



4 THE ROYAL NEWFOUNDLAND REGIMENT /

ATTESTATION OF

No. 4836 Name John Ford Corps cuft

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John Ford
2. What is your full Address? 2. Upper Canada 101a
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 26 Years Months
5. What is your Trade or Calling? 5. Underman
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 Ford 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.

1-5-16

John Ford
J. Daymond

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Ford 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 on this 1st day of May 1916

Signature of Attesting Officer

James

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 May 1st 1916

Place St. John's

Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Ford
 Apparent age 25 years months. Height 5 feet 0 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Robert Ford
Upper Amherst Co. Va. Relationship Daughter

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards time of engagement reckons from <u>1-5-18</u>									
Joined at <u>St. Johns</u> on <u>May 1-1918</u>									
Discharged <u>July 7, 1919</u>									
<u>Embarked St. Johns S.S. Columbia to Halifax N.S. 22/4.</u>									
<u>To Newfoundland for demobilization 22-5-1919.</u>									
<u>Arrived Newfoundland 1-6-1919</u>									
<u>Demobilization St. Johns 7-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>7-7-19</u> (date of discharge) <u>1</u> years <u>68</u> days									
Pensions									

C.R. 4836

Extract from Daily Orders Part 11 Unit the Royal RFLA. Regt.
St. John's, July 18th, 1919.

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

4836 Pte. John Ford.

C.R. 4836

Extract from Daily Orders Part II Royal Newfoundland Regiment.

Depot St. John's June 13th 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 23/6/19.

836 Pte. J. Ford.

C.R. 4836

Extract from Daily Orders Part II Royal Newfoundland
Regiment dated June 18th 1919. Depot St. John's.

Admitted to M.I.D. Hospital 1/6/19.

4836, Pte. J. Ford.

Date

C.R. 4836

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

Date 18-6-19.

Reported at Headquarters ex "Corsican"
which sailed Liverpool May 22/1919.

4836 Pte. J.Ford.

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

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

C.R. 4836

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

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

#4836 Pte. John Ford.

C.R. 4836

Extract from Daily Orders part 11, from Unit The Royal ¹⁴ M.F.H.
Mfld. Regt. St. John's, dated May 2nd, 1918.

n#4836 Pte. John Ford.

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

J. Ford

C.R. 4836

P. P. G.

FORM K

Nº 3934



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Ford, Regl. No. 4836

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 ^{and} or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2835</u>	<u>Father</u>	<u>Robert Ford</u>	<u>Upper Amherst Cove, B. B.</u>	
			Total Allotment, \$	<u>609</u>

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

Sig. James Seut
Officer Commanding
St John's A Company

May 16th 1918

(Sig.) John Ford
(Rank) Pte

James Arkhe
Cope

NEWFOUNDLAND CONTINGENT

From:

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



To: Officer Commanding,
2d. Bn. Newfoundland Regt.
Hazelton Down Camp,
Winchester.

2nd. January, 19196-1-1919Subject: 4836. Pte. J. Ford.

With reference to the following telegram (19&20) from the Hon. Minister of Militia, received

Pay to 4836 Ford - £6:0:0

Draft £6:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. H. Maunder
Chief Paymaster & O. i/c Records.

Receipt hereunder.

J. H. Maunder
LIEUT. COLONEL,
Officer Commanding,
2d. Bn. ROYAL NEWFOUNDLAND REGT.

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

J. Ford
No. 4836 Rank Pte

J. H. Maunder

Officer Commanding,
2nd. Bn. R. Newfoundland Regt.
Hazeley Down Camp,
Winchester.

2nd. January, 9
4836. Pte. J. Ford.

1920

Pay to 4836 Ford - £6:0:0

6:0:0

lga

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *4836* 3. Rank. *pl*
4. Name *Jordan* *Jordan*
(Surname) (Christian Names)
5. Age last birthday *24*
6. Posted for duty on at
in category (or grade)
7. Former Trade } *Gradesman*
or Occupation }
- 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.
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 (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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

14. State whether the disabilities are

(a) attributable to (b) aggravated by

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

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

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.)

See Complaint of his 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 ?

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

Repatriation

Station *Hazley Down*

Date *9/11/16*

Capt Rame
Medical Officer in charge of case.

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

Lord, J

4836

Ray Sept.

July 7, 1919

#4836 Pte. John Ford,

Upper Amberst Cove, B.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2716.

Yours truly

Captain
Raymaster & Co. i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. H. 836 Rank PLC Name John J
 Intended place of residence... Amherst Cove
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 ST. JOHN'S 1919
- [Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
- Place and date ST. JOHN'S JUN 9 1919
- [Signature]
 Signature of soldier
- [Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place and Date ST. JOHN'S JUN 9 1919
- [Signature]
 Signature of soldier
- [Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No of days on Military
 Discharged from service 23-6-19 plus 14 days Service 423

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S
- [Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
- Date JUN 23 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
- Place [Signature]
 Date July 7/1919
- [Signature]
 Officer in Charge Records
 The Royal Newfoundland Regiment

A.P. 2079/2716

The Royal Newfoundland Regiment

Class for Demobilization: *80*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 9.6.19

Regimental No. 2826

Name Ford John Rank _____

Address Upper Ambrose Cde.

Present Medical Category A1

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

Members of Board

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

W. Paterson
Senior Medical Officer

G.C. Burdell
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4836 Rank PLC Name Ford J
 Date of Enlistment 15 13 Address Ambleside District Burton
 Occupation Sherman Classification for Discharge 2 Medical Category 1 I
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 9.6.19

O. C. Discharge Depot.

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

Date 9.6.19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 1714 8-562* to his home
 at *Aurham Cove* and Release Certificate No. *2532 662* issued

Date *9-6-19*

J.A. Snow Capt.
 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 SUBJECT TO ADJUSTMENT OF QUARTER PAY ACCT.

