



FIRST NEWFOUNDLAND REGIMENT

4291

ATTESTATION OF

No. 4291 Name James Grace Corps R. C.

Questions to be put to the Recruit before Enlistment

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

DURING THE DURATION OF THE WAR

I, James Grace 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. B. 1-18 James Grace SIGNATURE OF RECRUIT.
Robert Bell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Grace 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 Placentia on this 3rd day of Jan 1918

Signature of Attesting Officer W. B. 1-18

† 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 Jan 3 1918 Place Placentia } 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).....

Do Report Jan 7-18

J. Grace

C.R. 4291

~~110~~

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 North Devon B. Coy* 7. Former Trade or Occupation *Paper Maker*
2. Regtl. No. *44* 3. Rank *Sergeant* 7a. If the soldier claims previous service in Army, he should state—
4. Name *James* (Surname) *Grace James* (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday *21*
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 (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. *India*
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, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?

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

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.

Repatriation

W.E. Prosser, Capt R.A.M.C.

Station *Magaly Bour*

Medical Officer in charge of case.

Date *4/14/19*

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

No. 11239/1103

N.F.P./79.

NEWFOUNDLAND CONTINGENT

018109
9/11/18

From:

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

To:

Officer Commanding,
2/Bn. Royal Newfoundland Regt.,
Winchester:

12th, July 1918

Subject: 4291, Pte. J. Grace

With reference to the following telegram (6294) from the Hon. Minister of Militia, received

"Pay to 4291 Grace £8. 4. 5

Draft £8. 4. 5 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

17. 7. 18 191

Receipt hereunder.

Chambers
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n
Royal Newfoundland Regiment

Received the sum of £ 8

Eight Pounds four Shillings four pence account of cable remittance from Newfoundland.

James Grace
No. 4291 Rank Pte

Witness: 1227 J. Murphy

TO,- The Chief Paymaster,
Royal Newfoundland Regiment,
59 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
4291	Pte	Grace J.	\$2.50	

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

Date

June 26 1918

J. Grace

No. 1695/243/P&A

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

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

28th January, 1919

Subject: 4291, a/Cpl. J. Grace,

With reference to the following telegram (867) from the Hon. Minister of Militia, received

"Pay to 4291, Grace, £25:1:6.

Draft £ 25:1:6. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A.A. Minnall Maj.
Chief Paymaster & O. i/c Records.

Jan 31 st 1919

Receipt hereunder.
L. Seymour for
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Comdg. 2nd Batt N.,
Royal Newfoundland Regiment.

Received the sum of twenty five pounds one shilling on account of cable remittance from Newfoundland.

J. Smyer
No. 4291 Rank Corporal

Witness *M. Rockett*

No 5759/835

N.F.F./79.

From NEW FOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regt.
Winchester

P.D.
11/11/19
11th April 1919
4291 A/Cpl. Grace J.

April 15th 1919

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (130)

J. J. P. Burtou LIEUT. COLONEL
COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT.

"Pay to- 4291 Grace J.
£16. 10. 8.

Received the sum of Sixteen pounds
ten Shillings & Eight in respect of
telegraphic remittance from the
Minister of militia.

Cheque £ 16. 10. 8s enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

A. C. Munnally
Chief Paymaster & O. i/c Records.

J. Grace
No. 4291 Rank at Lt.
Witness *M. Roberts*

No. 8420/1580

P.D 100156
25

N.F.P. 176

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment
Winchester, Hants.

6th June 1919

4th June 1919

4291 A/Sgt. J. Grace

With reference to the following telegram from the Minister of Militia / / 19 (222):

Receipt hereunder.
J. Seymour
LEUT. COLONEL,
COMMANDING BR. ROYAL NEWFOUNDLAND REGT.
R. C. R.

"Pay to- 4291 J. Grace
£5. 2. 10.

Cheque £5. 2. 10 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Five Pounds
Two Shillings Ten Pence in respect of telegraphic remittance from the Minister of Militia.

