



FIRST NEWFOUNDLAND REGIMENT

No. 5756 Name James Edwards Corps C.F.C.

QUESTIONS TO BE PUT TO THE RECRUIT BEFORE ENLISTMENT.

- 1. What is your name? James Edwards
- 2. What is your full Address? 50 Lower St. St. John's N.F.
- 3. Are you a British Subject? no.
- 4. What is your age? 27 Years 2 Months
- 5. What is your Trade or Calling? clerk.
- 6. Are you Married? no.
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? no.
- 8. Are you willing to be vaccinated or re-vaccinated? yes.
- 9. Are you willing to be enlisted for General Service? yes.
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? { Name
Corps } FOR DURATION OF THE WAR
- 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? { Name
Corps } yes.

I, James Edwards 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.

James Edwards SIGNATURE OF RECRUIT.
R. M. Conaghan Signature of Witness.

7. 11. 5-17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Edwards 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 and as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 11 day of May 1917.

Signature of Attesting Officer Chas. Hunt

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191..... } 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).....

3756



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3756 Name James Edwards Corps C.F.R.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. James Edwards
2. What is your full Address? 2. 50 Gower St
St John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 27 Years Months
5. What is your Trade or Calling? 5. Clerk
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service? } 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, James Edwards 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.

7. 11. 5. 17

.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Edwards 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 11 day of May 1917

Signature of Attesting Officer Chiff Lient

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date 191
Place } Approving Officer.

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

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

C.R. 3756

Extract from Orders by Major G.T. Mathias, D.S.O. Commdg.
1st Battn. Royal Nfld. Regt. ²⁰19-8-18 ~~19-8-18~~

The following draft joined the Battalion ¹⁹20-8-18 and is
posted to A. Coy.

3756 Cpl. J. ^W Edwards.

C.R. 3756

Extract from Daily Orders Part 11 By. Lt. Col. B.J. Barton,
D.S.O. Commanding 2nd Battalion Royal Newfoundland Regt.
2633-19.

3756 Cpl. J. Edwards

To be Sergeant from this date.

C.R. 3756

Extract from Daily Orders Part 11 By Lt. Col. B.J.
Barton, D.S.O. Commanding 2nd Battalion Royal Newfoundland
Regiment 26-3-19.

The unedermentioned having reported back ~~to~~
from the 1st Bttalion is taken on the strength ~~and~~ and
posted to "H" Company from 24-3-19.

3756. ~~Col.~~ J. Edwards.

C.R. 3755

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.

St. John's, June 19th, 1919.

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

3756 Sgt. J. Edwards.

C.P 3756

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

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

3756 Sgt. Edwards, Jas.

C.R. 3756

Extract from Nominal Roll of the Royal Nfld. Regt.
Embarked S.S. Corsican, Jan. 30/19.

3256 Parsons.

C.R. 3756

Extract from Casualties received from Pay & Record
Office, Mar. 10th, 1919.

3756 Cpl. J. Edwards,

Was discharged from the 3rd London General Hospital
on 8-3-19 and granted furlough to 17-3-19 He is marked
fit for 1, Duty.

C.R. 375-6

Extract from Casualties received from Pay and Record Office, London
dated December 11th., 1918.

Y

The undermentioned was granted leave from 8.00. 20-12-18 to
8.00 31-12-18 by O. C. 3rd., London G. Hospital, to return
at latter date, Authority fro leavr H. Q. Telegram H. L.
1697 of 7/12/18.

#3756 Cpl. H. Edwards.

C.R. 3756

Extract of Telegram from Synoptical, London, dated Nov. 29th 1918

Wandsworth muscular Rheumatism Cpl. #3756 Edwards.

C. 2.—Casualties.

COLONIAL CONTINGENTS ONLY.



3rd LONDON GENERAL HOSPITAL, at WANDSWORTH.

Affiliated to _____

NOMINAL ROLL of Sick and Wounded from the * FRANCE Expeditionary Force
 admitted on 27/11/18 from Hospital Ship _____, disembarked at _____

* Here insert which Expeditionary Force.

