



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5454 Name James Garter Leje

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>James Garter</u>             |
| 2. What is your full Address? .....  | 2. <u>Greenwood, 123</u>           |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>24</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</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 .....<br>Corps .....      |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                     |

I, James Garter 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.

James Garter SIGNATURE OF RECRUIT.

W. S. G. ... Signature of Witness.

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

I, James Garter 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 17th day of May, 1915.

Signature of Attesting Officer Ch. Dicks Lieut.

### †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 compiled with. I accordingly approve, and appoint him to the .....

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

Date ..... 1915 } Approving Officer.  
Place .....

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5454

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

Name James Frantz  
 Apparent age 14 years 36 months. Height 5 feet 4 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 1 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Frantz  
Greenwood, Pa. | Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>27-5-18</u>									
Joined at <u>St. Louis</u> on <u>Nov 27 1918</u>									
<u>Discharged July 4 1919</u>									
<u>Embarked St. Louis S.S. Colombia to Halifax N.S. 22-7-18</u>									
<u>Embarked for B.C. 25 7/8. Disembarked France 25-11-18</u>									
<u>Joined Batten's 79. Transferred from Rouen 22 7/9. Arrived Newcastle 25 7/9</u>									
<u>To field for demobilization 22 5/9. Arrived field 1-6-1919</u>									
<u>Demobilization St. Louis 4-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-7-1919 (date of discharge) 1 years 39 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5454

Extract from daily orders Part II Royal Newfoundland Regt.  
Depot St. John's dated July 8th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c Records from noted date  
4-7-19.

5454, Ptel Jas. Granter.

C.R. 5454

Extract from Nomius. 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.

#5454 Pte. J. Granter.

C.R. 5454

Extract from Daily Orders Part 11 Unit The Royal Rifles.  
Regt. Depot, St. John's, June 10th, 1919

The discharge of the under noted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 20-6-19.

5454 Pte. Jas. Granter.

C.R. 5454

Extract from Daily Orders Part 31 Depot, St. John's,

Date 9-6-19

5454 Pte. Jas. Granter

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

C.R. ~~4050~~

5-45-4

Extract from Nominal Roll of draft No, 56, from the 2nd.,  
Battalion of the Newfoundland Regiment to the ~~2nd~~ 1st.,  
Battalion of the Royal Newfoundland Regiment, Embarked  
Southampton 23/11/18.

~~1900~~ Pte. J. Granter.

5-45-4

C.R. 5454

Extract from Daily Orders part 11, from Unit The Royal  
Wfld. Regt. t. John's, dated May 29, 1918

#5454 Pte. Jas. Granter.

Attested for General Service with the Royal Wfld. Regt.  
from May 27, 1918



C.R. 5454

Extract from Daily Orders part 11, from Unit The Royal  
221st. Regt. St. John's, dated July 25, 1918.

The following man embarked for Overseas on H.M.S.  
"Columbella" July 22, 1918.

#5454 Pte. James Granter

No. 5454 Name *Granten, J.* Sqn., Batty., or Company } *D.* Corps *P. Newfoundland* Date of enlistment } *27/5/18* G.C. } *1875* Service of Proficiency } *Good*  
 Date of last entry in Company Conduct Sheet } No. and date of last drink } Period not reckoning to freedom from extra fine } Sheet No. } Signature O.C. } Company, etc. }

Army Form B. 122.

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>4. 1919</i>	<i>7/1/19</i>	<i>PLt</i>		<i>By gent Foot helve &amp; canine upon return 3/3 1/2</i>	<i>Sgt Carter</i>	<i>adm pay bar same</i>	<i>10/1/19</i>	<i>Wagon</i>	<i>Wt</i>
<i>River</i>	<i>18-3-19</i>	<i>Pt</i>		<i>defendant of tent &amp; gun</i>	<i>P. &amp; D. Weller</i>	<i>Pay for same</i>	<i>20-3-19</i>	<i>Wagon</i>	<i>Wt 19/9. 188</i>
<i>River</i>	<i>15-4-19</i>	<i>Pt</i>		<i>defendant of tent - 1/4</i>	<i>Comd. Mordian</i>	<i>Pay for same</i>	<i>15-4-19</i>	<i>Wagon</i>	<i>Wt</i>

J. Grant

5454

P. S. R. O

No. 18100/1967

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<sup>nd</sup> Bn Royal Nfld. Regt.  
Winchester.