A. S. Minneault
Chief Paymaster & O. i/c Records.

Jas Grace
No. 4291 Rank Sgt
Witness: W. K. Trade

Grace, James

4291

May kept

August 5th 1919.

~~#3428~~,

4291. Sgt. J. Grace,
Grand Falls,

Dear Sir:

Enclosed please find Discharge Certificate
3428.

Yours truly,

Capt. O. I/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4291 Rank Sgt Name Grace J
 Intended place of residence Grand Falls
 2. Occupation Papermaker
 Classification of soldier 2 Medical Category AT

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 9 1919

J. M. H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 9 1919

Jas Grace
 Signature of soldier

H. Snow
 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 9 1919

Jas Grace
 Signature of soldier

W. J. Eaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3-1-18 No. of days on Military
 Discharged from service 23-9-19 Plus 14 days Service 581

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, 14 days from date.

Place, ST. JOHN'S

Date JUL 23 1919

H. R. Cooper
 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 6 1919

J. H. Howley
 Officer in Charge
 The Royal Newfoundland Regiment

29
28
31
20
31
20
31
6
216

2nd B Co 99/3428

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. *4291*.....

Name *Grace James* *Sergt*

Address *Grand Falls*

Present Medical Category *A.i*

Recommended for:— (a) Immediate discharge

(b) Standing Medical Board

Members of Board

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

L. Palmer
.....
Senior Medical Officer

Geo. Berden
.....
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. *4041* Rank *Sgt* Name *George J. Graw*
 Date of Enlistment *3.1.16* Address *Grand Falls* District *St. John's*
 Occupation *Papermaker* Classification for Discharge *16* Medical Category *AT*
 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	1
B 178	W 3494	B 122	Board 1st	" 2	3
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date *8.7.19*

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Gas Graw

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

Alfred Blush

Date *9-7-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2292 to his home at Grand Falls and Release Certificate No. 3353 issued.

Date 9-7-19

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 6-8-19

Date 9-7-19

J.M. Smith
Depot Paymaster.

Discharge approved for 23-7-19

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	2 Form B
B 178a	D 400A	F 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 9-7-19

J.A. Snow Capt.
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 23 1919

H.R. Cooper Capt.
for 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.

Jas Green

Signature of Man.

J. H. Knowlton
Signature of the Vocational Officer or his Representative.

Reg. No. 4291

Place

St. Johns

Date

9-7-19.

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

MEDICAL HISTORY

Surname Grace Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish Placentia County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>3rd</u> day of <u>Jan'y</u> 1918	at <u>St. John's</u>	on	day of 191
Declared Age	<u>22</u> years	<u>9</u> months	years	days
Trade or Occupation	<u>Cape Maker</u>			
Height	<u>5</u> feet	<u>10</u> inches	feet	inches
Weight		<u>147</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>37</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches
Physical Development				
Vaccination Marks	Arm	<u>3</u> scars		
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/10</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>Lammot Atkinson</u>			
(Rank)	<u>major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u>	at		
	on <u>3rd</u> day of <u>Jan'y</u> 1918	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>Royal 1st</u>	<u>Nfld Regt 4591</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 Newfound Land* Former Trade of Occupation *Spoken Maker*
2. Regtl. No. *4291* 3. Rank. *Cpl* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Frank Grace James*
 (Surname) (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? (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 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 ? }

The Complaints of a disability

In all cases such as facial injuries, etc., scars and thwarts, 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.)

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 ?

Repatriation

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

W. Proctor *Capt RMC*
 Medical Officer in charge of case.

Station *Hazley Horn*
 Date *4/1/18*

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



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

James Grace

Regiment from which discharged **Royal Newfoundland**

Regimental number 4291

Intended address

Grand Falls.

Height on discharge

5 Feet 10

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

—

Figure on discharge

medium

Christian name of Father

John

Christian name of Mother

Ann

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Placentia, March 28th, 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)

James Grace

(Rank)

Sergeant

Station

St. John's

Date

4-7-19

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.



Station

Date

Medical Officer i/c Hospital,
Unit, or Command Depot.