NOTE.—Two copies of these Rolls to be forwarded, not later than the day after admission :

- (i) One copy direct to the War Office, **FINSBURY COURT, FINSBURY PAVEMENT, E.C.2.**
- (ii) The other direct to the O. i/c of Records of the Colonial Contingent concerned.

* 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.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these 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).
3756	Cpl	Edwards, G.	R. Nfld R.	Myalgia
(Sgd) E. H. BINGLEY, Capt. R.A.M.C.T., Registrar.				

SICK AND WOUNDED N C O'S AND MEN OF THE EXPEDITIONARY FORCE

C.R. 3756
FRANCE.

NO. 1. RECORD OFFICE - - - P R E S T O N.

No. H. A. 31888.

DIS. TO BASE DEP. XI, 47. GEN. H. LE TREPORT, 16. Nov'18.

49503	L/C. Jones, E.	19. Lanc. Fus.	GSW. Thigh. L. Mild.
30143	Cpl. Hubbard, H. C.	2/Lancs R.	GSW. Back. Mild.
13975	Pte Regan, W.	1. E. Lancs. Fus.	Cpnjunctivitis. Mild.

ADM. 83. GEN. H. BOULOGNE, 14. NOV' 18.

49481	Pte Legan H.	11. E. Lancs.	Influenza. Sev.
62871	Pte Mullineux.	18 Lancs Fus.	Influenza. Sev.
63888	" Helme, J.	18 "	"
13804	" Bartrop, F.	2/5 "	Myalgia. Mild.

DIED IN 83 GEN. H. BOULOGNE, 14. NOV'18.

*235290 Pte Cropper, J. 11. E. Lancs. Influenza.

* Certified that death is attributable to fatigue, privation and exposure whilst on Military duties.

2772

NO. ONE RECORD OFFICE - - - S H R E W S B U R Y.

No. H. A. 31888.

ADM. 47. GEN. H. LE TREPORT, 16. NOV'18.

33866	Pte Ryder, G. E.	10. K. Shrop. L. I. att.	NYD. Pyrexia. Mild.
		30. Otps School.	

ADM. 83. GEN. H. BOULOGNE, 14. NOV'18.

59985	Pte Jones, T.	6. S. W. Borderers.	Influenza. Sev.
36153	" Goodwin, A.	6 "	Influenzal Broncho-Pneumonia. Sev.
290845	" Batten, A.	1/2 Mornmouths.	NYD. Sev.

NEWFOUNDLAND - - - RECORD OFFICE.

No. H. A. 31888.

ADM. 83. GEN. H. BOULOGNE, 15. NOV'18.

3756 Cpl Edwards, J. 1. Newfoundlands. ? Nephritis. Sev.



C.R. 3756

Extract from Daily Orders, Part 11, UN12: The Royal Newfoundland Regiment, dated Sept. 10th., 1918.

REVERSIONS.

3756 A/Sgt. J. Edwards

Reverts to rank of ~~corporal~~, 19/8/18.

C.R. 3756

Extract of Moninal Roll. Royal Nfld. Regt. Embarked "Southampton"

9-8-18. Draft #50 Hazley Down Camp, Winchester, to 1st Bn.

R.Nfld.R. E.B.F.

3756 A/Sgt. Edwards, J.

C.R. 3756

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

3756, Sgt. J. Edwards.

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

BY "Corsican"

C.R. 3756

Extract from Daily Orders by Lt. Col. B. A. Berners, D.S.O.
Commanding 2nd Bn., Royal Nfld. Regt. 19-6-18..

Bn., Orders 463 of 20-5-18 part 2, Promotion should read

#3756 A/Corpl. Edwards.....to be Corporal.

#3756 Corpl. Edwards.....to be Acting Sergeant.

C.R. 3756

Extract from Daily Orders part 11, ~~1/17~~ by Lieut. Col.

