



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4837 Name John Elliott Corps meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>John Elliott</u> |
| 2. What is your full Address? | 2. <u>Newman's Cove</u>
<u>Bonavista Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>31</u> Years .. Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name ..
Corps .. |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, John Elliott 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.

A
1-5-18
John Elliott SIGNATURE OF RECRUIT.
James Asbie Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 1st day of May 1918
Signature of Attesting Officer James Asbie

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the ..
If enlisted by special authority, such will be attached to the original attestation.
Date .. 1918
Place .. } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Elliott
 Apparent age 21 years - _____ months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Orlando Elliott Newman's
Cove B. B. | Relationship mother

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 Lepot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for discharging the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>15-18</u>									
Joined <u>St. John's</u> on <u>May 1-1918</u>									
<u>Engaged for 1 year</u> <u>Sept 1919</u>									
<u>Embarked St. John's train to Halifax N.S. 11-6-1918</u>									
<u>To be disembarked for demobilization 22-5-1919</u>									
<u>Arrived Newfoundland 2-6-1919</u>									
<u>Demobilization St. John's</u> <u>8-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-7-1919 (date of discharge) 1 years 69 days

Pensions



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

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

STATEMENT OF CASE

Station..... St. John's.

Date..... June 5/19.

- | | | | |
|-------------------|---------------------------|-------------------------------|--------------------|
| 1. Unit | <u>Royal Newfoundland</u> | 5. Age last birthday | <u>23.</u> |
| 2. Regimental No. | <u>4837.</u> | 6. Enlisted on | <u>May 2/18.</u> |
| 3. Rank | <u>Pte.</u> | at | <u>St. John's.</u> |
| 4. Name | <u>Elliott J.</u> | 7. Former trade or occupation | <u>Fisherman.</u> |

8. Disability

CONJUNCTIVITIS. SCLERITIS.

9. History

Was unable to go to lines owing to condition of his eyes. While in Eng. was in Hp. 1 month with Mumps.

10. What is his present condition ?

11. nourished in good condition. Heart & Lungs Normal. Conjunctivae & Sclerae very congested. Patient complain of much pain in eyes & head.

Department of Military Newfoundland
Medical Department

Medical Report on an Invalid

11. Was sanatorium advised and refused ? **No.**
operation

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

Signature S. G. KEAN,

Rank or Qualification CAPT.

Remarks if any by Officer in Charge 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 **Cannot.** be considered as aggravated by :-
due to
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any :-
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

Yes had weak eyes before enlistment.

15. (a) **THE ENTIRE DISABILITY**—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **Nil.**
- (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?
(State in percentage.) **Nil. REQUIRES GLASSES.**

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 extension in the Army

Remarks if any :-

H. S. FRASER.....
President

Signature **J. S. TAIT**.....

J. B. O'RIELLY.....

Place **ST. JOHN'S**.....

Date **JUNE 5/19**.....

APPROVED

Station.....

Date.....



(SGD) **L. PATERSON. MAPER**.....

Administrative Medical Officer.

C.R. 4837

Extract from Daily Orders Part 11 Unit The Royal WFLA.

Regt. St. John's, ⁸ 11-7-19

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/s Records 11-7-19.

4837 Pte. John Elliott.

C.R. 4837

Extract from Daily Orders Part II Unit, The Royal WFLA. Regt.
St. John's June 14th, 1919

The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from 24-6-19.

4837 Pte. John Elliott.

C.R. 4837

Extract from Preliminary Report Of a Medical Board
held on Thursday Evening June 5th. The following
was the finding.

Recommended Discharge from the Army.
Requires Glasses.

4837, Pte. J. Elliott.

C.R. 4837

Extract from Daily Orders Part 11 Depot, St. John's,

Date 13/6/19.

4837, Pte. John Elliott.

Reported at Headquarters 1/6/19.

which sailed Liverpool May 22/1919.

EX "Corsican"

C.R. 4837

Extract from Orders by Lt. Col., B.J. BARTON,
COMMANDING 2nd., BATTALION OF THE NEWFOUNDLAND
REGIMENT? DATED 31-10-18.

