



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5490 Name John Dyke Corps Medth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------------|
| 1. What is your name? | 1. <u>John Dyke</u> |
| 2. What is your full Address? | 2. <u>Safety B.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps <u>Medth</u> |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes.</u> |

I, John 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

27/5/18 John Dyke SIGNATURE OF RECRUIT.
Pte R. Power SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John 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 John's on this 27 day of May 1918.
Signature of Attesting Officer R. Dicks

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 1918 }
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

5790

Name John Dyke
 Apparent age 20 years 0 months. Height 5 feet 4/4 inches
 Chest Measurement { Girth when fully expanded 35 inches
 { Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Dyke
Safe H. I. | Relationship Father.
B.B. Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates		Service not allowed to reckon for fixing the rate of pension	Service in Rec. serve not allowed to reckon towards G. C. Pay	Signature of Officers certifying correctness of entries
				Years	Days			
Service towards actual engagement reckons from <u>27-5-18</u>								
Joined at <u>St. John's</u> on <u>Monday 27-9-18</u>								
<u>Discharged August 4 1919</u>								
<u>Embarked St. John's S.S. Co. Sable to Halifax N.S. 22-7-18</u>								
<u>Wife for demobilization 24-6-1919</u>								
<u>Arrived Newfoundland 1-7-1919</u>								
<u>Demobilization St. John's 4-8-1919</u>								
Total Service forfeited as above.....								

Total Service towards Engagement to 4-8-1919 (date of discharge) 1 years 70 days
 " " Pensions " " " " " " " " " " " "

C.R. 5490

Extract from Daily Orders Part II Royal Newfoundland
Regt. Depot St. John's dated 4-8-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c records from noted date
4-8-19.

5490, Pte. John Dyke.

C.R. 5490

Extract from daily orders Part II Royal
Newfoundland Regiment dated July 11th 1919.
Depot St. John's.

The discharge of the unit noted on demob-
ilisation has been APPROVED by O.C. discharge
depot with effect from 21/7/19.

5490, Pte. John Dyke.

C.R. 5490

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.
St. John's, July 2nd, 1919.

5490 Pts. J. Dyke.

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

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.

C.R. 5490

Extract from Daily Orders by Major H.S. Sullivan,
Commanding Newfoundland Forestry Companies. 6-12-18.

The undermentioned having reported for duty
from 2nd Bn. Royal Rif. Regt. is attached to the
strength for rotation from this date, and posted to
"C" Company.

5490 Pte. J. Dyke.

C.R. 5490

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

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

#5490 Pte. John Dyke.

C.R. 5490

Extract from Daily Orders part 11, from Unit The Royal
N Nfld. Regt. St. John's, dated May 29, 1918

#5490 Pte. J. Dyke.

Attested for General Service with the Royal Nfld. Regt.
from May 27, 1918

J. Dyke

C.R. 5490

Argo

No 4765



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Dyke, Regl. No. 5490 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz :

Allotment begins July 1st

Table with 4 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 4390, Father, Mr John Dyke, Supt Harbour M, 50. Total Allotment, \$ 50.

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

Sig.) [Signature]
Officer Commanding
E. Company

() [Signature]
(Rank) N/A

John Dyke
June 13th 191

No. 6236/909

N.F.F. / 190.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

23rd April 1919

April 29th 1919

5490 Pte. Dyke J.

With reference to the following telegram from the Minister of Militia / / (148)

"Pay to- 5490 Dyke

£4. 0. 0.

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

Receipt hereunder.

J. Seymour LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £4, 0, 0.

Four pounds in respect of telegraphic remittance from the Minister of Militia.

J. H. Mansfield
Chief Paymaster & O. i/c Records

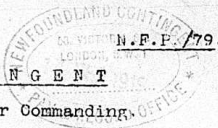
J. Dyke
No. 5490 Rank RW
Witness Jes Perry

No. 2235/328.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.
Winchester.



