



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4822 Name John B. Elliott Corps meth

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>John B. Elliott</u>                        |
| 2. What is your full Address? .....  | 2. <u>Newman's Cove</u><br><u>Bona Vista Bay</u> |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                                    |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>10</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 .....                                      |
| 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 B. 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 John B. Elliott SIGNATURE OF RECRUIT.  
1-5-18

James A. L. L. L. Signature of Witness.

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

I, John B. 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 J. J. J.

### 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 B. Elliott  
 Appeared age 18 years 10 months. Height 5 feet 4 inches  
 Chest Measurement { Girth when fully expanded 34 1/2 inches  
 { Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs George Elliott Newman's Cove  
 | 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>1-5-18</u>									
Joined at <u>St. John's</u> on <u>May 1-1918</u>									
Discharged <u>July 11-1919</u>									
Embarked <u>St. John's train to Halifax N.S. 11-6-1918</u>									
Embarked for <u>SEA 26-10-18</u> <u>Jointly Battrn. 2-11-1918</u>									
Admitted <u>1st Coy. 1st Bn. 2-12-18</u> <u>Admitted 4th Coy. Buffum 7-12-18</u>									
Admitted to <u>Per Hosp. Fregate 11-17-18</u> <u>10th to 1st Coy Depot 7-2-19</u>									
Serving unit <u>8-2-19</u> <u>Transferred from 22 to 23rd Coy 23-7-19</u>									
To be unemployed for demobilization <u>22-5-1919</u>									
Arrived to unemployment <u>1-6-1919</u>									
Demobilization <u>St. John's 4-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-7-1919</u> (date of discharge) <u>1</u> years <u>65</u> days									
" " Pensions " " " " " " " " " " " "									

~~Ellis, E~~

4822

Ray Sept.

C.R. 4822

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name..... *John Elliott*.....

Date..... *Nov 19<sup>th</sup> 1919*.....

Place..... *Newman's Cove. B. B.*.....

C.R. 4822

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's. dated 6-7-19.

The discharge of the undernoted on demobilisation has  
been CONFIRMED by Officer i/c Records from 4-7-19.

4822, Pte. John Elliott.

C.R. 4822

Extract from Daily Orders Part 11 Unit The Royal  
HfM. Regt. Depot, St. John's, ~~20-6/19~~ June 10th/19.

The discharge on demobilization of the undernoted has  
been APPROVED BY O.C. DISCHARGE DEPOT WITH EFFECT FROM  
20-6/19.

4822 Pte. J. Elliott.

C.R. 4822

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

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#4822 Pte. J. Elliott.

C.R. 4822

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

Date 2-6-19

4822 Pte. J. Elliott

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

ex "Corsican"



C.R. 4822

Extract from W.O. List No. H. A. 34816.

Dis. to Base. Rouen ex 14 Con. Dep. 7th., Feb. 1919.

#4822 Pte. J. Elliott.

P.U.O.

C.R. 4822

Extract from Daily Orders Part II Unit The Royal WFLA.

Regt. by Lt. Col. T.G. Mathias, D.S.O. 1st Bn. 6-11-18.

The following joined the Batt<sup>n</sup>. 3-11-18.

4822 Pte. J. Elliott.

A Coy.

C.R. 4822

Extract from General Order of the War Office No. 25 dated 26/10/16, from 2nd Batta, Royal Newfoundland Regiment, Hantsley Down Camp, Winchester, to 1st Batta, Royal Newfoundland Regiment, R.N.F.

4822 Pte. Elliott, J.G.

C.R. 4822

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

4822 Pte H.B. Elliott.

Embarked for Overseas with draft 11-6-18.

C.R. 4822

Extract from Daily Orders part 11, from U of The Royal Wfld  
Regt. St. John's, dated May 2nd, 1918.

#4822 Pte. John Elliott.

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

July 4, 1919

#4822 Pte. John G. Elliott,  
Newman's Cove, N.B.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2599.