#4837 Pte. J. Elliott

THE ABOVE MENTIONED HAVING REPORTED BACK FROM THE 1st., BATTALION
IS TAKEN ON THE STRENGTH AND POSTED TO "H". COMPANY.

EG..

C.R. 4837

Extract from Daily Orders Part 11. from Unit The Royal Wfld.,
Regiment, St. John's, dated June 14th 1918.

4837 Pte. J. Elliott.

Embarked for Overseas with draft 11-6-18.

C.R. 4837

Extract from Daily Orders part 11, from Unit The Royal ⁿfd.
Nfd. Regt. St. John's, dated May 2nd, 1918.

#4837n Pte. John Elliott.

Attested for General Service with the Royal ⁿfd. Regt. ~~from~~
1/5/18.

J. Elliott.

C.R. 4837

P. + P. 0

No. 21630/2513/P.&.A

06030 2003



From: NEWFOUNDLAND CONTINGENT

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

To: *1/20*
Officer Commanding,
2/Bn. Royal Nfld. Regt.
Hazeley Down Camp,
Winchester.

30th December, 1918

3-1-1919

Subject: 4837 Pte. J. Elliott.

With reference to the following telegram (11296) from the Hon. Minister of Militia, received

Receipt hereunder.
Chambers
LIEUT. COLONEL
OFFICER COMMANDING
2ND BN. ROYAL NEWFOUNDLAND REGT.
ROYAL NEWFOUNDLAND REGIMENT.

"Pay to 4837 Elliott, £5.0.0.

Draft £5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Five Pounds on account of cable remittance from Newfoundland.

J. H. Marshall Capt
Chief Paymaster & O. 1/c Records.

J. Elliott
No. 4837 Rank Pte
Witness H. Maunders

B

No. 5275/757

N.F.P. /79.

098975

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 Regiment,
Hazelley Down Camp,
Winchester.

3rd April 1919

April 2th 1919

4837 Pte. Elliott J.

With reference to the following
telegram from the Minister of
Militia / / (1154)

"Pay to- 4837 Elliott
£3. 0. 0.

Cheque £ 3. 0. 0. is enclosed,
for payment to this Soldier.

Kindly obtain his receipt
hereon.

[Signature]
Chief Paymaster & O. i/c Records.

Receipt hereunder.

[Signature]
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Three pounds
in respect of

telegraphic remittance from the
Minister of Militia.

J. Elliott,
No 4837 Rank Private
Witness H. Rockett

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

Sir:-

Please charge the amount not opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year, commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
1837	Pte	Elliott J.	£2.50	J. Elliott

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

John Elliott

July 1918

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 262 (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 be considered 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 W. F. S.* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4837* 3. Rank... *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Ellerth John* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... *22*
6. Posted for duty on at
in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

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, disfigurement, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

He complains of no disability

16. Was an operation performed? If so, when and what was its nature?
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.

Reputation

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

Station *Hazely Grove*

Date *1/4/19*

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

Elliott, J

4837

Ray sept.

July 8, 1919

#4827 Pte. John Elliott,

Newman's Cove, B.E.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2819.

Yours truly

Captain,
Paymaster & O.i/s Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4837 Rank Private Name John Elliott
 Intended place of residence Newmans Cove

2. Occupation Fisherman
 Classification of soldier B Medical Category 2

3. The above named man is discharged in consequence of DEMOBILIZATION

Eligible for War Service Gratuity

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

Place ST. JOHN'S
 Date JUN 10 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
JUN 10 1919
 Signature of soldier John Elliott
 Signature of witness W. C. Houston

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S
JUN 10 1919
 Signature of soldier John Elliott
 Signature of witness W. C. Houston

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No of days on Military
 Discharged from service JUN 24 1919 Pluse 14 days Service 434

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 JUN 24 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's
 Date July 8/1919
 Officer in Charge
 The Royal Newfoundland Regiment

A. F. Brown 9/1919

The Royal Newfoundland Regiment

Class for Demobilization:—

B2

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

9.6.19

Regimental No *4837*

Name *S. Elliott*

John

Rank

SG

Address

Sturman Col

Present Medical Category

F

Recommended for:—

(a) ~~Immediate discharge~~

(b) Standard Medical Board

Members of Board

R. H. East Capt

O.C. Discharge Depot.