7th November 1918

Nov. 9th 1918

Subject: 5454, Pte. J. Granter

With reference to the following telegram (9591) from the Hon. Minister of Militia, received

Pay to 5454 Granter £3:0:0

Draft £ 3:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. C. Munroe Maj.*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*M. Barton* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2<sup>nd</sup> Batt'n,  
Royal Newfoundland Regiment.

Received the sum of Three  
pounds on account of  
cable remittance from Newfoundland.

J. Granter  
No. 5454 Rank Private

Witness

A. L. Carter, etc



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Grant, Regl. No. 5454

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

Allotment begins Sept 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4485	Wife	Mr. Joseph (Eliza) Grant	Greenwood 13 B	50
Total Allotment, \$				50

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.) Qualism Lewis  
 Officer Commanding  
E Company  
H. John  
July 2 1918

James Grant  
 (Sig.)  
 (Rank) Pt

FORM K

Nº 6164



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Grantler ..... Regl. No. 5435  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and 7<sup>pts</sup> Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup><sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup><sub>or</sub> Persons  
 concerned, viz::

Allotment begins Sept 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1485	Mother	Mrs Joseph (Eliza) Grantler	Greenwood B. B.	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.) Swatson Leuit  
 Officer Commanding  
 E Company  
H. Johnson  
July 2 1918

James Grantler  
 (Sig.) .....  
 (Rank) Pvt

Crater, James

5454

Ag Sept.

3

July 5, 1919

#5454 Pte. James Grantor,

Greenspond.

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  
Raymaster & O. I. c Records.



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 *Grant* .....  
3. Rank *Pvt* ..... 4. Regt. No. *5454* .....  
5. Address in full to which future payments of gratuity are to be forwarded *Greenspond, NFB* .....  
6. Date of enlistment in the Regiment *May 26/18* .....  
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 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 *From May 26/18 to June 6/19* ..... 1 1/2

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

*No*

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

*Clothing allowance & back pay 88.69*

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.? *No* If not give - (a) date of discharge *June 6/19* (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 from Nov. 1918 to Sept. 1919*

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

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

Signature of Applicant: *James Grantor*  
 Place of Residence: *Greenspond B.B*  
 Declared before me at: *N. John's, Nfld*  
 This *6th* day of *June* 19*19*...

*John McCarthy*  
 Signature of Barrister of the  
 Supreme Court, Stipendiary Magis-  
 trate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.

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

*U*

July 4, 1919

#5454 Pte. James Granter,  
Greenspond.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2361.

Yours truly

Paymaster & O.i/c Records. Captain.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5454 Rank

Name Harley J

Warned for demobilization on

JUN 6 1919

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5454 Rank Private Name Granter Jas.  
 Intended place of residence Greenpoint

2. Occupation Interpreter  
 Classification of soldier 2 Medical Category AI

3. The above named man is discharged in consequence of... DEMOBILIZATION,

### Eligible for War Service Gratuity

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

Place ST. JOHN'S  
 Date JUN 6 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 and date ST. JOHN'S  
JUN 6 1919  
James Granter  
 Signature of soldier  
W. J. Boulton  
 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 6 1919  
James Granter  
 Signature of soldier  
W. J. Boulton  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 29-5-18 No of days on Military  
 Discharged from service 20-6-19 Plus 14 days Service 402

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
 Date JUN 20 1919  
R. H. Lat  
 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, Nfld.  
 Date July 4/1919  
M. Bowley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

A/B 2079/2361

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 51137 Rank Plt Name Granter James  
 Date of Enlistment 29. 5. 18 Address Greenspond District Bonaville  
 Occupation Truckman Classification for Discharge E1 Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P36	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 5-6-19O. C. Discharge Depot. *W. H. H. H.*

### PARTICULARS FOR DEMOBILIZATION

#### i. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date .....

#### a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00(b) Clothing SuppliedDate 6-6-19O i/c. Re-clothing. *A. M. Johnston*

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.15.39.9.607 to his home at Greenspond and Release Certificate No. 2354 issued.

