Badges } Service or Proficiency Pay }  
 Date of last entry in Company Conduct Sheet } *Clean* No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. *1* Signature O.C. Company, etc. } *J. H. ...* Character } *Good*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Peru</i>	<i>10/12/16</i>	<i>Pte</i>		<i>when on active service passing his clasp knife &amp; lanyard to a comrade on CO's inspection for purpose of deceiving commanding officer</i>	<i>SM Chamwell</i>	<i>Deprived of 7 days pay</i>	<i>10/12/16</i>	<i>1st Lt. ...</i>	<i>16</i>
				<i>To England 3/2/17.</i>				<i>Evacuated</i>	
								<i>17-2-17</i>	

Army Form B. 159

3rd London General HOSPITAL, at Wandsworth, S.W.

Affiliated to

NOMINAL ROLL of Sick and Wounded from the \* France Expeditionary Force  
 admitted on 4/2/17 from Hospital Ship Warilda Southampton  
 or  
 Here insert which Expeditionary Force. Dover.

The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases:

(a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.

(b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.

If a limb has been amputated the fact should be recorded.

NOTE.—These rolls should be forwarded direct to the War Office, Alexandra House, Kingsway, W.C., *not later than the day after admission*; envelopes to be marked C. 2, Casualties: rolls are not to be telegraphed in advance. The duplicate of the rolls should be sent to the Officer in charge of Records of the Colonial Contingent concerned.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of the sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty (See note in large type above).
2799	Pte.	Dyke, I.S.	1st Newfoundland	P.U.O.



(Sgd) H. Fagan, Capt. R.A.M.C.T.F.

**Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.**

No. 2379 Rank Private  
Dyke  
Name (surname first) James Samuel Dyke  
Regiment King's Own

1. State what special qualifications you have for employment in civil life.

*Deep sea fishing*

*about 4 years*

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
N.F.P.38. No. 3940/38  
DATED 2 MAY 1917



2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

*John Calverton Quinton one year  
Deep sea fishing*

3. What is the nature and locality of the employment you desire?

*Deep sea fishing if possible*

4. What is the name of your Approved Society? *None*

5. Have you been employed whilst with the Colours? If so, in what capacity?

*No*

Date 10 April 1917 Signature James Samuel Dyke

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. .... of 1916.

When the soldier, who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.



Notification by President of Medical Board of Approval of a Soldier's  
Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records 58 Victoria St. S.W.



The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date <sup>21</sup> 14 days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Dyke, Christian names Isaac Samuel  
(in full)

Regt. No. and Rank 2299 Pte. Regt. or Corps 2/1 Newfoundland  
(If T.F. this should be stated)

His address on discharge will be Savage Bay  
Bona Vista Bay Newfoundland

This information is for the Central Army Pension Issue Office only.

The Soldier states that\* no allowance is being issued in respect of him.

\*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

3rd London General Hospital,  
WANDSWORTH, S.W.

Station \_\_\_\_\_

Date 14. 4. 17

*Isaac Samuel Dyke*  
President of Board  
(Approving Officer).

President of Board  
(Approving Officer).

A set of three forms will be made out for each soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

3rd London General Hospital,  
Wandsworth, S.W.

10/4/17.

From, O.C. 3rd London General Hospital.

To, O.C. Records,

58 Victoria St. S.W.



In conformity with instructions contained in A.O. 11/16 No. 2069 of 1916., I beg to report that:-

2399 Plt. I. S. Dyke. 2/1 Newfoundland

will shortly be brought before a Medical Board, and will probably be discharged from the Army or reclassified.

Duplicate documents will not be required, please.

A large, stylized handwritten signature in dark ink, appearing to be "H. Jagan".

H. Jagan  
Capt. R.A.M.C.(F)

3rd London General Hosp  
WANDSWORTH, S.W.





Civil Re-Establishment Committee.  
( DEPARTMENT OF MILITIA. )

FORM R  
16-11-19-300

~~DECEMBER 23, 1919~~

MAJOR HOWLEY

Officer in Charge of Pay and Records.

DEC 20 '19

Please pay to I. S. Dyke, 2399  
the sum of twenty three dollars and thirty two cents  
in payment of allowance for two weeks ended January 3rd., 1920.  
in connection with re-education.

\$23.32

Pension Monthly \$10.00

Wages Monthly

ACCOUNT	
CH. NO.	24717
INITIALS	<i>How</i>
DATE	
PAY	
BY	

*Howley*  
VOCATIONAL OFFICER.