Yours truly

Paymaster & C. i / c Records. <sup>Captain</sup>

The Royal Nfld. Regiment

DEMOBILIZATION

No. 482 rank \_\_\_\_\_

Name Elliot J \_\_\_\_\_

Warned for demobilization on

JUN 6 1919

July 5, 1919

#4822 Pte. John Elliott,

Newman's Cove, B.E.

Dear Sir:-

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

Yours truly

Captain  
Paymaster & O.I/c Records.



The Royal Wld. Regiment

DEMOBILIZATION

No 4364 Rank

Name Dobson P

Warned for demobilization on

JUN 6 1919

## 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

*E. Elliott J.*

Signature of Man.

Reg. No. *4892*

*J. D. Snow Capt.*  
Signature of the Vocational Officer or his Representative.

Place *St. Johns*

Date *6-6-19*

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# The Royal Newfoundland Regiment

Class for Demobilization:—

*H*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *11.15.19* .....

Regimental No. *4822* ..

Name *E. Hill* .....

Address *Newman's Cove RR* .....

Present Medical Category *AI* .....

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

*R. H. Hart Capt*  
O.C. Discharge Depot.

Members of Board

*L. Paterson*  
Senior Medical Officer

*Geo Burden*  
M.O. Depot

No 4013



**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, John B Elliott, Regl. No. 4822

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3881	Mother	Mrs George (Bessie) Elliott	Newmans Cove B.B.	
Total Allotment, \$				60 <sup>5</sup>

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  
St John's A. Company  
May 16th 1918

(Sig.) John G. Elliott  
 (Rank) Pte

J. G. Elliott.

C.R. 4822.

P. 48. 12

To:- The Chief Paymaster,  
Royal Newfoundland Regiment,  
56 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
4822.	Plt	Elliot J G	£250	J. G. Elliot

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

Date

July 1/18

J. G. Elliot

FORM K

Nº 4013



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John B Elliott, Regl. No. 4822

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Twenty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3981	mother	Mrs George	<u>(to her) Elliott</u>	
			<u>Newmans Cove P.F.</u>	
Total Allotment, \$				<u>60<sup>s</sup></u>

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

Sig. G. A. [Signature]  
 [Signature] Officer Commanding  
 [Signature] Company  
John A. [Signature]  
1st May 16th 1918

(S) John B Elliott  
 (Rank) Pte

FORM K



No. 4013 A.



**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, John B Elliott, Regl. No. 4822

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3881	mother	Mrs George (Elsie) Elliott	Newmans Cove B.B	
			Total Allotment, \$	<u>60<sup>c</sup></u>

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. James [Signature]  
Officer Commanding

(Sig.) John G. Elliott

(Rank) [Signature]

St John's A.  
Company  
May 16th 1918



No. 4854/211

From: NEWFOUNDLAND

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

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.  
NEWFOUNDLAND CONTINGENT  
58, VICTORIA STREET,  
LONDON, S.W. 1.  
N.F.P./CONT.  
To: Officer Commanding,  
1/Bn. Royal Newfoundland Regiment,  
B.E.F.

27th March 1919

4822 Pte. Elliott J.G.

With reference to the following telegram from the Minister of Militia, / / (99)

"Pay to- 4822 Elliott

£4. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

*A. J. Marshall*  
Chief Paymaster & O. i/c Records

10-4-1919

*4822 Pte Elliott J.G.*

*This money was by this account retained to credit of his account please.*

*Approved by*

Army Form B. 103.

Regimental Number 4. P. T. T.

**Casualty Form—Active Service.**

Regiment or Corps..... 4th ROYAL NEWFOUNDLAND REGT.

Rank Pte Surname Elliot Christian Name John G

Religion Meth Age on Enlistment 18 years 10 months

Enlisted (a) 1/1/18 Terms of Service (a) DURATION..... Service reckons from (a) 1/1/18

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

Extended { } Re-engaged { } Qualification (b).....  
 or Corps Trade and rate.....