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

Date 6-6-19 .....  
*J.A. Shaw Capt.*  
 Depot Paymaster.

Discharge approved for 20-6-19 .....

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 6-6-19 .....  
*J.A. Shaw 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

Date JUN 20 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

James Grant  
Signature of Man.

Reg. No. 5454

J. A. Crawford  
Signature of the Vocational Officer or his Representative.

Place

@ Johns

Date

6-6-19

191

# 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 ..... *4-6-19* .....

Regimental No. .... *5454* .....

Name ..... *Granter James* ..... *Pte* .....

Address ..... *Greenford* .....

Present Medical Category ..... *A-1* .....

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board {

*R.H. Lat* *Cap*  
.....  
O.C. Discharge Depot.

*P. Peterson*  
.....  
Senior Medical Officer

*J.W. Sinden*  
.....  
M.O. Depot

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

# MEDICAL HISTORY

Surname

*Granger*

OF

Christian Name

*James*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Greenshore*

County

*Wes.*

		SPECIAL RESERVE		REGULAR ARMY	
Examined	on <i>27<sup>th</sup></i> day of <i>May</i> 191 <i>8</i>	on	day of	191	
	at <i>St. John's</i>	at			
Declared Age	<i>24</i> years	days	years	days	
Trade or Occupation	<i>fisherman</i>				
Height	<i>5</i> feet <i>4</i> inches	inches	feet	inches	
Weight	<i>128</i> lbs.	lbs.		lbs.	
Chest Measurement	Girth when fully expanded	<i>36</i> inches		inches	
	Range of Expansion	<i>4<math>\frac{1}{2}</math></i> inches		inches	
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	<i>/</i>	<i>1 Scar.</i>			
When Vaccinated	<i>2 weeks ago.</i>				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=		
	L.E.—V=	<i>6/6</i>	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)	<i>Lammie Paterson</i>				
(Rank)		<i>Major</i>	Medical Officer.		Medical Officer.
Enlisted	at <i>St. John's</i>	at			
	on <i>27<sup>th</sup></i> day of <i>May</i> 191 <i>8</i>	on	day of	191	
	Corps	Regtl. No.	Corps	Regtl. No.	
Joined on Enlistment	<i>Royal Nfld Regiment</i>	<i>5454</i>			
Transferred to					
Became non-effective by	on	day of	191	on	day of
(Signature)					
(Rank)					

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.


Date	Brief Details, and Signatures																																										
28 <sup>5</sup> / <sub>18</sub>	Vacc. <i>YD</i>																																										
13-6-18	T A B. <i>D</i>																																										
4-7-18	T A B. <i>D</i>																																										
11-7-18	T A B. <i>D</i>																																										
<table border="1"> <tr> <td colspan="3">NO. &amp; RANK <i>5754</i></td> <td colspan="3">DATE OF EXAM. <i>24-10-18</i></td> </tr> <tr> <td colspan="3">NAME <i>Plantier</i></td> <td colspan="3">DATE OF BIRTH <i>11-10-18</i></td> </tr> <tr> <td colspan="3">CORPS <i>R. U.S. Art.</i></td> <td colspan="3">OPHTH. CENTRE: <i>71</i></td> </tr> <tr> <td>VISION WITHOUT GLS.</td> <td>S.P.H.</td> <td>CYL.</td> <td>AXIS STRENGTH ROTATION</td> <td>VISION WITH GLS.</td> <td>FRAME NO. OR REARING NUMBER</td> </tr> <tr> <td>R <i>6/18</i></td> <td>-</td> <td>+2.00</td> <td>75°</td> <td><i>6/12</i></td> <td rowspan="2"><i>D</i></td> </tr> <tr> <td>L <i>6/18</i></td> <td></td> <td>+2.00</td> <td>96°</td> <td><i>6/12</i></td> </tr> <tr> <td colspan="3">SIGNATURE OF M.O. <i>R. Lockhart</i></td> <td colspan="3">OPTICIAN'S INITIALS <i>R. S.</i></td> </tr> </table>			NO. & RANK <i>5754</i>			DATE OF EXAM. <i>24-10-18</i>			NAME <i>Plantier</i>			DATE OF BIRTH <i>11-10-18</i>			CORPS <i>R. U.S. Art.</i>			OPHTH. CENTRE: <i>71</i>			VISION WITHOUT GLS.	S.P.H.	CYL.	AXIS STRENGTH ROTATION	VISION WITH GLS.	FRAME NO. OR REARING NUMBER	R <i>6/18</i>	-	+2.00	75°	<i>6/12</i>	<i>D</i>	L <i>6/18</i>		+2.00	96°	<i>6/12</i>	SIGNATURE OF M.O. <i>R. Lockhart</i>			OPTICIAN'S INITIALS <i>R. S.</i>		
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<p><i>It is hereby certified that this soldier</i>  <i>has been b fine a Travelling Medical</i>  <i>Board and has been certified as</i>  <i>fit for discharge on Demobilisa-</i>  <i>tion. Medical category</i> <i>H</i>  <i>Discharge</i> <i>22-6-18</i></p>																																											

