



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4372 Name Joseph Felix Corps R.C.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | I. <u>Joseph Felix</u>             |
| 2. What is your full Address? .....  | 2. <u>Felix Cove</u>               |
| 3. Are you a British Subject? .....  | 3. <u>Bay St. George</u>           |
| 4. What is your age? .....   | 4. <u>24</u> Years <u>—</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Fireman</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, Joseph Felix 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.

Joseph Felix SIGNATURE OF RECRUIT.

J. W. P. Atman Signature of Witness.

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

I, Joseph Felix 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 28 day of March 1918

Signature of Attesting Officer George Lambert Major

**† CERTIFICATE OF APPROVING OFFICER.**

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

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

Date.....191..... } Approving Officer.

Place..... }

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Joseph Felix  
 Apparent age 24 years — months. Height 6 feet — inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Felix Felix Cove  
Bay St George | Relationship Father

### 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>28-3-18</u>									
Joined at <u>St. George</u> on <u>board 28-18</u>									
				<u>Disembarked July 20 1919</u>					
				<u>Disembarked St. George to Halifax N.S. 11.6.18.</u>					
				<u>Disembarked for 196 S. 26.10.18.</u>					
				<u>Joined 13th Bn. 3-11-1918.</u>					
				<u>Arrived in N.S. from 196 S. 22.4.19.</u>					
				<u>to the employment for demobilization 22.5-1919.</u>					
				<u>Arrived to wife's island 1-6-1919.</u>					
Total Service forfeited as above <u>Demobilization 20-7-19</u>									
Total Service towards Engagement to <u>20-7-19</u> (date of discharge)									
					1	115	years days		
Pensions									

Reg. No. W372, Rank Pvt. Name Felice, Joe  
 Attested 28.3.18. Address Felice Cove, B. St. Ger.  
 Allotment 50 Allotee Emil Felice (Father)  
 Date of Allotment 1-6-18. Returned from Overseas \_\_\_\_\_  
 Embarked for Overseas JUN 11 1918 Cause \_\_\_\_\_

28.2.18	Vacc. <sup>at</sup> <u>Nov 17-5-18</u> <u>Indonee 25-5-18</u> <u>3rd Indonee 5<sup>th</sup> 18</u>
Granted extension leave till	<u>29-4-18.</u> Returned from leave <u>11-5-18</u>

C.R. 4372

Extract from Daily Orders Part 11 Unit The Royal Sfld. Regt.,  
By Lt. Col., T.G. Mathias, D.S.O. Commanding 1st Batta. 3-11-18.

The following joined the "atta. 3-11-18.

4372 Pte. J. Felix.

C Coy.

C.R.

4372

Extract from Nominal Roll from 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.

#4372 Pte. J. Melix.

C.R. 4372

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt.  
St. John's, July 25th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 18-7-19

4372 Pte. Jos. Felix.

C.R. 4372

Extract from Daily Orders Part A1 Depot, St. Johns,

Date June 18th 1919.

4372, Pte. J. Felix.

Reported at Headquarters 1/6/19.

on "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4372

Extract from General Roll Re-inforcement Draft No. 55 Herbert Folkeston  
24/10/18, from 2nd Batta, Royal Newfoundland Regiment Massey Barracks  
Winchester, to 1st Batta, Royal Newfoundland Regiment S.E.F.

4372 Pte. Felix, J.



C.R. 4372

Extract from Daily Orders Part II. From Unit/The Royal M216.  
Regiment, St. John's, dated June 14th 1918.

4372 Pte J. Felix

Embarked for Overseas with draft 11-6-18.

C.R. 4372

Extract of Daily Orders part 11, for Unit The Royal  
Newfoundland Regiment, St. John's, dated March 30, 1918.

#4372 Pte. Joseph. Felix.

Attested for General Service, with effect from 28/3/18.

Felix, Jr.

C.R. 4372

P. P. O.



To: The Chief Paymaster,  
Royal Newfoundland Regiment,  
59 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
1372	Pte	Lewis	£250	Lewis

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

atc Lewis  
July 1/18

Lewis

J.  
Helix J

4072

Hay Sept.

July 22, 1919

#4372 Pte. Joseph Felix,  
Felix Cove,  
Bay St. George's.

Dear Sir:-

Please find enclosed Discharge Certificate #2189.

Yours truly,

Captain & Quaysmaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4372 Rank Pte Name Felix J  
 Intended place of residence Felix Cove ST George

2. Occupation Fisherman  
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

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

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

Place, ST. JOHN'S

Date JUL 4 1919

*H. Meus A.*  
 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 4 - 1919

*Felix J*  
 Signature of soldier

*J. J. Knowlton*  
 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 4 - 1919

*Felix J*  
 Signature of soldier

*James O. Newman*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 22-3-18 No. of days on Military  
 Discharged from service 6-7-19 Plus 14 days Service 486

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 6 1919

*R. H. Daint Major*  
 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 20/1919

*M. Howley Capt*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*27B 20 79/3189*

4  
20  
31  
20  
20  
5



# The Royal Newfoundland Regiment

Class for Demobilization: 7

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 3.7.19

Regimental No. 4372

Name Felix Joseph

Rank Plt.

Address Felix Cove St Georges

Present Medical Category A1

Recommended for: (a) Immediate discharge  
(b) Standard Medical Board

Members of Board

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

H. Paterson  
Senior Medical Officer

J.W. Burden  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4372 Rank Pte Name Felix J  
 Date of Enlistment 22-3-18 Address Faliscloze District St. John's  
 Occupation Soldier Classification for Discharge By Medical Category A0  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D. F. 1	1
B 178	W 3404	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.

*hit Newman* *Felix J*  
*mark*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied \_\_\_\_\_

Date 4-7-19 O. i. c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. <sup>R2159</sup> ~~3824~~ to his home at Felix Cove and Release Certificate No. 3185 issued.

Date 4-7-19

J. H. 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 20-7-19

Date 4-7-19

J. H. Knowlton  
Depot Paymaster.

Discharged approved for 6-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 288	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	do 5th	" 6
B179c	B 120	M 93		

*2 Form B*

Date 4-7-19

J. H. Knowlton  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 6 1919

R. H. Sait MAJOR  
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.

*Helix G.*

Signature of Man.

Reg. No. 4372

*J. J. Knowlton*

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

4-7-19

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## Medical Report on an Invalid.

Station Hayley Down CampDate 20.11.19

1. Unit Royal Newfld
2. Regimental No. 4372
3. Rank Pvt
4. Name Felix J.
5. Age last birthday 26
6. Enlisted { on 22.8.18  
at St John
7. Former Trade or Occupation } Fisherman
- 7A. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

### 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

#### Statement of Case.

*Note.*—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil  
nil
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- na

13. What is his present condition?

*He complains of no disability*

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

*na*

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

*na*

16. Was an operation performed? If so, what?

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

*na*

18. *In case of loss or decay of teeth:* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Repatriation*

\_\_\_\_\_  
Officer in medical charge of case

*Major*  
*Seakins*

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *H.D. Camp*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *30.4.19*

\*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.

† Delete this word if no exceptions are to be made.



## 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 Office 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 *Joseph Felix*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4372*

Intended address *Felix Cove, St Georges*

Height on discharge *6* Feet *2*

Color of hair on discharge *Light brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *Emil*

Christian name of Mother *Julia*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Felix Cove 15-11- age 25-1894*

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) *Joseph Felix*  
*mark*

(Rank) *Pte*

Station *St Johns*

Date *July 2-7-19*

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 of Hospital,  
Unit, or Command Depot.

Station

Date

## Medical Report on an Invalid.

Station Wagley DownDate 30-4-18

1. Unit Royal Newfoundland. 7. Former Trade } Fisherman.  
 or Occupation }
2. Regimental No. 4372
3. Rank Pte
4. Name Felix J.
5. Age last birthday 25
6. Enlisted { on 22-3-18  
 at St Johns
- 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No.;  
 (c) Date of Discharge;  
 (d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.***(Other disabilities should be reported upon in answer to question No. 19).*Statement of Case.

*Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.*

9. Date of origin of disability. ni
10. Place of origin of disability. il
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. ni
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— ni
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.



13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

*He complains of no disability*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Repatriation*

*W. H. S.*

*W. H. S.*

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Wazirly Dava*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *30-4-18*

\*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.

† Delete this word if no exceptions are to be made.

The Royal Artillery Regiment

DEMOBILIZATION

No. 1572 Rank

Name

*Belcher*

Warned for demobilization on

JUL 4 1919

**Casualty Form—Active Service.**

Regiment or Corps 21st ROYAL NEWFOUNDLAND REGT.

Rank 910 Surname Felix Christian Name Joseph

Religion A.C. Age on Enlistment 24 years — months

Enlisted (a) 28/3/18 Terms of Service (a) DURATION Service reckons from (a) 28/3/18

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

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

Occupation Postman [Signature] Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B-219, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B-219, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked	26 OCT 1918		
		Disembarked	3 NOV 1918		
		Joined Battalion			
		Arrived in UK		13/4/19	

*[Large handwritten signature/initials]*

(e) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(f) Signaller, Shoeing Smith, &c.

*Next of Kin: Father, Samuel Felix, Felix Cove, Bay St George, Newfoundland.*

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

# MEDICAL HISTORY

Surname Felix OF Christian Name Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish Felix Cove County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	28 <sup>th</sup> day of March 1918	St Johns	day of	191
Declared Age	24 years	days	years	days
Trade or Occupation				
Height	6 feet	inches	feet	inches
Weight	178	lbs.		lbs.
Chest Measurement	Girth when fully expanded	37 1/2 inches		inches
	Range of Expansion	4 1/2 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	ARM			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Lambertson</u>			
(Rank)	Major			
Enlisted	at	St Johns	at	
	on	28 day of March 1918	on	day of 191
Joined on Enlistment	Corps.	The Royal Newfoundland	Corps.	
	Regtl. No.	4372	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

4372



ital or to the sick list in case of Warrant Officers treated in quarters.

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 hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

*Discharged to duty.*

*CS. Merian*

**CAPT. U.S.A.** M. 9.



July 26th 1919.

4372, Pte. Joseph Felix,  
Felix Cove, P.A.U.P.

Dear Sir:

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

Yours truly,

Capt. & Paymaster

RS/.



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... *Joseph* ..... 2. Surname... *Felix* .....
3. Rank... *Pl.* ..... 4. Regtl. No. *#272* .....
5. Address in full to which future payments of gratuity are to be forwarded... *Delix Cove Port au Port* .....
6. Date of enlistment in the Regiment... *March 25/1918* .....
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... *No.* .....
9. Address in full of such dependents... *No.* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No.* .....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *In France Belgium & Germany* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *1 year & 3 months* .....
- ..... 1-2 .....

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

*No*

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

*No*

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

*No*

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

*no*

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

*No*

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

*No*

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

*No*

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

*No*

*July 4/19*

(b) Reason for discharge.

*Remot*

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 Oct 1918 to Feb 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:

*his*  
*Joseph X Deliy*

Place of Residence:

*Deliy Case Post on Post*

Declared before me at:

*St. Joseph*

This

*4<sup>th</sup>*

day of

*July*

19. *19.*

*John M. Carthy*  
*JPC*

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

POST DISCHARGE PAY.

Date paid Paid Soldier. Dependent.

War Service Gratuity.

Net amount due

*11 mos.*

*280.00*

Certified correct.

Paymaster

*[Signature]*





ST. JOHN'S, July 4<sup>th</sup> /19

**Royal Newfoundland Regiment.**

Billeting Account,

To St. J. Felix

Billeting Soldiers as undermentioned

from June 4<sup>th</sup> /19 to June 27<sup>th</sup> /19

4372 St. J. C. Felix 22 70

ACCOUNT	<u>2293</u>	INITIALS	<u>ew</u>
GEN LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN LEDGER		INITIALS	

Certified correct for \$ 22 70

J. H. Howlett  
Billeting Officer.  
St. J. Felix  
ew

C.R. 4372

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.....

*Joseph Felice*

Date.....

*Dec 4 1919*

Place.....

*Felice Cove*

CR. 4372

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL, 1914-1919.

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

NO. 4372. NAME. Joe Felix

DATE. June 15  
PLACE. Y. Felix Corp.

2-157 0



Receipt for Army Book 64

No. .... 4372 ..... Name. *A. Smith* .....

To Certify that I have received the AB 64 of the above  
named soldier.

Name. *J. Felix* .....

Date. . . . . *8. 1920* .....

Place. *Felix boat* .....

H.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"



## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheets

one

Regiment of

The Royal Newfoundland

Signature of O. C. Company

H. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Joseph Selin	Age on	24 years 7 months	Falckman	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	28-3-18	R.C.	
Joined		Date	Period of } with Colours, 115 years. with Reserve 365 years.	Place of Birth	
Joined		Date			

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
-------	-----------------	------	----------------------	---------	--------------------	--------------------	---	-----------------	---------

Demobilized St. Johns, 20<sup>th</sup> 19

To be carried over

Army Form B. 121.

Reg. No. 4272 ... Rank

Name

Felix Joseph

Attended

At

Felix Cove

Allotment

Allottee

Date of Allotment

Returned from Overseas

29-5-19

Returned on S.S.

Cause

Discharge

4 4 19  
6 4 19

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILISATION**

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 372 Rank Plt Name Felix J. [unclear]  
 Date of Enlistment 22-3-18 Address Felixclong District [unclear]  
 Occupation Postman Classification for Discharge V 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	3
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 \_\_\_\_\_ O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

hit [unclear]  
Postman Felix J.

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 4-7-19 O i.c. Re-clothing \_\_\_\_\_

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 21372 Rank Pte Name Halix J  
 Date of Enlistment 22-3-18 Address Halifax District Halifax  
 Occupation Butcher (Classification for Discharge V) Medical Category A  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P 36	B 288	B 121	N.F. Med	D.F. 1	1
B 178	W 8494	B 122	Board 1st	" 2	3
B 178a	D 400A	B 1915	do 2nd	" 3	
B 178	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.

*hit* Merchant Post Office

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 \_\_\_\_\_

Date 4-7-19 O i/c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. <sup>R2159</sup> <sub>3824</sub> to his home at 55-4 and Release Certificate No. 3185 issued.

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

Date 4-7-19 *J.A. Sawle*  
Depot Paymaster.

Discharge approved for 6-7-19  
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 3404	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*2 Form B*

Date 4-7-19 *J.A. Sawle*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity**

Date JUL 6 1919  
O. C. Discharge Depot.

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

Date July 21 19 *[Signature]*



C.R. 4372

May 9th, 1922

To:- Paymaster

Please issue cheque payable to Mr. Emilio  
Felix of Creek Road, St. Georges, for the amount of \$21.00,  
covering board due him on account of No. 4371 H. Felix,  
4572 J. Felix, 4373 W. Felix.

Lieut.-Col.,

Chief Staff Officer.