*I. S. Dyke*



**3 1ST. NEWFOUNDLAND REGIMENT 4**

**ALLOTMENTS**

I, Isaac S. Byke, Regl. No. 2399

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and 60 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 1<sup>st</sup>

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2584</u>	<u>Uncle</u>	<u>Ed. Byke</u>	<u>Salvage Bay B.B.</u>	<u>60</u>
<i>Approved 1/7/16</i>				
Total Allotment, \$				

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.) Chas. H. Aye Capt.  
Officer Commanding  
A. Company  
St John's  
July 4<sup>th</sup> 1916

(Sig.) Isaac Dignel  
(Rank) Private

36



ROYAL NEWFOUNDLAND REGIMENT  
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

FEBRUARY 2nd. 1918

From Adjutant,  
Depot.

To Paymaster and Officer i/c Records,  
Department of Militia.

Feb. 5

2399 Pte. I.S. Dyke.

Above noted man was recommended for discharge from the Army as permanently unfit and discharge from Naval and Military Convalescent Hospital by Medical Board held on January 22nd. 1918. I am sending him herewith for your attention and necessary action, please. His account has been squared up to and including February 2nd. He has no allotment current.

Adjutant  
Depot, First Newfoundland Regiment,  
St. John's, Nfld.

OK.  
b.b.c.



**NEWFOUNDLAND CONTINGENT**

(Substituting A.F.O. 1625). N.F.P. 36.

STATEMENT of ACCOUNT of No. 2399 Pte Dyke J. S.

Embarked per S.S. Metagama

Company. From 23/12/16 To 18/5/17 (Dates inclusive).

From Liverpool Date 18/5/17.

Classification (See Procedure). A.

Draft No. 36

52.

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d
	8	Forfeited Pay	1.10	7	7	70			1	Pay	1.00	147	147	00	
	9	Allotments	60	147	88	20			2	Field Allowances	10	147	14	70	
	10								3	Other Allowances					
	11/12	Total Stoppages			95	90	19	14	4/5	Total @ 4.86 2/3					
													161	70	33
	13	Fines							6a						4
	14	Clothing & Necessaries													7 1/2
	15	Arms & Accoutrements													
	16	Barrack Damages								Cr. Bal. 22/12/16				2	16
	17	Hospital Stoppages Advances			2	2	0			Ration Allowance 5/5/17-10/5/17					12
	17a	Miscellaneous Stoppages								This account is in accordance with information received at the Pay & Record Office to <i>M/S/J</i> and is therefore subject to amendment if, and as may be found necessary.					0
	19	Casual Payments													
	20	1st Payment Acq. Rolls France			2	18	10								
	21	2nd " P & R. O.			12	1	6								
	22	3rd "													
	23	Final "													
	24	Balance Debit Last Period													
	28	" Due by Paymaster							27	Balance Due to Paymaster					3
					36	16	6								6



191

CERTIFIED CORRECT.  
NEWFOUNDLAND CONTINGENT.

*A. F. H. Marshall*  
PAYMASTER & OFFICER IN CHARGE  
O.S. " " Company.

NEWFOUNDLAND CONTINGENT

(Substituting A.F.O. 1825). N.F.P. 36.

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	8	Forfeited Pay	1.10	7	7	70			1	Pay	1.00	147	147	00	
	9	Allotments	60	147	88	20			2	Field Allowances	10	147	14	70	
	10								3	Other Allowances					
	11/12	Total Stoppages			95	90	19	14	2	4/5	Total @ 4.86 2/3				
													161	70	33
	13	Fines							6a						
	14	Clothing & Necessaries													
	15	Arms & Accoutrements													
	16	Barrack Damages													
	17	Hospital <del>Stoppages</del> Advances													
	17a	Miscellaneous Stoppages													
	19	Casual Payments													
	20	1st Payment Acq. Rolls Fran													
	21	2nd " P & R. O.													
	22	3rd "													
	23	Final "													
	24	Balance Debit Last Period													
	28	" Due by Paymaster													
					36	16	6								
									27	Balance Due to Paymaster					3 0
															36 16 6

Or. Bal. 22/12/16

Allowance 5/5/17-10/5/17



CERTIFIED CORRECT.  
NEWFOUNDLAND CONTINGENT.

*J. H. Marshall*  
PAYMASTER & OFFICER IN CHARGE  
O.S. " " Company.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. F. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
[204] W5017/2124 1000m 6/150s 53 58

Forms  
B. 121  
20.