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

**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 F., 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 or Occupation } *Blacksmith*
2. Regtl. No. *52254* 3. Rank. *Sgt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Granger* *James* (a) Former Regts. or Corps; with Regtl. Nos.  
(Surname) (Christian Names)
5. Age last birthday. *25*
6. Posted for duty on *May 18/18* at *St. John's* 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 (b) Where (d) Particulars of Pension or Gratuity (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | }                   | 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? } ne

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.)

Recomplain for disability

16. Was an operation performed? If so, when and what was its nature? ne
17. If not, was an operation advised and declined? ne
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? ne
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? ne

20. Do you recommend—

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

Reprovision

W. E. Procmier Capt RAME  
 Medical Officer in charge of case.

Station Hazley Brown

Date 27/4/19

\* 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 *Grant James*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5454*

Intended address *Sherwood*

Height on discharge *5* Feet

Color of hair on discharge *Sandy*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks *A short*

Figure on discharge *A short*

Christian name of Father *Joseph*

Christian name of Mother *Ely or*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Sherwood 10-2-1894*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

*James Grant*

*Plt*

(Rank)

Station

**ST. JOHN'S.**

Date

*4-6-19*

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



Army Form B. 103.

Regimental Number 5454

## Casualty Form - Active Service.

Regiment or Corps A. NewfoundlandRank Pte Surname Grant Christian Name J.Religion C of E Age on Enlistment 24 years 7 monthsEnlisted (a) 27/5/18 Terms of Service (a) Duration Service reckons from (a) 27/5/18

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

Extended ( ..... ) Re-engaged ( ..... ) Qualification (b) .....

Occupation Fisherman N. Long or Corps Trade and Rate Capt Signature of Officer

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				
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		<u>Arrived in UK</u>		<u>23/4/19</u>	

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

(b) Signaller, Shoeing-Smith, &amp;c

(17591.) Wt. W 1887-P 1124. 1,000,000. 0/18. D &amp; S. Form B/103. (E. 1256.)

[P.T.O.]

Next of kin: Father: Joseph Grant: Greensford: B. Bay: N. S. D.



NO. & RANK 5454 Pte.					DATE OF EXAM: 4-10-18	
NAME Granter					DATE OF ISSUE: 11-10-18	
CORPS <i>Med Regt.</i>					OPHTH. CENTRE: 41	
VISION W/OUT GLS	SPH	CYL	AXIS STANDARD NOTATION	VISION WITH GLS	FRAME NO: (OR MEASUREMENTS)	
R 6 18	-	+2.00	75	6 12	D	
L 6 18	-	+2.00	90	6 12		
SIGNATURE OF M.O. <i>R. Lockhart</i>					OPTICIAN'S INITIALS <i>LL</i>	
H. 711844						

" OPHTHALMIC DEPARTMENT "

Military Hospital,  
Winchester.

*Oct. 4<sup>th</sup> 18.*

To :—

Medical Officer i/c.

*R. W. Gled.*

*Hazel, Devon*

*52154 Pte Granter J.*

Please cause this man to attend here in six days' time (Sunday excepted) for spectacle fitting. He should bring with him Army Book 64 and Medical History Sheet for the necessary entries to be made therein.

*Pres for Pay  
Book 64*

*R. Lockhart*  
*R. Lockhart*  
Ophthalmic Surgeon.