P.D. 067 111
~~10th February 1919~~
~~5.90. Pte Dyke. J.~~

With reference to the following telegram from the Minister of Militia / / (7)

"Pay to 5.90. Dyke.

£7.0.0.

Cheque £7.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

R.D. Minard Maj
Chief Paymaster & O. i/c Records.

Feb 13 / 1919

Receipt hereunder.

Okant LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £7.0.0
Seven Pounds. in respect of

telegraphic remittance from the Minister of Militia.

J. Dyke. (G.W.P.)
No. *5190* Rank *Pte*

Witness

Cpt R. J. Mercer

c

Dyke, John

5490

Hay, Joseph

August 11, 1919

Mr. John Dyke,
Safe Harbor, B.S.

Dear Sir:-

referring to your application I enclose cheque for
seventy dollars (\$70.00), being amount of first payment due
you on account of the war service Gratuity.

Yours truly,

Captain & Paymaster.

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 20th, 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..... *John* 2. Surname..... *Dyke*

3. Rank..... *Pte* 4. Regt. No..... *5490*

5. Address in full to which future payments of gratuity are to be forwarded..... *Safe No. B.B.*

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

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 dependants..... *No*

9. Address in full of such dependants..... *No*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*

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

12. Give total length of time which you served on active service, whether in field or Overseas..... *1 year 1 month*

..... 1.2

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.

..... *No*

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

..... *No*

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

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

..... *No*

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

..... *No*

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

19. Are you now serving in the Res.? *No* If not give: (a) Date of discharge.

July 7/19 (b) Reason for discharge. *Demot*

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

..... *No say said only*

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:

Place of Residence:

Declared before me at:

This

day of

1949....

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....

Certified correct.

Daymaster

August 4th 1919.

#5490, Pte. John Dyke,
Safe Harbor, Bonavista.

Dear Sir:

Enclosed please find Discharge Certificate
3311.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

Class for Demobilization

E
6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 4.7.19

Regimental No. 5490.....

Name By Ke: John Pte.

Address Safe Hs. B. B.

Present Medical Category A7

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

Members of Board

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

.....
Senior Medical Officer

.....
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5490 Rank Private Name John Dyke
 Date of Enlistment 27-2-18 Address St. John's District St. John's
 Occupation Fisherman Classification for Discharge F1 Medical Category F11
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 4-7-19 O. C. Discharge Depot. William H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am mi Fisherman in a position to resume civilian occupation John Dyke

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$1.25
 (b) Clothing Supplied _____

Date 7-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R 2215 to his home at Sage Pt and Release Certificate No. 3229 issued.

Date 7-7-19

J.A. Snowball
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 4-8-19

Date 7-7-19

H. M. H.
Depot Paymaster.

Discharged approved for 21-7-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	" 6	
B179c	B 120	M 93		

Date 7-7-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919

H.R. Cooper
for O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

Dyke Jr.

Signature of Man.

Reg. No. 3490

J. A. Crawford

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

7-7-19

191

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

MEDICAL HISTORY

Surname Dyke OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Sape Harbor S.B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	27	May		1918
at	St. Johns			
Declared Age	20	years		days
Trade or Occupation	Fisherman			
Height	5	feet	44	inches
Weight	126	lbs.		lbs.
Chest Measurement	35			inches
	4			inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V	6/9	R.E.—V	
	L.E.—V	6/9	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. J. Parsons</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. Johns	at	
	on	27	on	
		day of		
		May		1918
	Corps.		Corps	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	<u>The Royal Nfld Regt</u>			
	5490			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

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

Name in full *Leyker John*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5490*

Intended address *Sap. H. B.B.*

Height on discharge *5* Feet *4*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *None*

Figure on discharge *Short*

Christian name of Father *John*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Sap. H. 15-7-1898*

Nature and locality of civil employment required *—*

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

(Soldier's signature in full) *John X Leyker* *PL*
rank (Rank)

Station *ORDERLY ROOM* Date *10/4 1919*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



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

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

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

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

1. Unit and Corps. *Royal Horse Artillery*
2. Regtl. No. *54.50* 3. Rank. *pl.*
4. Name *Boyer* *John*
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge?
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

The complaint of no disability

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

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

Repatriation

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

W.E. Proctor. C.M.R.A.M.C.