August 16, 1919

Mr. James Grace,
Placchia.

Dear Sir:-

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

Yours truly,

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..... *James* 2. Surname..... *Grace*
3. Rank..... *Sergeant* 4. Regtl. No. *4291*
5. Address in full to which future payments of gratuity are to be forwarded..... *Mrs John Grace*
Placentia
6. Date of enlistment in the Regiment..... *2-1-17*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not applicable
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?..... *No*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Not applicable*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *1 yr. Seven Months*
- 1. ^a

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.

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?

Not applicable

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

9-7-19

No

Armed

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:

Jas Green

Place of Residence:

Placentia

Declared before me at:

This *10th* day of *July* 1949.....

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

W A Warren

Notary Public

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
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.....
.....
.....

Certified correct.

Paymaster

FORM K

No 3983



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Grace, Regl. No. 4291 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins March 1st. 1918

Table with 4 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 3736, Mother, Mrs. John Grace Placentia, 50. Total Allotment, \$ 50.

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.) [Signature] Officer Commanding H Company St. John's July 27 1918

(Sig.) James Grace (Rank) Private

C.R. 4291

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, Aug. 15th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 6-8-19.

4291 Sgt. J. Grace.

C.R. 4291

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 23-7-19.

4291 Sgt. J. Grace.

C.R. 4291

Extract from Daily Orders Part II Unit The Royal Rifle Regt.
St. John's, July 3rd 1919.

4291 Sgt. J. Grace.

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

C.R.4291

Extract from Orders Part II by LT. COL. B.J. Barton, D.S.O.
COMMANDING 2ND BATTALION ROYAL NEWFOUNDLAND REGIMENT.

22/4/19.

The undermentioned N.C.O. is confirmed in rank as from
22/4/19.

4291, L/C. (A/Cpl.) J. Grace as Corporal.

C.R. 4291

Extract from D. O. Pt. No. Unit the A.M.F.C. Regiment
dated 19-5-19. by Lt. Col. B.J. Barton, Officer Commanding
2nd. Bn.

The u/m to be a/sergt. from to-day's date.

4291 Spl. J. Grace..

4291

C.F

Extract from Daily Orders by Lt. Col. L.J. Barton, D.S.O.
Commanding Rnf. Bn. Royal Wilt. Regt., 9-11-18.

The following to be Acting Corporal as from 9-11-18.

4291 L/Cpl. J. Grace.

"D" Coy.

C.R. 4291

Extract from Daily Orders West 11 by Lt. Col. H.J.
Carter, Commanding 2nd Bn. Royal Buffs. Regt. dated
2-3-18.

To be L/C.

4291 Pte. J. Grace.

C.R. 4291

Extract from Nominal Roll Embarked St. John's for Overseas,
Mar, 20, 1918.

4291 Pte. Grace J.

C.R. 4291

Extract of Daily Orders part 11, from Unit 4/1st
Royal Newfoundland Regiment, dated January 4/18.

#4291 Pte. J. Grace.

Attested for General Service with the 1st Nfld.
Regiment, on January 3rd, to take effect from
January 7th, 1918.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4491 Rank Sgt Name Grace J
 Date of Enlistment 3.1.18 Address Grand Falls District Dwight
 Occupation Papermaker Classification for Discharge 16 Medical Category A.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 8-7-19 O. C. Discharge Depot Mrs H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

W. J. L. 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 None

Date 9-7-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82292 to his home at Grand Falls and Release Certificate No. 3353 issued.

Date 9-7-19

J. H. 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 9-7-19

Depot Paymaster.

Discharge approved for.....

23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
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		

2 Form B

Date 9-7-19

J. H. Snowball
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 23 1919

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

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

Date July 21 1919

J. H.

Reg. No. *4791* Rank, *1st Lt* Name, *Brace James*
Attested Address, *Laculia*
Allotment..... Allottee ..
Date of Allotment..... Returned from Overseas.... *JUL 1 1919*
Returned on S S. *Cassandra* Cause. *brethargl*

979
2379
PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION.