



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5638

Name John W England

Corps Cof B

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

1. What is your name? ..... 1. John W England
2. What is your full Address? ..... 2. London C/o
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 25 Years ..... Months
5. What is your Trade or Calling? ..... 5. Seaman
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

John W England 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.

John W England SIGNATURE OF RECRUIT.  
J. Dawson Signature of Witness.

John W England 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 London on this 8/6/18 day of June 1918  
Signature of Attesting Officer C. Dicks

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been 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) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

5638.

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

Name John W England  
 Apparent age 25 years 0 months. Height 5 feet 4 1/4 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion 4 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas England  
Brighton Ct. | Relationship Father Brother  
 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 Depot	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>8-6-18</u>									
Joined at <u>St. Louis</u> on <u>Jan 5 1918</u>									
<u>Embarked St. Louis St. Columella to Halifax 22-1-18</u>									
<u>To title for demobilization 24-6-1919.</u>									
<u>Arrived Liverpool 1-7-1919</u>									
<u>Demobilization St. Louis 11-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 (date of discharge) 1 years 58 days  
 " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_

C.R. 5638

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

The discharge of the undernoted on demobilisation has been  
CONFIRMED by officer i/c Records from noted date  
4-8-19.

5638, Pte. J. England<sup>3</sup>/<sub>4</sub>

C.R. 5638

extract from daily orders Part II Royal Newfoundland  
Regiment Depot St. John's dated July 22nd 1919

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from following  
date 21-7-19.

5638, Pte. J. England.

C.R. 5638

Extract from Daily Orders BAYFOLK Unit, The Royal Nfld.  
Regt. St. John's, July 3rd, 1919.

5638 Pte. J. England.

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

C.R. 5638

Extract from Daily Orders Royal Field Artillery, The Royal Nfld.

Regt. St. John's, July 3rd, 1919.

5638 Pte. J. England.

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

1916

ST. JOHN'S, NEWF'LD.

30/12

The Honorable

J. R. Bennett

Minister of War

St. John's

clfd

POST OFFICE  
ST. JOHN'S, NEWF'LD.  
DEC 30 1916

ST. JOHN'S EAST  
DEC 26  
1916  
NEWF'LD.

S. John's Parsonage, Whitbourne

C.R. 5738

St. John's Island,

Dec. 24 1918

Honourable &  
Dear Sir:-

Mr James Osborne of Blaketown I.B.  
is very ill, & he is desirous of seeing his son  
5738 Private Cleager Osborne, now at Hazley  
Doron Camp, England, before his death.  
And now that the war is over, he ventures to ask  
you to have him back or to suggest how he could  
accomplish that. Could he sent back in an earlier  
draft. Mr Osborne may die at any moment  
as he is apparently suffering from heart disease.  
He would be very thankful to receive an answer especially  
a favourable one from you.

Will you please communicate directly with James, of John,  
Osborne Blaketown. I.B.

Yours faithfully  
Charles Jeffrey



C.R. 5638

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

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

#5638 Pte. John England.

C.R. 5638

June 15th 1918.

Frederick D. Gill, Esq., M.D.  
Brigus.

Dear Sir:

I beg to acknowledge receipt of your letter of the 15th inst., having reference to the case of Thomas England, of Brigus. While it is appreciated that this man is in a bad way, and in dire need of assistance, I would point out that as far as his brother John, recently enlisted, is concerned, he cannot be forced to make an Allotment. However, I am having the facts brought to the attention of his Commanding Officer, and the absolute necessity of making an allotment in favour of his brother, will be pressed upon him.

Yours faithfully,

*W. G. Rendell*  
Lieut. Colonel,  
Chief Staff Officer,  
for Minister of Militia.

England, J. W.

C.R. 5638

P. V. R. C.

No 4160 A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John W England, Regl. No. 57638  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
       Dollars and        Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:

Allotment begins July 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
1289	Wife	John England	Bacon		60
Total Allotment, \$					60

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.) H. G. James 2/18  
 Officer Commanding  
F. Company  
James  
1918

(S) John England  
 (Rank) Private

England, J. W.

5638

Ray Sept

August 12, 1919

Mr. J. W. English,  
Brigade, C. 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.

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..... *J. W.* ..... 2. Surname..... *England* .....
3. Rank..... *Pte.* ..... 4. Regtl. No..... *5688* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Burgus* .....
- .....
6. Date of enlistment in the Regiment..... *June 1918* .....
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 Mfld. If so, give dates and particulars of such service..... *Overseas* .....
- .....
- .....
12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *thirteen months* .....
- ..... 1.3 .....