J. P. Brown

Senior Medical Officer

J. W. Benson

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4837 Rank Prv Name Elliot, John
 Date of Enlistment 1-5-18 Address Newmanville, Longueville
 Occupation Fisherman Classification for Discharge P Medical Category 1/1
 Recommendation S.M.E. pending Disability Rating Nil

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 9-6-19 O. C. Discharge Depot for #11000000

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

John Elliott

Particulars passed to Vocational Officer for information and action.

Date.....

a. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #60.00
 (b) ~~Clothing Supplied~~

John Elliott

Date 10-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ^{R 1644} 4675 to his home at Hennings Lane and Release Certificate No. 2552 issued.

Date 10-6-19 *J.A. Knowlton*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-19-19 ^{ADJUSTMENT OF OVERSEAS PAY}

Date 10-6-19 *J.A. Knowlton*
Depot Paymaster.

Discharge approved for 29-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board Ist.	" 2
F 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 10-6-19 *J.A. Knowlton*
Demobilization Officer.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

Date 11th 24 1919 *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee

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

To resume former occupation

Signature of Man.

Reg. No.

J. B. Shaveloff
Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

10-6-19

191

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

MEDICAL HISTORY

OF

Surname

Elliot

Christian Name

John

Table I.—GENERAL TABLE.

Birthplace:—Parish

Newmarket Lane

County

Hereford

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	May		191
	at	<i>S. Johns</i>	at	
Declared Age	21	years		days
Trade or Occupation	<i>Fisherman</i>			
Height	5	feet	5	tches
Weight	124	lbs.		lbs
Chest Girth when fully expanded	34	inches		inches
Measurement (Range of Expansion)	3	inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—V=	<i>6/10</i>	R.E.—V=	
	L.E.—V=	<i>6/10</i>	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>Lance Peterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<i>S. Johns</i>	at	
	on	1	on	1
		day of		day of
		<i>May</i>		<i>1918</i>
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<i>The Royal 4837</i>			
	<i>Hereford</i>			
Transferred to				
Became non-effective by				
(Signature)	on	day of	on	day of
(Rank)				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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. Coy*
2. Regtl. No. *4837* 3. Rank. *Plt*
4. Name *Elliot* *John*
(Surname) (Christian Name)
5. Age last birthday *27*
6. Posted for duty on at
in category (or grade).....
7. Former Trade or Occupation } *Infantry*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
- (b) Date of Discharge ;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

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

No 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?

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

Repatriation

W. E. Proctor

Station *Newbury*.....
 Date *4-4-19*.....

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

July 11, 1919

#4837 Pte. John Elliott,

Newman's Cove, B.B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of the War Service Gratuity.

Yours truly

Captain,
Paymaster & Officer in Charge Records.

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 *John* 2. Surname *Elliot*

3. Rank *Soldier* 4. Regtl. No. *4837*

5. Address in full to which future payments of gratuity are to be forwarded..... *Newman's Cove B.B.*

6. Date of enlistment in the Regiment..... *May 2/18*

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

8. Relationship of such dependents.....

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

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

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From May 2/18 to*

June 15/19 13.

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?

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

No

June 10/19
Newspaper

(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.

No

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.

(b) If so are you in receipt of full pay and allowances from that Committee.

No

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

Signature of Applicant: *John Elliott*
 Place of Residence: *Newman's Cove, B.P.B.*
 Declared before me at: *R. John's, Wfld.*
 This *10th* day of *June* 19*19*....

John W. McCarthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, 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.					Paymaster

Bonaventa

13 Nov

1918

3198

Sir
Yours of 11th instant relation to
Orlando Elliott's application put in
hand.