Occupation Bookbinder Signature of Officer G. M. Keenan

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.103, Army Form A. 56, 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.103, Army Form A. 56, or other official documents.
Date	From whom received				
		Embarked .....	<u>26 OCT 1918</u>		
		Disembarked .....			
		Joined Battalion	<u>3/4/18</u>		
	<u>H4 C.E.S.</u>	<u>Ad P W.O. ex/1</u>	<u>4th Bn</u>	<u>2/2/18</u>	<u>CO 141</u>
	<u>H. C.E.S.</u>	<u>"Influenza"</u>		<u>7/12/18</u>	<u>82513</u>
<u>3.1.19</u>	<u>WO</u>	<u>Adm. 12 (S. Jones) G.W.</u>	<u>Ponew.</u>	<u>11.12.18</u>	<u>N/A.</u>
<u>7.1.19</u>	<u>d.</u>	<u>Adm. 72 G.W. 2/10.</u>	<u>Stourville</u>	<u>17.12.18</u>	<u>N/A. 33319</u>
<u>20.1.19</u>	<u>d.</u>	<u>Adm. 14. C.B. .d.</u>	<u>d.</u>	<u>5.1.19</u>	<u>N/A. 23898</u>
		<u>Discharged H.Q.</u>		<u>8.2.19</u>	<u>B.13. 157015.</u>
		<u>Worked in UK</u>		<u>93/7/19</u>	

(a) In the case of a man who has re-engaged for the purpose of being transferred into Section B, Army Reserve, particulars of such re-engagement or enlistment will be entered in the column for (b) Signaller, 500/10/15.

*Next of Kin* Mrs George Elliot, Sturville, P.O.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4822 Rank Pvt. Name Ellott, J.  
 Intended place of residence Newman Cove

2. Occupation fisherman  
 Classification of soldier E Medical Category AI

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 Regulation 24.

Place ST. JOHN'S .....  
 Date JUN 6 1919 .....  
 J. M. Lewis Lieut.  
 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 6 1919 .....  
 J. Ellott  
 Signature of soldier  
 W. G. Eaton  
 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 and Date ST. JOHN'S .....  
JUN 6 1919 .....  
 John Ellott  
 Signature of soldier  
 W. G. Eaton  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 ..... No of days on Military  
 Discharged from service 20-6-19 Plus 14 days Service 430

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S .....  
JUN 20 1919 .....  
 R. H. Sait 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 Nfld .....  
 Date July 4/1919 .....  
 M. Howley Capt.  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

A.P. B2079/2599



## 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 *John Elliott*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4822*

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 *George*

Christian name of Mother *Elaine*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Newmans Cove, June 23<sup>rd</sup>, 1899*

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*

*Pte*  
(Rank)

Station *S. Johns*

Date *24-6-19*

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.

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

Station

Date

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

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regt. No. *1822* 3. Rank. *Pte*
4. Name *Elliott J. G.*  
(Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on. *26/4/18* at *St. John's*  
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 Regt. 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  
(b) Where  
(c) Opinion of Court  
(d) Particulars of Pension or Gratuity  
(if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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. *hig*
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
- |  |       |                     |                   |
|--|-------|---------------------|-------------------|
| (i) Service during the present war                     | ..... | (a) attributable to | (b) aggravated by |
| (ii) Previous active service                           | ..... | } <i>ku</i>         | } .....           |
| (iii) Climate in pre-war service                       | ..... |                     |                   |
| (iv) Ordinary military service before the war          | ..... |                     |                   |
| (v) Serious negligence or misconduct on the man's part | ..... |                     |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *n*

In all cases such as "acid eyes," 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 employs 7/80 details*

16. Was an operation performed? If so, when and what was its nature? *m*
17. If not, was an operation advised and declined? *m*
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? *m*
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? *m*

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invaded at Foreign Stations.*

*Repatriation.*  
*W. P. Phoenix*  
*Capt. Rand*

Station *Wagley Down*

Date *29/7/19*


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

DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

Ottawa 4, Ontario  
April 9, 1970

TO:  Copy for HO file  
À:

DATE .....

