



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5952 Name Jordan Flagg Corps Noravian

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Jordan Flagg
2. What is your full Address? 2. Cham Labrador
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years Months
5. What is your Trade or Calling? 5. Postman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? .. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10.) Name) Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Jordan Flagg 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.

Jordan Flagg SIGNATURE OF RECRUIT.
Carl Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Jordan Flagg 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 Cham on this 9 day of Aug 1915.

Signature of Attesting Officer Ab. Dickson

†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 9th
 If enlisted by special authority such will be attached to the original attestation.

Date Aug 10 1915
 Place Cham } Approving Officer.

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

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

C.R. 5952

Extract from Daily Orders Part II Unit The Royal WFLA.
Regt. St. John's, ~~2000-1918~~ 15-7-19.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 24-7-19

5952 Pte. John Flagg.

C.R. 5952

Extract from Daily Orders Part II Unit The Royal Wfld.
Regt. St. John's, Aug. 16th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/o Records from 7-8-19.

5952 Pte. J. Flagg.

C.R. 5952

Extract from Daily Orders Part II. Unit The Royal Field. Regt.
St. John's, July 31st 1919.

5952 Pte. J. Flagg.

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

C.R. 5952

Extract from Daily Orders Part II by Lt. Col. Barton D.S.O.
Commanding 2nd. Battn. Royal Newfoundland Regiment, Jany. 27/19.

The Undermentioned having reported back from Hospital is
taken on the Strength from 26-20-18.

5952 Pte. Flagg, J.

C.R. 5952

Extract from Casualties received from Pay & Record
Office, London dated October 19th., 1918.

5952 Pte. J. Flagg.

THE ABOVE MENTIONED (from H. M. Transport) were admitted
to 4th., Southern G. Hosptl. Plymouth. 11th 10/18.

Y

TT

C.R. 5952

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, 3-9-18.

5952 Pte. J. Flagg.

Admitted to General Hospital 3-9-18

C.R. 5952

Extract from Daily Orders part II, from Unit The Royal
Nfld. Regt. St. John's, dated August 12, 1918.

#5952 Pte. Jonathan Flagg.

Attested for General Service with the Royal Nfld. Regt.
from 9-3-18

C.R. 5952

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.
St. John's, dated Sept. 5th, 1918.

5952 Pte. J. Flagg.

Discharged from Barracks Hospital 5-9-18.

C.R. 5952

Extract from Medical Roll Entained St. John's for Overseas.

Sept. 23, 1918. "F"

5952 Pte. Flagg Jonathan.

A. E. Hagg

C.R. 5952

1870

21725/1

Southern General
Plymouth.

31st Dec. . . . 8 .

5952 . . . Pte.

N. F. Flagg,
2.0.0.

cheque no 11267
Date 3-1-19

Paymaster of
Newfoundland Contingent

To Flagg
Edward
Ford House,
10th Southern
Gene Hosp.
Plymouth



P/4

Will you please forward to
me the sum of £2 (two pounds)
and charge the same to my
account. I have been in hospital
two months and received no pay.

No. 5952

RANK

Pte.

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE.	
Ref. Nos. 18	11286
Rec'd	28 DEC 1918
Ack'd	
Ref. Nos. 21725/1	21725/1
Countersigned	
[Signature]	
CHAS. G. ...	
Comd.	
P & A.	
R. & C.	
B & F.	
P. S.	

NAME

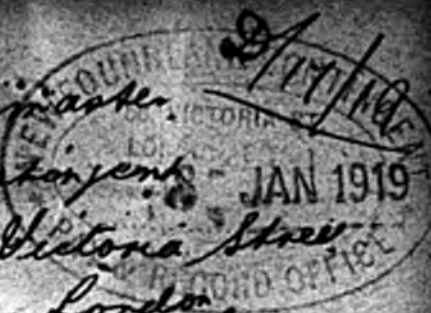
Flagg R. J.

£2.
30/12/18.

[Signature]

Major, R. A. M. ...
Officer in Charge
Ford House Military Hospital
DEVONPORT

To the
Chief Paymaster
N. Contyent
58. Victoria Street
London
W.



Received from the
M. wife, Ford Military
Hospital, Devonport a
cheque No 11267 for
£2. as forwarded for
me.

Ref No. 5452
Name John Flagg
Rank N.C. Lt
Reg New. Con.

forwarded, please
the cheque was paid to Mr Flagg
by me today

6.1.19
R.B. R. Bantford

Major, R. A.M.C. (A. & F.)
In-Charge
Ford House Military Hospital
DEVONPORT

No. 21725/1

NEWFOUNDLAND CONTINGENT

N.F.P/48.

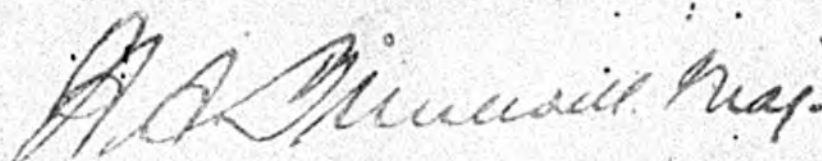
Pay & Record Office,
58, Victoria Street,
London, S.W. 1,

To: Officer Commanding,
Southern General Hospital,
Plymouth.

31st Dec. 1918.

With reference to request of (No) 5952 (Rank) Pte.
(Name) N. F. Flagg, Cheque No. 11267 for
£ 2.0.0. is enclosed for payment to this Soldier as may
be deemed fit.

Kindly complete receipt form on back of cheque before
presenting at a Bank.



Chief Paymaster & O. i/c Records.

M.O. i/c,
Ford House Section.

Passed to you.

W. H. H. H. H.
Lt. Col. R.A.M.C., T.F.,
Administrator, 4th S.G. Hospital.

Ford House, Devonport,
5.1.19.

Slagg. J

5952

Jay neph

August 5th 1919.

#5952, Pte. J. Flagg.

Nain, Labrador.

Dear Sir:

Enclosed please find Discharge Certificate
3584.

Yours truly,

Capt. &

Officer i/c records.

RS/.

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 *8.7.19*

Regimental No. *5952*

Name *Flanagan John*

Address *Main*

Present Medical Category *A 7*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

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

J.B. Brown
Senior Medical Officer

F.W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2932 Rank Plt Name Flagg J
 Date of Enlistment 9-8-18 Address Nain District Labrador
 Occupation Fisherman Classification for Discharge E Medical Category H
 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.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....	<u>1237-1</u>	" 6.....
B 179c.....	B 120.....	M 93.....	<u>181-1</u>	

Date 9-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable..... £60.00

(b) Clothing Supplied..... Amblush

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9879.9880 to his home at Spain and Release Certificate No. 3578 issued.

Date

10-7-19

J.A. Lawrence
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 1-8-19

Date

10-7-19

J.A. Lawrence
Depot Paymaster.

Discharge approved for

24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.	B 268.	B 121.	N.F. Med.	D.F. 1.
E 178.	W 3494.	B 122.	Board 1st.	" 2.
B 178a.	D 400A.	B 1915.	do 2nd.	" 3.
B 179.	D 400B.	Form L.	do 3rd.	" 4.
B 179a.	D 400C.	Form K.	do 4th.	" 5.
B 179b.	B 103.	ME 2.	1237-1	" 6.
B 179c.	B 120.	M 93.	181-1	

2 Form B

Date

10-7-19

J.A. Lawrence
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 24 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.

Gallego J.

Signature of Man.

Reg. No. 5952

J. J. Knowlton

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

10-7-19

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

MEDICAL HISTORY

Surname Flagg Christian Name Jonathan

Table I.—GENERAL TABLE

Birthplace:—Parish <u>Main</u> <u>Labrador</u> County <u>Newfoundland</u>					
		<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>	
Examined	on	<u>9</u> day of <u>Aug</u>	191 <u>1</u>	on	day of 191
	at	<u>St Johns</u>		at	
Declared Age		<u>21</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>				
Height.....		<u>5</u> feet	<u>23</u> / <u>16</u> inches	feet	inches
Weight.....			lbs.		lls.
Chest Measurement {	Girth when fully expanded	<u>35</u> inches		inches	
	Range of Expansion	<u>3</u> inches		inches	
Physical Development					
Vaccination Marks {	Arm	Right	Left	Right	Left
	Number				
When Vaccinated					
Vision.....	R.E.—V=	<u>6/6</u>		R.E.—V=	
	L.E.—V=	<u>6/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease.....	(a)			(a)	
(b) Slight defects but not sufficient to cause rejection	(b)			(b)	
Approved by (Signature)	<u>Lammie Patterson</u>				Medical Officer
(Rank)	<u>Flagg</u>				Medical Officer
Enlisted	at	<u>St Johns</u>		at	
	on	<u>9</u> day of <u>Aug</u>	191 <u>1</u>	on	day of 191
Joined on Enlistment.....	Corps	<u>Royal Nfld 5952</u>		Corps	Regtl. No.
		<u>Regiment</u>		<u>ROYAL NEWFOUNDLAND REGIMENT.</u>	
Transferred to					
Became non-effective by.....	on	day of	191	on	day of 191
(Signature)					
(Rank)					

Table II.—Only for admission to hospital or to the sick 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				
4th Southern Depot Devonport	11	10	18	23	1	19	Pneumonia	405	Deliberate in improving	<i>Mordini Col</i> <i>H.S.P.</i>
Hazelton Down	7	2	19	15	2	19	Influenza	8	Discharged to duty	<i>C.S. Mivian</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 Newfoundland* 7. Former Trade or Occupation } *Fisherman*
 2. Regtl. No. *5952* 3. Rank..... *plie* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Hagg*..... *Jonathan* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday... *19*.....
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

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

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i) Service during the present war
- (ii) Previous active service
- (iii) Climate in pre-war service
- (iv) Ordinary military service before the war
- (v) Serious negligence or misconduct on the man's part

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

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

15. What is his present condition?

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

He complains of no 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. Proctor *Capt Raine*

Medical Officer in charge of case.

Station *Hazley Down*

Date *10/4/19*

* 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



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 Flagg*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5952*

Intended address *Nain*

Height on discharge *5 Feet 3*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *—*

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 *Nain 1898 July 14th*

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 Flagg* witness *W. Carmichael* (Rank) *Pte*
mark

Station *ST. JOHN'S* Date *5.7.19*

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.

Station

Date

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
UK Can 34	5952	Pte	Flagg	Jno
Year	Unit.	Age.	Service.	
1918	Newf. Rgt E Coy	21	4 1/2	
Station and Date.	Disease			
Ford House 11.10.18	Pneumonia	Admitted from city of Lins. with fever & cough. diagnosed Pneumonia.		
14. 15 ⁺		Slightly improved. improving		
17/11/18		Patient greatly debilitated. does not recuperate very fast so on sick leave J.F.M.		
26/11/18.		Discharge to M.C.E. J.F. Montgomery St. Michael's Windsor		
20-1-19		Transferred to Millbay H.S.P.		
V.A. HOS. JAN 19		Transfer to Winchester H.S.P.		

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(223) W2944/P138 2,930,000 1/18 MCA & W Ltd Forms I. 1237/13 (52849)

CASE HISTORY SHEET.

No. 5952 Rank Plt Hospital Am T. Huntscud Station
 Name Flagg, J. Age 21
 U.S. Army Reg. R. West. Reg. Completed years of service Where and how long
 Date of admission Oct. 13/18 Date of discharge
 Diagnosis Influenza Place of origin Ship

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints: Pain in chest.

Feeling miserable.

Present condition: General appearance depressed.

Dull and stuporous. Breathing heavy.
 Bleeding from the nose and throat. Tongue
 heavily coated, throat injected. Several cyanotic
 examinations of chest shows numerous
 subcrepitant rales throughout. Heart slightly
 enlarged to the left. Pulse 120. Resp. 36. Temp 103.
 Herpes about the angles and throughout
 the lower lip. Teeth in bad condition (Jords)

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases)

— not obtained.

TREATMENT

(Especially any specific or special form)

Rest in bed - Forced fluids
 Mouth, nose and throat wash q. 2 h.
 Paint nose & throat w protargol 50% b.i.d.
 Liquid sponges prn.
 S. Senna q. 2 d.

CONDITION ON DISCHARGE

(and disposal made of case)

Patient is improving. Pulse 80-90. Temp
 normal. Resp. 20-24. Bleeding stopped.
 Expression bright and takes nourishment well.
 Rest convalescing in the hospital.

Date Oct. 9/18.

A. B. Bennett, Capt.
 Medical Officer i/c case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form

Corps N. R.
No. 5952

Rank and Name Pte Jeagg

Age 21

Military Hospital Ford

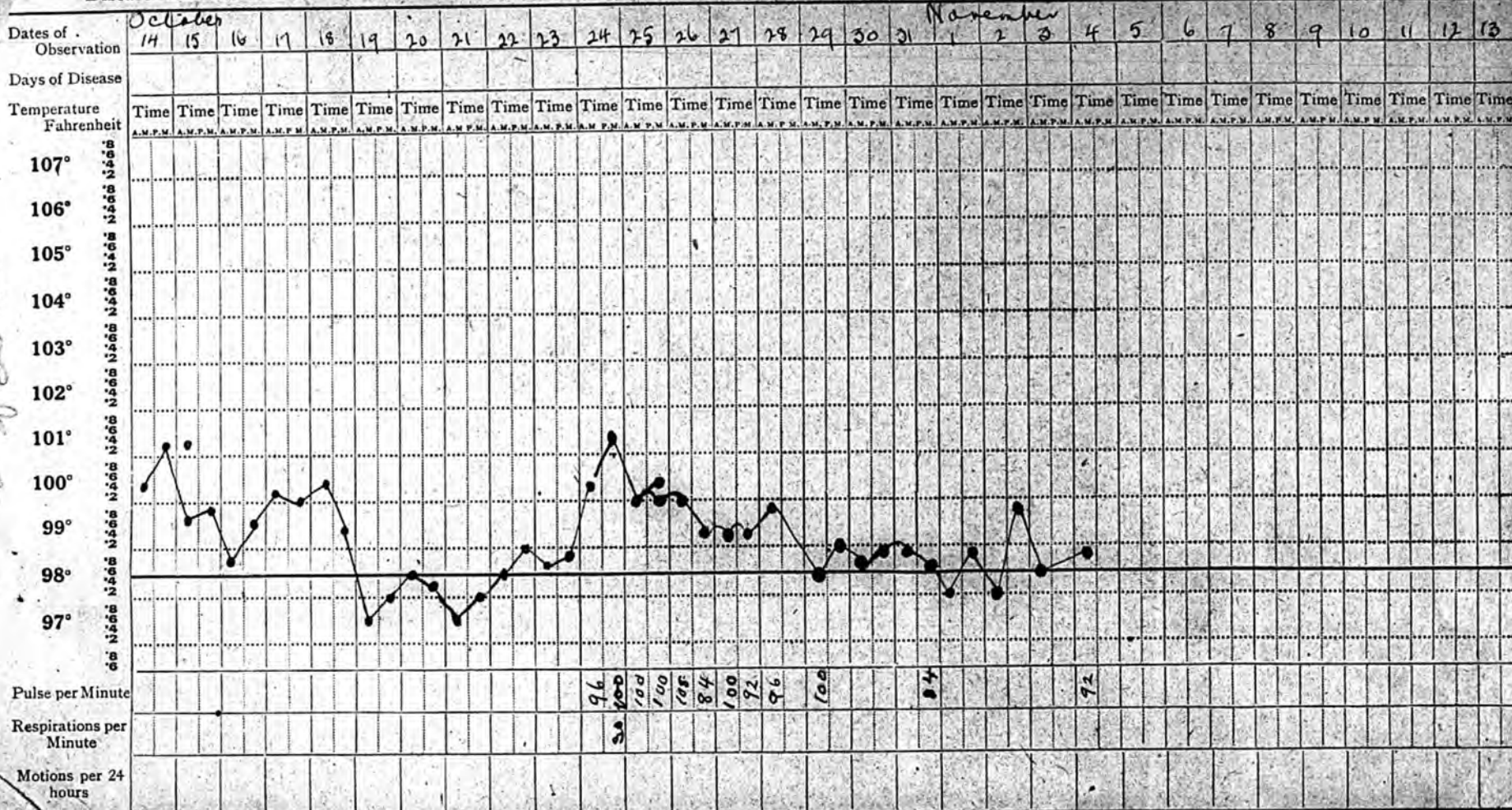
Service 7/12

Disease _____

Date of admission 11.10.16

Date of discharge _____

Result _____



Miss G. S. ...