Date *9-6-19*

J.A. Snow Capt.
 Depot Paymaster.

Discharge approved for.....

13-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
F 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....		" 6.....
B 179c.....	B 120.....	M 93.....		

Date *9-6-19*

J.A. Snow Capt.
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records. 1
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 23 1919*

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

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

Date

Civil Re-establishment Committee



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

To resume former occupation

Ford J.

Signature of Man.

Reg. No. 48363

J. A. Shaw Capt.

Signature of the Vocational Officer or his Representative.

Place

St. John's

Date

JUN 9 1919

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

MEDICAL HISTORY

Surname Ford

Christian Name John

Table I.—GENERAL TABLE

Birthplace:—Parish Upper Amberley Cove County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	May		
	at <u>S. Johns</u>		at	
Declared Age	25	years		days
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet		inches
Weight	138	lbs.		lbs
Chest Measure (Girth when fully expanded)	38	inches		inches
Chest Measure (Range of Expansion)	3	inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
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>Samuel Pearson</u>			
(Rank)				
Enlisted	at <u>S. Johns</u>		at	
	on	1 day of May 1918	on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>The Royal 4836</u>			
	<u>Nfld Regt</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 readmissions 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				
Mt. Hope Hospital Camp Lejeune 14. Wash. D. C.	29	3	19	8	4	19	Contusion of forehead	11	Returned off duty. Received no damage to head. Fit for garrison mail.	B. Mearns Capt. U.S. Army



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 Ford.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4834*

Intended address *Upper Lambert Cove*

Height on discharge *5 Feet 6*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Amputation left arm*

Figure on discharge *Medium*

Christian name of Father *Robert*

Christian name of Mother *Sarah*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Upper Lambert Cove 13-11-1892*

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 X Ford *St.*

Station

ST. JOHN'S.

Date

7-6-19

(Rank)

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station

Date



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

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

1. Unit and Corps. *Royal Newfoundland* }
 2. Regtl. No. *4836* }
 3. Rank. *Pvt* } *Fisher*
 4. Name *Jones* }
 (Surname) } *John*
 (Christian Names)
 5. Age last birthday. *24*
 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) Date of Discharge;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity
 (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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. *ni*
 12. Place of origin of disability. *ni*
 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. *ni*

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?

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.

Repatiation

*Coftr
Rlm*

Station *W. G. L. B. B. B.*

Date *9/1/19*

Medical Officer in charge of case.

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

July 8, 1919

#4836 Pte. John Ford,

Amherst Cove, B.B.

Dear Sir:-

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

Yours truly

Paymaster & Officer i/c Records.
Captain

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 *Ford*

3. Rank *Pte* 4. Regt. No. *4536*

5. Address in full to which future payments of gratuity are to be forwarded..... *Amherst Cove. D.B.*

6. Date of enlistment in the Regiment..... *Apr. 28/18*

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

8. Relationship of such dependents.....

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

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

11. Were you on active service only in 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..... *From Apr. 28/18*

To June 9/19..... 12

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?.....

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?.....

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

19. Are you now serving in the Res.?^{*No*}..... If not give:- (a) Date of discharge..... *June 9/19* (b) Reason for discharge.....

..... *Temporary Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....

..... *No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *No*

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

Signature of Applicant: *John Ford*
 Place of Residence: *Auburn Ave, B.B.*
 Declared before me at: *N. John, Nfld.*
 This *9th* day of *June* 19*19* *John W. Carthy*

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	Paid	War Service	Net amount
	Soldier.	Dependent.	Gratuity.	due
.....
.....
.....
Certified correct.				Paymaster

FORM K

No 3934



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Ford, Regl. No. 4836

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 and or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and or Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	Name (in full)	ADDRESS	AMOUNT (each person)
<u>3835</u>	<u>Father</u>	<u>Robert Ford</u>	<u>Upper Amherst Cove, B B.</u>	
Total Allotment, \$				<u>609</u>

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

Sig.) James Bent
 Officer Commanding
St John's A Company
May 16/1918

(Sig.) John X Ford
 (Rank) Private
 Witness:
James Arkhe
Capt.

RECEIPT,

C.R.

4936

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... 4.8.36. pl. John Ford

Date... Nov. 17th 1919

Place... c. Amherst Cove

14836

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 44826 Rank Plt Name Ford
 Date of Enlistment 15-18 Address Amherst District Amherst
 Occupation Fisherman Classification for Discharge E Medical Category A2
 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		

Date 9.6.19 O. C. Discharge Depot. H. M. Ins. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. John X Ford
Wit Fisherman

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 Alm. Johnston

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1714* to his home at *Ambard-bone* and Release Certificate No. *2532* issued.

Date *9-6-19*

J.A. Snow Capt.
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 *13-6-19*

Date *9-6-19*

J.M. H. H.
Depot Paymaster.

Discharge approved for *13-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1	
F 178	W 3494	B 122		Board 1st	" 2	1	
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 *9-6-19*

J.A. Snow Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 23 1919

Date

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

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

Date *June 19/19*

J. H. Sait Capt.
for O.C. Depot

Reg. No. *4836* Rank *Pte* Name *Good*

Attested Address *Upper Amherst Lane.*

Allotment* Allottee

Date of Allotment Returned from Overseas *1.6.19.*

Returned on S.S. *Crossican* Cause *Exemption*

Adm. 20 M.S.S. Hosp 1.6.19.

1.6.19.
1.6.19.

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.