The Department of Militia:

The sum of *Six Dollars* <sup>9</sup> *6.45* Dollars is due

Mr. *James Quarrier* FOR *to buy*

REG. No. *5454* Rank *Pte* Name *Quarrier J.*

FROM *Gambo* to *Quarrier J.*

Amount for *\$ 6.45*

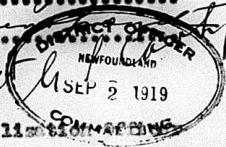
*Order attached*

*2-9-19*

*J. H. [Signature]*

Captain  
Demobilization

ACCOUNT	<i>Trans</i>
CH NO	<i>8872</i>
LEDGER	<i>Cur</i>



No. *R 1530*

# TRAVELLING WARRANT

Date *JUN 6 1915*

The Royal Newfoundland Regiment

*correct*

REID NEWFOUNDLAND COMPANY:

*\$6.75*

Please issue 1st Class Passage and Meals for

No. *5454* Rank *Pte* Name *J. G. Gamba*

From *Gamba* - **ST. JOHN'S** - To *Greenwood*

The Royal Newfoundland Regiment

DISCHARGE DEPOT, ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

*J. A. Munn*  
SIGNATURE OF ISSUING OFFICER.

Handwritten scribbles and faint markings at the top left of the page.

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

**Royal Nfld. Regt.**

**Dept. of Militia,**

**ST. JOHN'S, Nfld.**

---

Fold Here



OCT 15 1921

1921.

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

James Granter

in respect of his service as No. 5454 Rank Pte.

Name J. Granter Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received War Service medal.

Signature James Granter

Date October 21

Addr Grenofond - B. Bay

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet one

Regiment of The Royal Newfoundland

Signature of O. C. Company C. D. Richards Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Private James</u>	Age on	<u>24</u> years <u>0</u> months	<u>Fishermen</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's</u>	Religion	
Joined	Date	Period of	with Colours <u>13<sup>3</sup>/<sub>65</sub></u> years	Place of Birth	
Joined	Date				
Joined	Date			<u>Correspondence</u>	

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

To be carried over.

10 Depot 5454  
Army Form B. 179A

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. *4474*
- 3. Rank. *Pte*
- 4. Name *Granter* (Surname) *James* (Christian Names)
- 7. Former Trade or Occupation } *Fisherman*
- 5a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
- 5. Age last birthday *25*
- 6. Posted for duty on *May 18/18* 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 (b) Where (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. *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? } *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 explains few details*

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*

*of Repatriation*  
*Capt R. A. M. B.*

Station *Langley D. Camp*

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

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5457 Rank Plt. Name Grant, James  
 Date of Enlistment 29-5-18 Address Greenspond District Bonaville  
 Occupation Tinsmith Classification for Discharge E7 Medical Category A.1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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

Date 5-6-19

*H. Mans H.*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

**1. Civil Re-Establishment.**

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

*James Grant*

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 \_\_\_\_\_

*Amel...*

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.15.39.8509* to his home at *Greenspond* and Release Certificate No. *2354* issued.

Date *6-6-19* ..... *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 *4-7-19*

Date *1-6-19* ..... *J.A. Snowball*  
Depot Paymaster.

Discharge approved for *20-6-19* .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	<input checked="" type="checkbox"/>	N.F. Med.	D.F. 1	<input checked="" type="checkbox"/>
F 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		do 3rd.	" 4	<input checked="" type="checkbox"/>
B 179a	D 400C	Form K		do 4th.	" 5	<input checked="" type="checkbox"/>
B 179b	B 103	ME 2			" 6	<input checked="" type="checkbox"/>
B 179c	D 120	M 93				

Date *6-6-19* ..... *J.A. Snowball*  
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

JUN 20 1919

*R.H. Sait Capt.*

Date ..... O. C. Discharge Depot.

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

Date *June 11/19* ..... *J.A. Snowball*  
*J.A. Snowball*

Reg. No. *1st Lt.* Rank *1st Lt.* Name *Frankie James*

Attested ..... Address *Green Pond.*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29.1.19.*

Returned on S.S. *Corson* Cause *Discharge.*

*5-6-19*  
*2-6-19*

~~FORWARDED TO DEMOBILIZATION OFFICER~~  
~~DISCHARGE APPROVED ON DEMOBILISATION.~~