NAME **ELLIOTT John G.** Service No. **4822** CPC No.  
NOM ..... Matricule N° ..... CCP N° .....

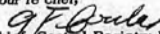
WVA No. **59778**  
AAC N° .....

Information Received from: **Tele Memo, DA/WVA St. John's Nfld., April 7, 1970**  
Information reçue de: .....

Date of Death **Not stated**  
Date du Décès .....

Place **Not stated**  
Endroit .....

Distribution: WSR-DASG  
VI - ASS  
~~XXXXXX~~  
HO - BC

Pour le chef,  
  
for Chief, Central Registry Division.  
Dépôt central des dossiers.

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

## MEDICAL HISTORY

OF

Surname

*Elliott*

Christian Name

*John B*

Table I.—GENERAL TABLE

Birthplace:—Parish

*Newman's Cove*

County

*Nfld.*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	day of	191
Examined	on	<i>1st</i> day of <i>May</i> 191 <i>8</i>	on	day of 191
Declared Age	at	<i>St John's, Nfld.</i>	at	
Trade or Occupation		<i>18<sup>10</sup>/<sub>2</sub></i> years — days		years days
Height		<i>Fisherman</i>		
Weight		<i>5</i> feet <i>4</i> inches		feet inches
Chest Measurement		<i>120</i> lbs.		lbs.
Girth when fully expanded		<i>34<sup>1</sup>/<sub>2</sub></i> inches		inches
	Range of Expansion	<i>3<sup>1</sup>/<sub>2</sub></i> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R. E.—V=	<i>6/10</i>	R. E.—V=	
	L. E.—V=	<i>6/12</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>James B. Brown</i>			
(Rank)	<i>Major</i>		Medical Officer.	
Enlisted	at	<i>St John's, Nfld.</i>	at	
Joined on Enlistment	on	<i>1st</i> day of <i>May</i> 191 <i>8</i>	on	day of 191
Transferred to	Corps.	<i>The Royal Nfld. Regt.</i>	Corps	Regtl. No.
Became non-effective by	Regtl. No.	<i>4822</i>		
(Signature)	on	day of 191	on	day of 191
(Rank)				





Reg. No. *1922* Rank *Pfc* Name *Elliott J. C.*  
Attested ..... Address *Newman's Road.*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *29.1.19.*  
Returned on S.S. *Corsican* Cause *Discharge*

*5-6-19* PASSED TO ..... ZATION OFFICER

*20-6-19* DISCHARGE APPROVED ON DEMOBILIZATION.

# The Royal Newfoundland Regiment

*D 4877*

## DEMOBILIZATION OF

Reg. No. *4822* Rank *Pte* Name *John Elliott*  
 Date of Enlistment *1/5/18* Address *Newman Lane* District *B. B.*  
 Occupation *Furberman* Classification for Discharge *E* Medical Category *A. I*  
 Recommendation S.M.B. .... Disability Rating .....

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	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	
E	B 120	M 93				

*5-6-19*

*[Signature]*  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

*John Elliott*

Particulars passed to Vocational Officer for information and action.

Date *5/6/19*

### 2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable. *\$ 65.00*

(b) Clothing Supplied .....

*[Signature]*

Date *6-6-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R1500.9.589 to his home

at Hewmans Cove and Release Certificate No. 2345 issued.

Date 6-6-19 *J.A. Law*  
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 4-7-19

Date 6-6-19 *J.A. Law*  
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. F36	B 268.	B 121.	N.F. Med.	D.F. 1.
F 178.	W 3494	B 122.	Board 1st.	" 2.
F 178a.	D 400A.	B 1915.	do 2nd.	" 3. <u>2 Form B</u>
H 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 6-6-19 *J.A. Law*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 20 1919 *R.H. [Signature]*  
O. C. Discharge Depot.

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

Date June 11 1919 *[Signature]*

WOUNDED & SICK N.C.O.'s. & MEN OF THE EXPEDITIONARY FORCE - FRANCE.

C O R K - RECORD OFFICE:

LIST NO. H.A. 33898.

15198 L/C. Hayes N.

5/Conn.Rgrs.

Bronchitis.....Adm. 14 Con-Dep. Trouville, 5 Jan'19.

C.R. 4822



D U B L I N - RECORD OFFICE:

LIST NO. H.A. 33898.

ADMITTED 14 CON-DEP. TROUVILLE, 5 JAN'19.

30990 Pte. Vose	5/R. Innis Fus.	Influenza.
48702 Pte. Spicer F.	6/R. Ir. Rifs.	Debility.
44017 Pte. Hamblett E.	6/R. Dub. Fus.	Piles.
27504 Pte. Foulds J.	2/R. Dub. Fus.	GSW. Buttk. Leg. Rt.
369416 Pte. Kelly E.	283 R. Imp. Coy. 11.	Myalgia.
	R. Ir. Rifs.	

5.741 Pte. Harkin. W.  
42932 L/C. Millie. A.

6/R. Innis Fus.  
1/R. I. Rifles.

Bronchitis.  
Hemorrhoids.

R O Y A L A R M Y M E D I C A L C O R P S:

LIST NO. H.A. 33898.

ADMITTED 14 CON-DEP. TROUVILLE, 5 JAN'19.

101617 Pte. Dabbs F.T.	RAMC. 138 FA.	Ing. Fernis, L.
504012 Pte. Simons A.C.	RAMC. 25 F.A.	Debility.
454372 Pte. Davis J.L.	RAMC. 90 F.A.	Tonsillitis.
339333 Pte. Smith. R.R.	RAMC. 56 F.A.	Debility.
155963 Pte. Gibson. A.J.	Rain. 3 F.A.	Influenza.

N E W F O U N D L A N D C O N T I N G E N T:

LIST NO. H.A. 33898.

4822 Pte. Elliott J. 1/R. Newfoundland.

FUD. Sev.....Adm. 14 Con-Dep. Trouville, 5 Jan'19.

90

C.R. 4822

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

No. 1 RECORD OFFICE - Y O R K

LIST NO. H.A. 33319.

ADMITTED 2 GEN. H. HAVRE 20 Dec. 18.

265392 Sjt. Goulding J. ....	5/Northd.Fus. ....	Asthma.
3712 Pte. Bland J. ....	1/-do- attd. RE,	NVD, Mild.
<u>ADMITTED 73 GEN. H. TROUVILLE 17th Dec. 18.</u>		
55444 Pte. Grievess T. ....	7/E Yorks. ....	Inj. Knee, R. Acc. Mild.
10870 Pte. Gray J. ....	5/Div Band attd. 209	Inf. Stomach Mild.
	Emp. Co. late 2/Durh. L.I.	
54961 Pte. Bentley J. ....	7/E Yorks.	Spr. Foot, L. Mild.
235494 Pte. Prince G.H. ....	14/Northd. Fus.	Debility Mild.
10452 Pte. Robbins A. ....	1/E Yorks. ....	Influenza Mild.
44735 Pte. Kinlay W. ....	7/E Yorks. ....	ICT, Feet Mild.
44904 Pte. Milligan T. ....	7/E Yorks.	Blistar Heel, R. Mild.
76387 Pte. Martin D. ....	1/N. Fus.	S.O.L.R. & L. Mild.
368667 Pte. Wilson W.A. ....	280/A. E. Co. 5 Corps. Tps	Influenza Mild.
	MT. late 23 N. Fus.	

No. TWO RECORD OFFICE - Y O R K.

LIST NO. H.A. 33319.

18655 Pte. Walker G.E. ....	8/Y & B.	ICT, Arm, L. Mild... Adm. 2 Gen. H. Havre 20 Dec. 18.
(I.F.F.)		
369646 Pte. Glancey W. ....	284/A. EMP. Co. late	Influenza Md. - Adm. 73 Gen. H. Trouville 17 Dec. 18.
	7/W. Yorks.	
588541 L/C. Oakley N. ....	5/KOYLI.	-do- Adm. 73 Gen. H. Trouville 17 Dec. 18.

~~NEW FOUNDLAND CONTINGENT~~

LIST NO. H.A. 33319.

~~4822 Pte. Elliott J. 1/R. Newfld. PUO Mild. .... Adm. 73 Gen. H. Trouville 17th Dec. 18.~~



525

No. *487* Name *Elliott, J. G.* Sqn., Batty., or Company *A* Corp *ROYAL NEWFOUNDLAND REG.* Date of enlistment *11/5/18* Badges *1* Service or Proficiency Pay *100.00*  
 Date of last entry in Company Conduct Sheet *15-4-19* (No. and date) of last drunk *1* Period not reckoning towards freedom from extra fine *1* Sheet No. *one* Signature O.C. *J. M. ...* Company, etc. *...* Character *...*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Romen</i>	<i>15-4-19</i>	<i>Pte</i>		<i>Represents Kit value -/1</i>	<i>COMD Hardlow</i>	<i>Pay for same</i>	<i>15-4-19</i>	<i>Major ...</i>	<i>R.S.</i>

Army Form B. 122

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheets one

Regiment of Royal New Zealanders

Signature of O. C. Company Wm Churchill

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>4579 Elected Troop G.</u>	Age on	19 years	<u>fisherman</u>			
Joined	Date	months		Religion			
Joined	Date	Place and Date of Enlistment } <u>St Johns</u>		<u>meth.</u>			
Joined	Date	Period of } with Colours <u>1.5.18</u> years.		Place of Birth			
Joined	Date	with Reserve <u>3/65</u> years.		<u>Normans 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 St John's 4/19</u>					

To be carried over

Army Form B. 121.



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 Elliott*.....
3. Rank, *Plt*..... 4. Regt. No. *4822*.....
6. 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 1/18*.....
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 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 1/18 to June 6/19*.....

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

*No.*

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

*Clothing allowance start pay 8/1/19*

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

*No*

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

*Yes*

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 Regt.?

*No*

If not give:- (a) date of discharge

*June 6/19*

(b) Reason for discharge

*Temporary*

*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, Belgium & Germany - From Oct, 1918 to April 1919*

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.K.*  
 Declared before me at: *St. Johns, Nfld*  
 This *6th* day of *June* 19*19*.....

Signature of Barrister of the  
 Supreme Court, Stipendiary Legis-  
 tate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits. *John McCarthy*  
*J.P.*

POST DISCHARGE PAY.				
Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent.	Gratuity.	due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster

**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* 7. Former Trade or Occupation } *Lishburne*
2. Regtl. No. *H. 827* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Elliott J. G.* (Surname) *J. G.* (Christian Name) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *19*.....
6. Posted for duty on *26. 11. 18* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 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? } *na*

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

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

*Recomplain of no disability.*

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

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na*

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W.S. Proctor*  
 Medical Officer in charge of case.

Station *Hazelton Camp*

Date *29. 11. 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

## DEMOBILIZATION OF

Reg. No. 4822 Rank Cte Name John Elliott  
 Date of Enlistment 1/5/18 Address Newman Lane District B. B.  
 Occupation Fisherman Classification for Discharge E Medical Category A. I  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	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 1915	/	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date .....

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*John Elliott*

Particulars passed to Vocational Officer for information and action.

Date 5/6/19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$ 65.00

(b) Clothing Supplied

*Amel Loust*  
O j.c. Re-clothing.

Date 6-6-19

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1500.9.589 to his home  
 at Hewmans Cove and Release Certificate No. 2345 issued  
 Date 6-6-19  
 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 4-7-19  
 Date 6-6-19  
 Depot Paymaster.

Discharge approved for 20-6-19

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 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		

2 Form B

Date 6-6-19  
 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 20 1919

Date .....

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

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

Date .....