R.A. Berners, D.S.O., Commanding 2nd, Bn., Royal
Newfoundland Regiment, dated 25/2/18.

#3756 L/Cpl. Edwards.

To be Acting Corporal.

C.R. 3756

Extract from Nominal Roll Embarked St. John's for Overseas,
per S.S. "Florisel" Aug. 4, 1917.

3756 L/C. J. Edwards.

C.R.

3756

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's, July, 30th, 1917.

3756 Pte. J. Edwards.

To be Lance Cpl. from July 31st, 1917.

C.R. 375-6

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's, May 11th, 1915.

3756 Pte³/₂ Jas. Edwards.

Attested this day, posted to F. Co., assigned number as
shown.

J. Edwards.

C.R.

3756

~~1880~~

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 N. F. Lk* 7. Former Trade }
 or Occupation }
 2. Regtl. No. *3756* 3. Rank... *Surg.* 7a. If the soldier claims previous service in
 Army, he should state—
 4. Name *Edwards* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday *28*
 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. *nil*
 12. Place of origin of disability. *nil*
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

he complains of no sensibility except to hearing in left ear

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

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

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

Repatriation

W. P. Proctor - Self Name
 Medical Officer in charge of case.

Station *Hazleydown*.....

Date *28-3-19*.....

* 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

No. 3756 Rank Epl. Name Edwards J

Pay	F.A. Wkg	Total	N.F.F./33
110	10	120	
Less Allotment			
Net Rate		120	<i>MR</i>

NEW YORK CONTINGENT

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	\$			£ s d		
						From	To								
Balance					Balance										
Acquittance Rolls					Pay @ Net Rate	21 ¹² / ₁₈	8 ³ / ₁₉	78	120	9360	19	4	8		
Hospital Advances		1	0	0	Rollen.	8 ³ / ₁₉	17 ³ / ₁₉	10	2 ¹ / ₁		1	0	10		£47-19-1
A.B. 64.															
P.&R.O. Payments		2	0	0											
Other payments (Popw)			5	0	for Bal										
Cash. Bl...	8/31/19	113	00												

13/9
MR
£4-5-0

R 1568.

No. of 1888

No. of 2981

28-2-19

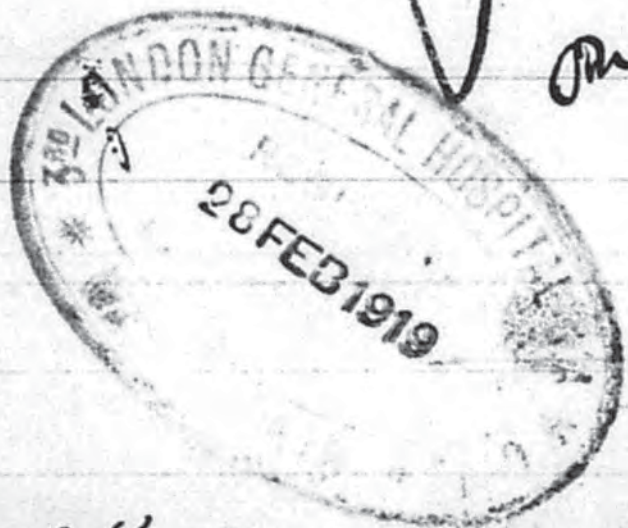
To Chief Paymaster.

Royal Newfoundland Regt

Pay to bearer the sum
~~£~~ £100.00 & charge to his
Account

3756 bpl Edwards, J.

one pound
appended
signature
warrant



O.K. £100-0 M.R. 28/2/19
Receipt No 1459

WO, 7 The Chief Paymaster,
Royal Newfoundland Regiment,
52 Victoria Street,
London, S.W.

Sir:-

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

Regtl. No.	Rank,	Name	Amount	Signature.
5756	Sgt	Edwards. J.	\$5.00	Sgt J. Edwards

I have the honour to be, Sir,
~~Very respectfully,~~
Your obedient servant.