Stor is fisherman's parlour
stands for the out house in which
is kept fishing gear, fish to be
Orlando Elliott is a very poor
fisherman, having only one hand.
His house & stor land are of small
commercial value.

He has nothing to do with
business of any kind. The stor
named in Schedule is of the
class named above

Yours truly
John P. Jones

Cap J. M. Strohman
Don't check spec
S. J. Jones

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

(Father)

Notice

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

THE PAYMASTER
Separation Allowance Branch,
St. John's, Nfld.

Name in full of soldier. Rank. Regt. or Unit. Regt. No. 4837
John Elliott - Private 1st Regiment

2. Age of soldier. Married or single.

3. Name in full of father of soldier. Age. Occupation. Permanent Address.
Orlando Elliott 57 Fisherman Howman Cove Rd.
Rhynowick

4. If you are a chronic invalid and totally incapacitated, state nature of malady (Medical Certificate must be enclosed with this document, stating from what date applicant has been totally incapacitated, and for how long incapacity is likely to continue.)
I am only one hand
not nearly totally

5. Names of your other children. Address in full. Occupations. Married or single.
Lily - 17 -
Bentley 16 -
Fred 13 -
Hubert 10 -
Howman Cove
at home
Occupation connected with fishing
Allocation for 1918
60 cents per day
Commenced June 1918

6. State amount earned by yourself per month.
Fishing, not monthly
Spring, about \$1200 per year

7. State date and place of death of your wife.
Still alive

8. State amount and source of any other income.
none but that of John my son, above named

9. What is the value of your real property.
my property consists of some
stone land, very valuable to me, but
commercially very little value, probably \$500

2. State actual amount contributed by soldier during year prior to enlistment. *about \$300⁰⁰*
23. Was this amount contributed weekly or monthly *Fisherman cannot compute by month or week*
24. Did this amount include payment of son's board. \$c. *yes*
25. State your son's trade or occupation prior to enlistment *Fisherman*
26. State amount of his wages per week. *did not work by week*
27. State name and address of his last employer. *had no employer*
28. State amount of support monthly from son since enlistment *\$18⁰⁰ per month*
29. State amount of "assigned Pay" received by you from son monthly. *18⁰⁰*
30. From what date have you received "Assigned Pay" *from 7th July*
31. Actual amount contributed by other children. *none* weekly. *none* Monthly.
32. If not receiving support from other children, state cause, Answer fully *get nothing from other children*
33. Are any of these children in your employ. *all at home but not earning*
34. Have you made a previous claim for Separation Allowance? If not, why. Give particulars. *no*
35. What is the value of your personal property? *nothing, Commercially, no money*
36. With whom do you reside at present. *With my family at home*

25. Are you already in receipt of Separation Allowance from any source, if so, How much?

no

26. Are you in receipt of assistance from any Patriotic Fund. If so, How much.

no

27. Was the soldier at the time of enlistment an employee of the Nfld. Government.

no

28. In what capacity and in what place.

none

29. Is he in receipt of a salary as such while serving in the 1st. Nfld. Regt. If so, how much.

no

I herewith make this solemn declaration conscientiously believing the same to be true, and knowing it to be of the same force and effect as if made under Oath, and in virtue of the Evidence Act.

Signature of applicant..... *Orlando X Elliott*

Place of residence..... *Newmans Cove N.B.*

Declared and subscribed before me at..... *Bonaville*

this..... *third*day of..... *August* 19*15*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. } *John Cooper S.M.*

This application must be signed by two responsible parties one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge and after careful investigation, the above statements are correct and the soldier first mentioned is the sole support of the applicant.

Signature of clergyman..... *Charles Levesley, Methodist Minister*

Signature of Member of Patriotic Fund Committee..... *Robert Brown Secy Treasurer*

66666

Approved 7/11/19
[Handwritten signatures]

I hereby certify that I have examined the
applicant Orlando Ellis J Newman's Case and
find his physical condition as follows-

Left Hand amputated above wrist twenty years
ago following gun accident. Disability permanent.