August 15, 1919

Mr. John FLAGG,
Nain,
LABRADOR.

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..... *John* 2. Surname..... *Raggan*

3. Rank..... *Plt* 4. Regtl. No..... *5952*

5. Address in full to which future payments of gratuity are to be forwarded..... *Main Labrador*

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..... *not applicable*

9. Address in full of such dependents..... *not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*

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

12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *3 1/2 years months*

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. *Not applicable*

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. *Not applicable*

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 Res? *no* If not give? - (:) Date of discharge. *Jul 25/19*

(b) Reason for discharge. *Removal*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service. *No - England only*

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 X Hagg*
 Place of Residence: *Maine, Labrador*
 Declared before me at: *St John's*
 This *11* 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 H. Corbett JP*

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

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰/₁₀₀

July 17 1919

Received from the First Newfoundland Regiment

the sum of Seventy Dollars.

on account
balance

of Pay. W. S. J. C. S. his

W. S. J. C. S. Hagger
Witness
Regtl. No. Rank

Ch. No. 3153 Initials. Allh...

Pay Ledger... 184 Initials. wn...

Gen. Ledger..... Initials.....

No. 5952

Rank

Pte

Name

Flagg - J

5952 Flagg

P.M.

Please make post pay. W. S. G.

7/7/19

F. C. S.

W. S. G.

C.R.

5952

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 Flagg # 5952

Royal Mtd. Regiment

Date.....

March 26, 1920

Place.....

Nain, Labrador



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15 1921

1921.

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

Jonathan Flagg

in respect of his service as No. 5952 Rank Pte.

~~Name~~

J. Flagg

Royal Nfld. Regt.

~~Nfld. Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received

Mitchel

Signature

John Flagg

Date

Oct 22.

Address

King Lakercher

[P.T.O.]

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* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5952* 3. Rank. *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Flagg* } (Surnames) } *Jonathan* } (Christian Names)
5. Age last birthday..... *19*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court

- (b) Date of Discharge ; *17 31*
- (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

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

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i) Service during the present war
- (ii) Previous active service
- (iii) Climate in pre-war service
- (iv) Ordinary military service before the war
- (v) Serious negligence or misconduct on the man's part. }

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

15. What is his present condition?

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

He complains of no Disability

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.

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. Proennier

Copies Name

Medical Officer in charge of case.

Station *Hazley Down*

Date *10/4/19*

* 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

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5952 Rank Pte Name Flagg J
 Intended place of residence Main

2. Occupation Internment
 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 Regulations.

Place, ST. JOHN'S

Date JUL 10 1919

Mrs 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 10 1919

John X Flagg
 Signature of soldier
W. Heaton QMS
 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 10-7-19

John X Flagg
 Signature of soldier
W. Heaton QMS
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 9-8-18 No. of days on Military
 Discharged from service 24-7-19 Plus 14 days Service 364

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, 14 days from date.

Place, ST. JOHN'S

Date 10-7-19

N.R. Coope 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 7/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

07A 20 791 3584

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2922 Rank Str Name Flagg, J.
 Date of Enlistment 9-8-18 Address Nain District Labrador
 Occupation Fisherman Classification for Discharge E₁ Medical Category H₁
 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
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		

1237
18.1

Date 9-7-19O. C. Discharge Depot. H. News H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date JUL 24 1919

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) ~~Clothing~~ Supplied

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ^{9879.9880} 3378 to his home at Gain and Release Certificate No. issued.

Date 10-7-19

J.A. Snowcraft
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 7-8-19

Date 10-7-19

W. H. ...
Depot Paymaster.

Discharge approved for 29-7-19

Forwarded with following documents to O.C Discharge Depot.

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

1237-1
181-1

2 Form B

Date 10-7-19

J.A. Snowcraft
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 24 1919

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

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

Date July 21, 19

W.H.