Date June 30 1918

J. Edwards

OK. £2-0-0 WLD
Cash Receipt # 1336

To Chief Paymaster
Royal Newfoundland Regt-

Pay bearer the sum
of £2.0.0 + charge to
his account.

3756 bpe Edwards J.
Newfoundland a time
to Barclay



Edwards Jas.

3756

Ray Dept

June 29, 1919

#3756 sergt. James Edwards,

#50 Gower St.,

City.

Dear Sir:-

Please find enclosed discharge

Certificate No. 2557.

Yours truly

Captain.

Paymaster & O.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3756 Rank Spr- Name Edward J
 Intended place of residence 50 Lower St Cornwall England
 2. Occupation clerk
 Classification of soldier B Medical Category F

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 JUN 13 1919
 Date ST. JOHN'S *for* 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 and date ST. JOHN'S
JUN 13 1919
 Signature of soldier J. Edwards
 Signature of witness Mrs H

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date JUN 13 1919
ST. JOHN'S
 Signature of soldier J. Edwards
 Signature of witness James O Newman Spr-

STATEMENT OF SERVICE

7. Enlisted for service 11-5-17 No of days on Military
 Discharged from service 13-6-19 plus 14 days Service 780

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S R. H. Last Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
 Date JUN 15 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St John's. Med M Howley Capt
 Date June 29/1919 Officer i/c Records
 The Royal Newfoundland Regiment

24132079/2457

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

J. Edwards

Signature of Man.

J. A. [unclear]

Signature of the Vocational Officer or his Representative.

Reg. No. *3756*

Place

St John

Date

13-6-19

191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3756 Rank Serjt Name Edwards J
 Date of Enlistment 11.5.17 Address Cornwall District England
 Occupation Plumk Classification for Discharge B Medical Category SE
 Recommendation S.M.B. Permanently unfit Disability Rating 30% of loss
 Passed to Demobilization Officer with following documents:—

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

Date 12.6.19 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Edwards

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..... Amblinst

Date 13-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at 50 Seymour St. Boston and Release Certificate No. 2711 issued.

Date 13-6-19 J.A. Snow Capt
 Demobilization Officer

4. Pay and Allowances.

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

Date 13-6-19 H. M. News H
 Depot Paymaster.

Discharge approved for 15-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 13-6-19 J.A. Snow Capt
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
 Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 15 1919

Date _____ R.H. Sait Capt
 O. C. Discharge Depot.

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

Date JUN 15 1919

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

MEDICAL HISTORY

OF

Surname Edwards Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish Cornwall, Eng. County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 11 day of <u>May</u> 1917		on _____ day of _____ 191	
	at <u>Headquarters</u>		at _____	
Declared Age	27 years 2 <u>months</u> days		years	days
Trade or Occupation	<u>Clerk.</u>			
Height	5 feet 8 inches		feet	inches
Weight	114 lbs.			lbs.
Chest Measurement	Grith when fully expanded	33 inches		inches
	Range of Expansion	3 inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number	3 Scars		
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>Laminat Peterson</u>			
(Rank)	<u>major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St Johns.</u>		at _____	
	on 11 day of <u>May</u> 1917		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>4th</u>	<u>3756</u>		
Transferred to				
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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
3 RD LONDON GENERAL HOSPITAL WANDSWORTH.	27	11	18	8	3	19.	Myalgia.	101	

List in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

relieved

Justinus R. J.



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station.....**St. John's, Nfld.**.....

June 9th., 1919.

Date.....

- | | |
|-----------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 29 |
| 2. Regimental No. 3756 | 6. Enlisted on March 1917 |
| 3. Rank SGT. | at ST. JOHN'S |
| 4. Name. EDWARDS JAMES | 7. Former trade or CLERK
occupation |

8. Disability

MYALGIA. DEAFNESS LEFT EAR

9. History

ADMITTED 3RD LONDON GENERAL HOSPITAL MIDDLE DECEMBER 1918 WITH MYALGIA, LEGS AND BACK. IN HOSPITAL FOUR MONTHS. AFTER COMING OUT LINES IN SEPT. 1918 NOTICED HE WAS DEAF ON LEFT SIDE.

10. What is his present condition ?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

FAIRLY WELL NOURISHED. ON LEFT SIDE CHEST 3RD RIB ABOUT 3 INCHES FROM MID STERNAL LINE WHISTLING BREATHING. DOES NOT COMPLAIN OF COUGH. HEART NORMAL. FOR EXAMINATION EAR SEE REPORT FROM SPECIALIST.

11. Was ^{sanatorium} advised and refused ? **NO**
operation

12. Do you recommend discharge as permanently unfit ? **YES**

Signature (SGD) S. G. ~~ELAN~~.....

Rank or Qualification **CAPT.**

Remarks if any by Officer i | c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **MAY** be considered as ~~aggravated by~~ ~~due to~~
- (a) Service during this war. (b) ~~Climate~~ (c) ~~Other military service~~
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

**DEAF IN LEFT EAR.
PAINS IN LEGS NOW IMPROVED, CONSIDERABLY. PULSE 88. APEX
BEAT NIPPLE LINE IMPURE 1ST SOUND (PRESYSTOLIC) FINE TREMOR
IN HANDS**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **30%**
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? **30% for 6 months**
(State in percentage.)
- Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable
- Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.
20. We recommend discharge from ~~XXXXXX~~ the Army
- Remarks if any:—

(SGD) H. S. FRASER
President
J. S. TAIT
Signatures.....
J. B. O'REILLY.....

Place ST. JOHN'S
Date JUNE 10th., 1919.

APPROVED **30% for 3 months**
Station (Zauld. suggest treatment)
Date

(SGD) **L. PATERSON, MAJOR.**
Administrative Medical Officer.

James Edwards is suffering from
deafness ~~and~~ to shell shock
and wound suggest treatment.

(Sgd) H. A. SMITH.



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 *James Edwards*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3756*

Intended address *50 Gower St.*

Height on discharge *5 Feet 7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Richard*

Christian name of Mother *Ellen*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Cornwall, Eng. Jan 28th, 1890*

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) *James Edwards.*

Serjt
(Rank)

Station **ST. JOHN'S.**

Date *9-6-19*

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

Station

Date



The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date _____

Regimental No 3756

Name Edwards, Jas. Rank R/Capt.

Address St Johns.

Present Medical Category E

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

Members of Board {

RH Lant Captn
O.C. Discharge Depot.

Hobson
Senior Medical Officer

DeBurden
~~M. O. 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 N. F. L.P.* 7. Former Trade or Occupation }
 2. Regtl. No. *3756* 3. Rank. *Sgt.* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Edwards* *James* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday *28*
 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. *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 where possible; and in cases of amputation the exact position should be stated.

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

no disability - except to hearing in one ear (left)

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. Guinness, Capt. Rame

Station *Hayley Down*
 Date *28-3-19*

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



Casualty Form - Active Service.

11/3/1890

Rank CPL Surname Edwards Christian Name James
 Religion C. Age on Enlistment 27 years 2 months
 Enlisted (a) 11/3/17 Terms of Service (a) Duration Service reckons from (a) 11/3/17
 Date of promotion to present rank 19.8.18 Date of appointment to lance rank 3/1/17
 Extended Re-engaged Qualification (b) Call.
 Occupation Clerk or Corps Trade and Rate Call. Signature of Officer A. Marshall

Date	Report From whom received	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
		Embarked ...	-	9.8.18	
		Disembarked...	-	10.8.18	
		ARRIVED D.I.B.D.	-	13.8.18	
25/2/18	A/corp.	Joined Bn	Field	19.8.18	B.213
19/6/18	Corp				
20/5/18	A/sergt.				
29/8	O.C. Unit	Promote to rank of Cpl		19.8.18	B.213
	O/C	To HQs J. Bathurst		12/11/18	B.213 18609268
	83 Gen Hq.	Ad "Leperites" 404 Cpl	Boulogne	15-11-18	Ha. 31888
	David	to England		26/1/18	W 3082
		Warrant	Capt. for Lt Col.		
		CR. 1. Infantry Section			

Sheet I

(a) In the case of a man who has re-engaged for, or enlisted in Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signal Office, Smith, & Co. (17591). Wt. W. 1387 - P. 124. 2,000,000. 6/18. D & S. Form B/103. (E. 1256.)