Signed:

C. W. Forbes, M.D.

Branamite

Aug 3rd / 1918



DEPARTMENT OF MILITIA

ST. JOHN'S July, 24th, 1918
NEWFOUNDLAND

Mr. Orlando Eliott,
Newman's Cove,
T.B.

Dear Sir:-

Referring to your letter of July, 24th., I enclose Form of Application for Separation Allowance which kindly have filled in before a Magistrate or Justice of the Peace answering each question in full and return to this office at your earliest convenience, on receipt of which your claim will be considered.

Yours faithfully,

H. M. Maddock
for Capt. & Paymaster. *H. M. Maddock*

1986

Newman's Cove, Nfld.

July 24th 1918.

Capt. J.M.Hewley,
Assistant Paymaster,
Pay & Record Office,
St. John's, Nfld.

Dear Sir;

Sometime in May my son, John Elliott, volunteered, and in due course went to St. John's and put in his time for drill, and now is across to England. His number is 4537.

I may say that he was my only support, and I am a man with only one hand, and a large family to support. I understand there is a separate allotment to come to me in addition to the allotment he has made. I have not yet received it. He wrote me that he was promised this before he went across. Will you therefore please send me the amount now due me and very much oblige,

Yours very truly,

Orlando Elliott

July, 28th. 18

Mr. Orlando Elliott,
Newman's Cove,
T.B.

Dear Sir:-

Referring to your letter of July, 24th., I enclose Form of Application for Separation Allowance which kindly have filled in before a Magistrate or Justice of the Peace answering each question in full and return to this office at your earliest convenience, on receipt of which your claim will be considered.

Yours faithfully,

for Capt. & Paymaster.

75001

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.



Fold Here



[0.0]

OCT 15 1921

1921.

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

John Elliott

in respect of his service as No. 4837 Rank Pte.

Name J. Elliott Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received Oct. 20. 1921.

Signature John Elliott

Date Oct-23rd.

Address Newman's Cove B.B.

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet One

Forms
B 121.
35

Regiment of Royal Newfoundland

Signature of O. C. Company J. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>4837 Elliott</u>	Age on	<u>21</u> years		<u>fisherman</u>		
					Religion		
Joined	Date	Place and Date of Enlistment	<u>St Johns</u>	<u>Method</u>	Place of Birth		
Joined	Date					Period of	with Colours <u>69</u> years.
Joined	Date			<u>Guernsey Cove B B</u>			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John</u>	<u>8/19</u>			

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4837 Rank Plr Name Elliot, John
 Date of Enlistment 1-5-18 Address Newmarket, Ontario
 Occupation Submarine Classification for Discharge B Medical Category 1
 Recommendation S.M.B. for medical report Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 191E	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 178a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 9-6-19 John Elliott V.O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Amo. [Signature]

Date 10-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 1644* to his home at *Hammers Bone* and Release Certificate No. *2552* issued.

Date *10-6-19*

J.H. Snowcroft
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 *DEPARTMENT OF OVERSEAS PAYMENT*

Date *10-6-19*

J.H. Snowcroft
Depot Paymaster.

Discharge approved for *24-6-19*

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
B 179c	B 120	M 93		

Date *10-6-19*

J.H. Snowcroft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

following additional documents.

Eligible for War Service Gratuity

Date *JUN 24 1919*

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

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

Date *June 18/19*

J. Smith
Officer in Records

Reg. No. *4837* Rank *PL6* Name *E. W. J.*

Attested Address

Allotment..... Allottee

Date of Allotment..... Returned from Overseas *1.1.19.*

Returned on S.S. *Corsean* Cause *Discharge*

1.6.19. Rec. Dis. from. The army requires Glasses.

9.9.19.
14.6.19.

PASSED TO DEMOBILIZATION

DISCHARGE APPROVED ON DEMOBILIZATION





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. & 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 *John Elliott -*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4837*

Intended address *Newmans Cove*

Height on discharge *5 Feet 6"*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *Orlando*

Christian name of Mother *Emily*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Newmans Cove 1896 Sept 5th*

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 Elliott.

(Rank) *PL*

Station **ST. JOHN'S.**

Date *5/6/19*

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