Station *Bozelen*

Date *8/1/19*

Medical Officer in charge of case.

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

Dyke.

After James Flood, these
decayed teeth - extracted
Meredith.

Rec. Lunge to J. B.

MIC

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 102
Signature of O. C. Company W. D. Dick *Lieut*

Regiment of The Royal Newfoundland

Regimental Number and Name		Enlistment		Trade	
No. <u>1790</u>	<u>dyke John</u>	Age on <u>20</u> years <u>0</u> months		<u>Fisherman</u>	
Joined _____	Date _____	Place and Date of Enlistment <u>St. John's</u>		Religion <u>with</u>	
Joined _____	Date _____	Period of <u>1</u> year <u>70</u> years with Colours <u>3</u> years with Reserve		Place of Birth <u>St. John's N.B.</u>	
Joined _____	Date _____				

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order discharging with trial	By whom awarded	REMARKS
<u>Tracy's Barracks Camp</u>	<u>15-2-19</u>	<u>Pvt</u>		<u>Absent from tea parade</u>	<u>Geo. B. Heron</u>	<u>1 day.</u>	<u>13 26-2-19</u>	<u>Capt. G. Emerson</u>	<u>J.M.C.</u>
				<u>Demobilized</u>	<u>St. John's</u>	<u>4</u>	<u>19</u>		

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5490 Rank Private Name John Dyke
 Date of Enlistment 27-5-18 Address St. John's District Bonaville
 Occupation Fisherman (Classification for Discharge 4) Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 27-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

mi Newman

John Dyke
mark

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied _____

[Signature]

Date 7-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2215 to his home at 112 and Release Certificate No. 322710 issued.

Date 7-7-19 *J.A. Knowlton*
Demobilization Officer

4. Pay and Allowances.

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

Date 7-7-19 *J.A. Knowlton*
Depot Paymaster.

Discharge approved for 21-7-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	2 Form B
B 178a	1 D 400A	1 B 1915		do 2nd	" 3	
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B170c	B 120	M 93				

Date 7-7-19 *J.A. Knowlton*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents. Eligible for War Service Gratuity

JUL 21 1919

Date July 21 1919 *R. Cooper Capt.*
O. C. Discharge Depot.

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

Date July 28 1919 *R.H.*

Reg. No. *5490* Rank *Plt.* Name *By the J.*

Attested Address *Safe H.*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S.S. *Cassida* Cause *Discharge*

7-7-19
21-7-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P, or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps... *Royal Newfoundland Rifles*
2. Regtl. No. *5490* 3. Rank... *Rifle*
4. Name *Dike* *John*
(Surname) (Christian Names)
7. Former Trade or Occupation } *Lehman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday... *21*
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil
nil
nil

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

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

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

He complains of no Disability

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

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

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

Repatriation

A. E. Proemier Capt. Rame

Station *Hazeley, D. Down*

Medical Officer in charge of case.

Date *8/14/19*

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

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5490 Rank. Pfc Name Dyke John
 Intended place of residence. Safe No Bonanza
 2. Occupation Tradesman
 Classification of soldier. F Medical Category A 1

3. The above named man is discharged in consequence of

DEMobilIZATION

Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 7 1919

Mrs H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 7 1919

John Dyke
 Signature of soldier
W. W. ...
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 7 1919

John X. Dyke
 Signature of soldier
James Newman
 Signature of witness

5
30
31
4
70

STATEMENT OF SERVICE

7. Enlisted for service. 2-7-5-18 No. of days on Military
 Discharged from service. 21-7-19 Plus 14 days Service. 435

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

K. R. Cooper Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 4/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

and B 1207 91 3311