Recd of kin Edwards, Richard, Engleberry, Cornwall

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 *James* 2. Surname *Edwards*
3. Rank *Sergeant* 4. Regtl. No. *3756*
5. Address in full to which future payments of gratuity are to be forwarded..... *50 Lower St. Ch.*
.....
6. Date of enlistment in the Regiment..... *May 10/17*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
not applicable
8. Relationship of such dependents..... *DO*
9. Address in full of such dependents..... *DO*
.....
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..... *Two years, one month and seven days*

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

..... *Not applicable*

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

..... *\$117.90 Clothing Etc*

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 Regt.?..... If not give? - (a) date of discharge.....

..... *June 28/19* (b) Reason for discharge.....

..... *demobilization*

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 and Belgium*

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: *James Edwards*
 Place of Residence: *507 Gower St. City*
 Declared before me at: *St John's*
 This *14th* day of *June* 19*.19...*

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

POST DISCHARGE PAY.					
Date paid	Sold	Sold	Way Service	Net amount due	
	Soldiers	Dependents	Gratuity.		
.....		
.....		
Certified correct.					Pagmaster

C.R. 3756

RECEIPT FOR ISSUE OF

RIBAND OF BRITISH WAR MEDAL-1914-1919.

I certify that I have received a issue of 2 inches
of Riband of British War Medal-1914-1919

Name

C. J. G. G. G.

(Date)

May 6th

(Place)

Channel

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121

Forms
B. 121
379.

Number of Sheet *First*

Regiment of *1st Newfoundland*

Signature of O. C. Company *Thos. R. Aylesworth*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <i>Appointed Lance - Corporal 31-7-17. To be Acting Corporal 25-2-18 Confirmed Corp 11-1-18 NO " <i>degi</i> 20-5-18</i>
No.	<i>3756 Edwards Jas.</i>	Age on	27 years 2 months	<i>Clerk.</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	11-5-17	<i>C of E.</i>	
Joined		Date	Period of { with Colours <i>50</i> years. with Reserve <i>2365</i> 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>Demobilized St. Johns, 29⁶ / 19</i>					

To be carried over

The Royal Newfoundland Regiment

86
37

DEMOBILIZATION OF

Reg. No. 3756 Rank Serjt Name Edwards J
 Date of Enlistment 11.5.17 Address Corwall District England
 Occupation clerk Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 30% 6 mos
 Passed to Demobilization Officer with following documents:—

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

Date 12.6.19 *H. M. S. H.*
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

J. Edwards

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

Amelinst

Date 13-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

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

Date 13-6-19 *J. A. Newcomb*
 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 _____

Date 13-6-19 *J. A. Newcomb*
 Depot Paymaster.

Discharge approved for 15-6-19
 Forwarded with following documents to O.C. Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 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.		

11
2 Form B
P122

Date 13-6-19 *J. A. Newcomb*
 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

JUN 15 1919

Date _____ *R. J. ...*
 O. C. Discharge Depot.

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

Date June 19 *Andrews*

Reg. No. 3751 Rank LC Name Edwards, Jas.

Attested Address St John's

Allotment Allottee

Date of Allotment Returned from Overseas 29. 5. 19.

Returned on S.S. Cornican Cause Discharge

11-6-19 Recd. Discharge from the Army.

12.6.19 PASSED TO DEMOBILIZATION OFFICER

13.6.19 DISCHARGE APPROVED ON DEMOBILISATION.