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.....  
.....  
.....

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

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

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.....  
.....  
.....

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

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

19. Are you now serving in the R.C.S.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....  
.....

no  
Aug 2/19  
Demob

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.....  
.....

England

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.....  
.....

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: - *J W England*

Place of Residence: *Brixton*

Declared before me at: *St Johns*

This *19* day of *July* 19..*19*...

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

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

August 4th 1919.

#5638, Pte. J. England,

Brigus.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3498.

Yours truly,

Capt. Paymaster.

RS/

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5638 Rank Pte Name England J  
 Intended place of residence Bonjard  
 2. Occupation Intermarier  
 Classification of soldier E Medical Category A1

3. The above named man is discharged in consequence of

**DEMOBILIZATION**  
**Eligible for War Service Gratuity**

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

Place, ST. JOHN'S

Date JUL 19 1919

*Mrs. H.*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 19 1919

*J.W. England*  
 Signature of soldier  
*M. Blonstein*  
 Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 19 1919

Date

*J.W. England*  
 Signature of soldier  
*W. J. Eaton*  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 8-6-18 No. of days on Military  
 Discharged from service JUL 21 1919 Plus 14 days Service 42

## 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

Date JUL 21 1919

*D. N. Cooke Capt*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 4/1919

*M. Bowley Capt*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*A.F.B. 2079/2498*

# The Royal Newfoundland Regiment

Class for Demobilization: E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 18/19

Regimental No. 5635

Name England J. W.

Address Bouguis

Present Medical Category A1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

D. R. Cooper Capt.  
O.C. Discharge Depot.

H. Atkinson  
Senior Medical Officer

G. W. Burden  
~~M.O. Depot~~

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5138 Rank Plt Name England, J  
 Date of Enlistment 8-6-19 Address Brighton District PLG  
 Occupation Fireman Classification for Discharge H1 Medical Category A1  
 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 <u>B</u>
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 18-7-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am [initials] in a position to resume civilian occupation.

J W England

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 Ambrosia

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192504 to his home at Brigus and Release Certificate No. 3733 issued.

Date 19-7-19 ..... Amela Cooper 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 19-7-19 ..... Amela Cooper Depot Paymaster.

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

N.F. P 36	B 268	B 121	/	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	/	Board 1st	" 2	1/2
B 178a	D 400A	B 1915	/	do 2nd	" 3	2 Form B
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 19-7-19 ..... Amela Cooper 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 JUL 21 1919 ..... L. R. COOPER, 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.

*J W England*

Signature of Man.

*M. Blouin*

Reg. No. *5638*

Signature of the Vocational Officer or his Representative.

**ST. JOHN'S.**

Place

Date

*19. 7-18*

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

# MEDICAL HISTORY

Surname England OF Christian Name John W.

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	<u>St Johns</u>	at	
Declared Age	<u>25</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet	<u>4 1/4</u> inches	feet	inches
Weight		<u>124</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>34</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V=	<u>6/14</u>	R.E.—V=	
	L.E.—V=	<u>6/12</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>Lambert</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	<u>St Johns</u>	at	
	on	day of	on	day of
		191		191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Royal Nfld Regiment</u>	<u>5608</u>		
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				



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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals 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
	Day	Month	Year	Day	Month	Year				
Hazeley Down	29	1	19	11	2	19	Influenza	13	Discharged to duty.	<i>B. S. N. W. C.</i> CAPT., R. A. M. C.



**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 Artillery*
2. Regtl. No. *5631* 3. Rank *Pte*
4. Name *England* *John*  
(Surname) (Christian Names)
5. Age last birthday *26*
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade or Occupation } *Fishman*
- 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.  
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When  
 (b) Where  
 (c) Opinion of Court

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

### Statement of Case.

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

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

*nil nil nil*

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

In all cases such as facial 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.

*Discharged*

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

Station *Haydock Park*

Date *1-14-19*

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



# 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 W England*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5688*

Intended address *Brigus*

Height on discharge *5* Feet *5*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medicine*

Christian name of Father *William*

Christian name of Mother \_\_\_\_\_

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Brigus. 21 Aug 1897*

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 W England* (Rank) *pte*

Station *ST. JOHN'S.* Date *17/7/19.*

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.

Date


1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, John W. England, Regl. No. 5638,  
 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 July 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4838	Brother	Thomas England	Burgess	60P
			Total Allotment, \$	60P

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.)

H. Q. James 2nd Lt

Officer Commanding  
F. Company

Sig.)

John England

Rank)

Plt

St Johns

June 20

1918

ST. JOHN'S, July 21<sup>st</sup> 19

# Royal Newfoundland Regiment.

Billeting Account,

To Mrs J. England

Billeting Soldiers as undermentioned

from July 16<sup>th</sup> 19 to July 19<sup>th</sup> 19

5638 - the Account of the Regiment 3 30

ACCOUNT	<u>3579</u>	INITIALS	<u>CE</u>
CH. NO.		INITIALS	
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

Certified correct for \$ 3 30

McBlane

R. J. Mrs J. England  
Billeting Officer

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland

Number of Sheets One  
Signature of O. C. Company Robt. K. Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	months	Religion	
5638	England (Johull)	25	months	Sokolman	
Joined	Date	Place and Date of Enlistment		Coff.	
Joined	Date	Period of } with Colours 158 years. with Reserve 365 years.		Place of Birth	
Joined	Date			Bourne	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized	St John's	4 8 19			

To be carried over.



S.O.B.

1638 Phi. Mass England

Above noted man has  
declared an allotment of  
60¢ per day, in favour of  
his brother - Thos. England of  
Buzuo.



Attest:

Ass't Adjutant

Depot The Royal Newfoundland Regiment

St. John's, Nfld.

21-6-18.

ANSWERED



# DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTM'T OF MILITIA  
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

June 15th 1918.

District Officer Commanding,  
City.

Sir:

I am directed to forward you the enclosed for whatever action you may think desirable.

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

*C.G. Byrne.*

Captain,  
for Chief Staff Officer.

ANSWERED

*Of depot*

*This man should make an allotment. Please promote with attention as above*

*Account kept*



Brigus C.B.  
June. 13, 1918

Lieut Col. W F Rendell.  
St John's



Dear Sir:

Please let me call your attention to the case of Thomas England of Brigus. He is a hunchback, Tubercular Cripple and is now in a starving condition. His only brother John England enlisted last week and refused to allow this boy ~~one~~ any of his pay. England has no father or mother and if something is not done will surely starve. This is not exactly according to Hoyle and I am sure you will rectify the matter  
yours faithfully  
Frederic D. Gill

ANSWERED

June 21, 1918.

Sir:-

Referring to your communication of 13th inst., in connection with #5638 Pte. John England, I have the honour to inform you that this man has now made an allotment in favor of his brother, Thomas England of 50% per day.

I have the honour to be,

Sir,

Your obedient servant,

Major.

District Officer Commanding.

Newfoundland.

F.D.Gill M.D.,

Brigade C.B.

C.D. 5638

Extra t from ~~the~~ Daily Orders part 11, from  
Unit The Royal Nfld. Regt. St. John's, dated June 10, 1918

#5638 Pte. John England.

Attested for General Service with the Royal Nfld Regt.

~~Attested~~ from 8.6.18

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5638 Rank Plt. Name England J  
 Date of Enlistment 8-6-19 Address Bright District 100  
 Occupation Fisherman Classification for Discharge F1 Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. B 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 18-7-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

J W England

Particulars passed to Vocational Officer for information and action.

Date .....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$60.00
- (b) Clothing Supplied [Signature]

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192504 to his home at Brigus and Release Certificate No. 3733 issued.

Date 19-7-19 ..... Amble Demobilization Officer

4. Pay and Allowances.

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

Date 19-7-19 ..... Amble Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	2 Form B
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 19-7-19 ..... Amble 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 JUL 21 1919.....

L. R. COOPER, CAPT.  
O. C. Discharge Depot.

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

Date Aug 11 19.....

Amble

Reg. No. *1638* Rank *Pte.* Name *England, J.*

Attested ..... Address *Brigus, L.B.*

Allotment ..... Allottee ..

Date of Allotment ..... Returned from Overseas *JUL 1 1919*

Returned on S.S. *Cassandra* Cause *Discharge*

~~18-11-19~~ PASSED TO DEMOBILIZATION OFFICER

~~21-11-19~~ DISCHARGE APPROVED ON DEMOBILISATION.



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

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

- 1. Unit and Corps. *Royal Rifles*
- 2. Regtl. No. *138* 3. Rank. *Pte*
- 4. Name *England John*  
(Surname) (Christian Names)
- 5. Age last birthday. *26*
- 6. Posted for duty on..... at.....  
in category (or grade).....
- 7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.  
(b) Date of Discharge ;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)
- 8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—  
(a) When  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

*The complaint is of a disability*

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.)*

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?

*Repatriation*

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.

*W. E. Procunier. Capt. Rank*

Medical Officer in charge of case.

Station *Hazelby Bourne*

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