



FIRST NEWFOUNDLAND REGIMENT

4236

ATTESTATION OF

No. 1236 Name Daniel C. Gillis Corps Pl.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Daniel C. Gillis</u> |
| 2. What is your full Address? | 2. <u>Sgt. Rank</u> |
| 3. Are you a British Subject? | 3. <u>St. George</u> |
| 4. What is your age? | 4. <u>29</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Journalist</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 |
| 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. { Corps |

I, Daniel C. Gillis 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.

H 10/1/17 Daniel C. Gillis SIGNATURE OF RECRUIT.

namorrissey Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Daniel C. Gillis 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 11th day of December 1917

Signature of Attesting Officer J. J. O'Riady

†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 1st Pl.

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

Date Dec 10th 1917

Place St. John's

Approving Officer J. J. O'Riady

† 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 Daniel L. Quinn
 Apparent age 27 years 8 months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Delia McLeave (Jane)
Highlands | Relationship Mother
St. Johns
 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>10-12-17</u>									
Joined at <u>St. John's</u> on <u>December 10-17</u>									
<u>Purchased a full rate</u>									
<u>Embarked St. John's S.S. Hoigel & Halper</u>					<u>29-1-1918</u>				
<u>Embarked for St. John's</u>					<u>2-7-18</u>				
<u>Embarked France</u>					<u>5-7-18</u>				
<u>James Dalton</u>					<u>9-7-18</u>				
<u>Transferred from Queen</u>					<u>22-7-18</u>				
<u>to Newfoundland for disability claim</u>					<u>22-5-19</u>				
<u>Disembarked St. John's</u>					<u>19-7-19</u>				

Total Service forfeited as above.....

Total Service towards Engagement to 19-7-19 [date of discharge] 1 years 222 days
 " " Pensions " " " " " " " " " " " "

C.R. 4236

Crabbe Station

7241

Nov th 6-11/19

Militia Dept-

Dear Sirs would you please send me the General service ribbon. I would like to get it as soon as possible my number was 4236

Dan C. Gillis
Highlands
Bay St-George

J. H. Jones
Action Head
[Signature]

C.R. 4236

Extract from Daily Orders Part 11 Unit The Royal Rifles

Regt. St. John's, July 24th, 1919.

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

4236 Pte. Deml. Gillis.

C.R. 4236

Extractor from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by C. C. Discharge Depot with effect from 5-7-19.

4236 Pte. D. Gillis.

C.R. 4236

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

Date June 18th 1919.

4236, Pte. D. Gillis.

Reported at Headquarters 1/6/19. NZ "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4236

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.

#4236 Pte. D. Gillis.

C.R. 4236

Extract from Nominal Roll to B. E. F. embarked
Folkestone. 2-7-18

#4236 Pte.D.C.Gillis.

C.R. 4236

Extract from Nominal Roll Draft "H" Company Embarked
S.S. "Florisel" Jan. 29th, 1918.

4236 Pte. Gillis D.

4236

CR

Extract from Daily Orders Part 11 Unit The Royal Hfld.
Regt. Dec. 10th, 1917.

4236 Pte. D. Gillis.

Attested for General Service with the 1st Hfld. Regt. on
Dec. 10th/17 to take effect on Dec. 11th/17

Le Hillis

C.R. 4236

Handwritten signature or initials

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 Fusiliers*
2. Regtl. No. *4236* 3. Rank. *plc*
4. Name *Gillis* *Daniel*
(Surname) (Christian Names)
5. Age last birthday. *30*
6. Posted for duty on *Dec. 10. 117* at *H. P. Luss*
in category (or grade).....
7. Former Trade or Occupation } *For Marching*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
(b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (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 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 | na | |
| (iv.) Ordinary military service before the war .. | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |

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

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

15. What is his present condition?

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

Decomposes from disability

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation
 Agreed W. E. Brown
 12/12
 Capt. K. K. K.

Station Hazelton B.C.

Date 29/4/19

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

047633

No. 9720/930

NEWFOUNDLAND CONTINGENT

N.F.P./73.

From

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

To

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

Subject: 18th June 1918

June 19th 1918

Subject: 4236, Pte. D. Gillis

With reference to the following telegram (5405) from the Hon. Minister of Militia, received

Pay to 4236 Gillis £4:0:0

Draft £4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

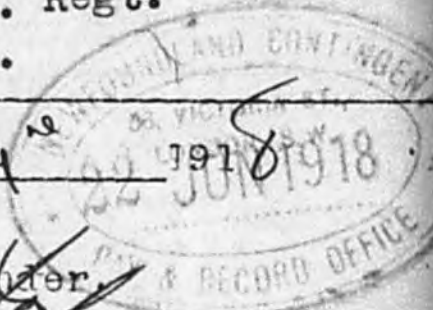
[Signature]
LIEUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
1st Newfoundland Regiment

Received the sum of Four

Pounds on account of cable remittance from Newfoundland.

D. Gillis
No 4236 Rank Private

Witness, J. G. Stewart 22nd



TO,- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set 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.

Regtl. No.	Rank	Name	Amount	Signature:
4236	Pte.	Gillis D.	\$2.50	

I have the honour to be, Sir,
~~Respectfully~~,
Your obedient servant.

D Gillis

Date

28-6-18

O.K. of 2-0-0 W.R. 8/1/19

Receipt no 304

8-1-19.

To Chief Pay Master

B. Keufeld. Regt.

Please Pay To:

No. 42 3rd. Pl. Jennings

The Sum of 2 Pounds.

& Return from account

T. E. Jennings A.

J. B. [unclear]



H. [unclear]

J. E. A.

No. 3193/118

From: NEWFOUNDLAND

CONTINGENT

N.F.P./80.

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

To: Officer Commanding,
1st Bn. Ryl Nfld Regt.
B.E.F.

25th February 1919

4236. Pte Gillis. D.C.

With reference to the following telegram from the Minister of Militia, / / (48.)

"Pay to- 4236. Gillis.

£10.5.0.

Kindly advise whether this remittance should be

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

W.P. Hunt
Chief Paymaster & O. i/c Records



4236 Pte D. Gillis

This man wishes this amount retained to the credit of his account please

A. D. Newman
Capt & Adj. LIEUT. COL.
COMMANDING 1st Bn, ROYAL NEWFOUNDLAND REGT.

Deposited
24/2/19
J.W.

Lillis, L

4236

Hay Sept.

July 22, 1919

#4236 Pte. Daniel Hallis,
Highlands,
St. George's.

Dear Sir:-

Please find enclosed Discharge Certificate #3151.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4236 Rank PL Name Gillis D.
 Intended place of residence Higglands ST Johns

2. Occupation Hunter
 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 3 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, ST. JOHN'S

Date JUL 3 - 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, ST. JOHN'S

Date JUL 3 - 1919

[Signature]
Signature of soldier

[Signature]
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service...	<u>10 - 12 - 17</u>	No. of days on Military
Discharged from service...	<u>3 - 7 - 19</u> Plus 14 days	Service... <u>387</u>

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 5 1919

[Signature]
 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 19/1919

[Signature]
 Officer in Charge of Records
 The Royal Newfoundland Regiment

28
31
28
31
20
31
19
20
19

[Handwritten] 2079/357

The Royal Newfoundland Regiment

Class for Demobilization:

F.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

2.7.19

Regimental No *4236*

Name *Gillis D.C.*

Rank *Pte*

Address *Highlands St Georges*

Present Medical Category *Ai*

Recommended for:— (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R.H. East
O.C. Discharge Depot.

J. Robinson
Senior Medical Officer

J.W. Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4236 Rank Plt Name Gillis, D.C.
 Date of Enlistment 10.14.17 Address Highlands District St George's
 Occupation Hunter Classification for Discharge E Medical Category F1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 27.19.

O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

D Gillis

Eligible for War Service Gratuity

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 3-7-14

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *A2208* & *818* to his home at *Highlands* and Release Certificate No. *3170* issued.

Date *3-7-19* *J. Snowball*
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 *14-7-19*

Date *3-7-19* *H. M. P. [Signature]*
Depot Paymaster

Discharge approved for *5-7-19*
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.....
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 *3-7-19* *J. Snowball*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Date *5.7.19* *R.H. [Signature] 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.

D C Gillis

Signature of Man.

Reg. No. *4286*

J H Snowbapt

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **JUL 3 - 1919**

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

MEDICAL HISTORY

Surname Gillis OF Christian Name Samuel C.

Table I.—GENERAL TABLE.

Birthplace:—Parish Highlands St. George County W.I.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>10th</u> day of <u>Dec</u> 1917 at <u>St. John's</u>		on _____ day of _____ 191 at _____	
Declared Age	<u>29</u> years <u>8</u> Months.		years	days
Trade or Occupation	<u>Navigator</u>			
Height	<u>5</u> feet	<u>8</u> inches	feet	inches
Weight		<u>140</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded... <u>37</u> inches		inches	
	Range of Expansion... <u>5</u> inches		inches	
Physical Development				
Vaccination Marks	Arms			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V= L.E.—V= <u>1917</u> <u>29</u> <u>1888</u>	
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Samuel Peterson</u>			
(Rank)	<u>Magr</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u> on <u>10th</u> day of <u>Dec</u> 1917		at _____ on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st W.I.</u>	<u>Regt. 4236</u>		
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

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 } *Fore Branching*
2. Regtl. No. *4236* 3. Rank. *Rt Lt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Gillis* *Daniel* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *30*
6. Posted for duty on *Dec 10 / 17* at *St Johns* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty ?
- (b) Date of Discharge ;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

Statement of Case.

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

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

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

nil

nil

nil

nil

1917

20

1887

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

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

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

He complains of no disability -

16. Was an operation performed? If so, when and what was its nature? na.
17. If not, was an operation advised and declined? na.
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? na.
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? na.

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.S. Pinner, Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hazeley D. Camp*

Date *29-4-19*

* 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 *Daniel Bonelius Gillis*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4236*

Intended address *Highlands, St. Georges*

Height on discharge *5* Feet *8*

Color of hair on discharge *Aburn*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father _____

Christian name of Mother *Jane*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Highlands, July 20th, 1895*

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) *D C Gillis*

Pte
(Rank)

Station *St. Johns*

Date *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 i/c Hospital.
Unit, or Command Depot.

Station

Date

Casualty Form—Active Service.

10-4-1887

Regiment or Corps *Royal Newfoundland*

Rank *Private* Surname *Esilis* Christian Name *Daniel E.*

Religion *R.C.* Age on Enlistment *29* years *8* months

Enlisted (a) *10-12-17*. Terms of Service (a) *Seven* Service reckons from (a) *10-12-17*.

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

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

Occupation *Shunter* Signature of Officer *[Signature]*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, 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.213, Army Form A. 36, or other official documents.
Date	From whom received				
		<i>AI</i>	Embarked ...	<i>2 JUL 1918</i>	
		<i>28. 6. 18</i>	Disembarked ...	<i>5 JUL 1918</i>	
		<i>Arrived in UK</i>	Joined Battalion <i>Field</i>	<i>9-7-18</i>	<i>B 213 d. 12/7/18</i>
				<i>27/7/19</i>	

Int

(a) 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.

(b) Signaller, Shoeing Smith, &c.

NEXT OF KIN: *Allen James Mc Isaac. Highlands Etzels w/ft*

July 24, 1919

#4236 Pte. Daniel Gillis,
Highlands,
Bay St George.

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..... *A. K. C. Gills*

3. Rank..... *A/C*

4. Regt. No. *4736*

5. Address in full to which future payments of gratuity are to be forwarded..... *Highlands Barr. St George*

6. Date of enlistment in the Regiment..... *November 10/17*

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..... *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..... *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Twenty 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.

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 Regt.? If not give - (a) Date of discharge

July 16/19

(b) Reason for discharge
Demobilization

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

France Germany + Belgium

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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

Signature of Applicant: *D C Gillis*
 Place of Residence: *Highland Bor St. George*
 Declared before me at: *St Johns area*
 This *3* 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 M. Carthy



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

RECEIVED BY
 1919
 27
 1919

No. *4236* Name *Billis D. G.* Sqn., Batty., or Company *A Royal Corp. Newfoundland* Date of enlistment *10-12-17* G.C. Badges }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. *1* Signature O.C. Company, etc. *W. H. [Signature]* Service or Proficiency Pay } Character *Good.*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Rouen</i>	<i>10-27-17</i>	<i>Plt</i>		<i>Deficiency of kit value 1/2 Cms Wardlaw</i>		<i>Pay for same</i>	<i>15-4-19</i>	<i>Mp Bernard</i>	<i>R28</i>

Army Form B. 122.

Highlands

Mc

17 8 19

Dept - of Militia

Dear Sir please

find enclosed my discharge Certificate
for Correction there is only my age
and height wrong on it

yours truly

W. C. Gillis

(p.o.) what about a discharge Badge
and ~~where~~ who are we supposed
to get them from

not entitled
to such Bad

A. W.

ST. JOHN'S, JUL 3 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To H. D. Gillis

Billeting Soldiers as undermentioned

from June 1st /19 to June 30th /19

4236 - H. D. Gillis 31 00

ACCOUNT	<u>B.M.</u>
CH NO	<u>2107</u> INITIALS <u>Lee</u>
IND LODGER	INITIALS
PAY LODGER	INITIALS
GEN LODGER	INITIALS

Certified correct for \$ 31

R.J.

[Signature]
Billeting Officer.
H. D. Gillis



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

OC 23
1921

Fold Here

Sept. 2 1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

Pte. D.C. Gillis

in respect of his service as No. 4836 Rank Pte.

Name D.C. Gillis

Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

Victory Medal & British War Medal

Signature

Dan C Gillis

Date

Oct 20, 1921.

Address

Craikes Station

West-Coast

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

1st Newfoundland

Number of Sheet

One

Signature of O. C. Company

W. H. [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>G. L. S. B.</i>	Age on	<i>29</i> years <i>8</i> months	<i>Hauler</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's</i> <i>10-12-17</i>	Religion	
Joined	Date	Period of	with Colours <i>222</i> years. with Reserve <i>365</i> years.	Place of Birth	
Joined	Date			<i>R. C.</i>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St. John's, 19 7/19</i>					

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No 4336 Rank Private Name Gillis D. G.

Date of Enlistment 10-12-17 Address Highland District St. George's

Occupation Hunter Classification for Discharge E Medical Category A1

Recommendation S. M. B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	/	N.F. Med	D.F. 1	/
B 178	W 3494	B 122	/	Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	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 2-7-19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am D. Gillis 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 [Signature]

Date 3-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2208 9818 to his home at Highlands and Release Certificate No. 3170 issued.

Date 3-7-19

J.A. Snowball
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

Date 3-7-19

J.A. Snowball
Depot Paymaster.

Discharge approved for 5-7-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	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
B179c	B 120	M 93.		

2 Form B

Date 3-7-19
J.A. Snowball
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 5 1919

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

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

Date July 21/19

Reg. No. *4256* Rank *Pvt* Name *Gillis, Daniel*

Attested Address *Highlands*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

3.7.19
5.7.19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.