Regiment of 1<sup>st</sup> Newfoundland

Number of Sheet One  
Signature of O. C. Company W. St. Rendell  
*Major*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>2399 Duke I.S.</u>	Age on	<u>19</u> years <u>11</u> months	<u>Fisherman</u>	
Joined	<u>1 Sept 15/16</u>	Place and Date of Enlistment	<u>St. John's Apr 1/16</u>	Religion	
Joined	Date	Period of	<u>13<sup>11</sup> years</u> <u>3<sup>65</sup> years</u>	Place of Birth	
Joined	Date			<u>Southern Bay</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>Apr.</u>	<u>3/8/16</u>	<u>Pte</u>		<u>Late for 6.30 A.M. Parade</u>	<u>Serjt. South</u>	<u>3 days C. B.</u>	<u>4/8/16</u>	<u>W. St. Rendell, Major</u>	<u>A.P.H.</u>
				<u>Medically Unfit</u>	<u>5</u>	<u>2</u>			

COPY SENT TO  
O.C. H.Q.  
ST. JOHN'S, N.F.L.D.  
3940/50  
M.F. 2

To be carried over

Army Form B. 121.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Grimth & Sons Ltd., Printers, Old Bailey, E.C. 4.  
 (1092) W1956/M489 500m @/16x6 ea 56

Forms  
B. 121  
40.

Regiment of *Newfoundland*

Signature of O. C. Company

Number of Sheet *One*  
*W. A. Leavelle*  
*Major*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<i>2374</i>	Age on	19	<i>Fisherman</i>		
Year	<i>1916</i>	years		Religion		
Month	<i>Sept</i>	months		<i>Cof. E.</i>		
Date	<i>4.8.16</i>	Place and Date of Enlistment	<i>St John's 7.11.16</i>	Place of Birth		
		Period of		<i>Southern Bay Bk</i>		
Joined	Date	with Colours	years.			
Joined	Date	with Reserve	years.			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Apr</i>	<i>18.16</i>	<i>Pte.</i>		<i>Late for 6.30. AM. Parade</i>	<i>Sp Booth</i>	<i>3 Days CB.</i>	<i>4.8.16</i>	<i>W. A. Leavelle Major</i>	<i>A.P.S.</i>
<i>St John's</i>	<i>29.9.17</i>	<i>Pte.</i>		<i>Disobeying an Order Insolence to an NCO</i>	<i>1 Sgt Cleary</i>	<i>2 Weeks CB.</i>	<i>29.9.17</i>	<i>J. G. Hardy Capt</i>	<i>AS</i>

To be carried over

Army Form B. 121.

C.R. 2399  
2512

Oct. 14th, 1921

Isaac G. Dyke  
Sandy Cove,  
B.B.

Dear Sir:-

Reference your letter of Oct. 7th  
and enclosed rejection certificate, I have to state  
for your information that at the time you offered for  
enlistment in the Royal Newfoundland Regiment, Rejection  
Badges ceased to be issued, and Certificates issued instead,  
I am returning your Certificate herewith, please.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer

C.R. 2399

Sandy Cove B B  
Oct 7<sup>th</sup> 21

Gentlemen

In closed please  
a paper to show I enlisted  
on April 28<sup>th</sup> 1916 in Royal  
Nfld. Regiment but was rejected  
but I have a badge  
I ask you please to see  
into the matter and give me  
something to wear to show  
I tried to do my part  
but failed to pass it  
makes difference in getting  
work in some places

Please grant my  
request & I will  
Isaac B. Dyke  
Please return papers  
again



C.R. 2399

Sept. 23rd, 1921

Mr. Lewis Squires,  
Post Master  
Eastport

Dear Sir:-

Reference your letter of 16th Sept.  
advising that registered roll addressed to Ex-Pte. J.S.  
Dyke, Salvage Bay is lying in your office undelivered,  
I shall be glad if you will return the roll to this  
Department and oblige

Yours faithfully,

Lieut.-Col.,  
Chief Staff Officer

DEPARTMENT OF VETERANS AFFAIRS

Ottawa Ont

To **Copy for H.O. FILE**

Date Nov 8/63

Attention of

Dept. of Veterans Affairs  
War Services Section

Referred to \_\_\_\_\_  
Changed to \_\_\_\_\_

NAME **DYKE, Isaac S.** NOV 12 1963 SERVICE **2399 ROY. Nfld** C.P.C. No. **261165**  
NUMBER REGT. **WW1** W.V.A. No. **222368**

NAVY  
ARMY **X**  
R.C.A.F.

The DEPARTMENT has received information from

S.P.M.E. St. John's Nfld, Nov 4/63

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Nov 1/63  
Cause of Death \_\_\_\_\_  
Place of Death Veterans Pavilion,

Name and Address of next of kin (if known) \_\_\_\_\_

Copies to: W.S.R.  
V. I.  
NAVY  
REG.  
H.O.

} Destroy form if advice of death already received.

*E.C. Richards*

for  
Chief, Central Registry