



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5518 Name Koland James Corps SA

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Koland James</u> .....             |
| 2. What is your full Address? .....  | 2. <u>Pelley's Bldg N.D.B</u> .....      |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>20</u> Years <u>0</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 .....                    |
|  | ..... } 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, Koland James ..... 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.

3/5/18 Koland James ..... SIGNATURE OF RECRUIT.  
Pt. P. Jones ..... Signature of Witness.

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

I, Koland James ..... 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. Johns on this 3rd day of March ..... 1918  
 Signature of Attesting Officer C. B. Dick 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 complied with. I accordingly approve, and appoint him to the .....  
 If enlisted by special authority, such will be attached to the original attestation.

Date ..... 1918 ..... } 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) .....





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5518 Name Roland James Corps S.A.

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

1. What is your name? ..... 1. Roland James.
2. What is your full Address? ..... } 2. Pelley's Old N.D.B.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 20 Years 0 Months
5. What is your Trade or Calling? ..... 5. Fisherman
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. Yes
9. Are you willing to be enlisted for General Service?.. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. Name .....  
Corps ..... Yes
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted?..... } 11. Yes

I, Roland James 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.

30/5/18 Roland James ..... SIGNATURE OF RECRUIT.  
Pte Power ..... Signature of Witness.

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

I, Roland James 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 30 day of May 1918

Signature of Attesting Officer W. 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 complied with. I accordingly approve, and appoint him to the.....  
If enlisted by special authority, such will be attached to the original attestation.

Date.....191.....  
Place..... } Approving Officer.

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

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



C.R. 5518

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated Aug. 14th 1919.

The discharge of the undernoted on demobilization has  
been CONFIRMED by Officer i/c Records from 5-8-19.

5518, Pte. R. James.

C.R. 5518

Extract from Daily Orders Part 11 Unit The Royal 22nd.  
Regt. St. John's, July 12th, 1919.

*Approved*  
The discharge of the undermentioned on demobilization has been  
~~approved~~ by G.C. Discharge Depot with effect from 22-7-19.

5518 Pte. R. James.

C.R. 5518

Extract from Daily Orders Part 11 By Lt.Col. B.J. Barton,  
D.S.O., Commanding 2nd Battn. Royal Nfld. Regt. 2-6-19.

The following having reported back from Hospital is taken  
on the Strength and posted to "C" Company.

5518 Pte. R. Janes.

C.R. 55-18

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

5518 Pte. R. Janes.

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



C.R.

5578

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Reuen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5518 Pte. R. James.

C.R. 5518

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

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

#5518 Pte. Ronald Jones.

C.R. 5578

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 31, 1918

#5518 Pte. R. James

Attested for General Service with the Royal Nfld. Regt.  
from May 30, 1918

C.R. 5578

Extract of ~~Stocks~~ Telegram to Synoptical, London,  
Nov. 18th, 1918.

Reference my telegram Nov. 16th should be read 5518  
James 4.4.2. can you adjust.

MM.

NEWFOUNDLAND CONTINGENT.

CONFIRMATION OF TELEGRAMS

**C.R.** 5518

(1)  
Received 19/11/18 (9931):  
Synoptical, London.

"With reference my telegram 16th Nov- should be read-  
5518- James- £4.2.0- can you adjust- fullstop-

(Sgd) MILITARY."

-----

(2)

Despatched 19/11/18 (1368):  
Military, St. John's.

"Re<sup>e</sup>ference your telegram 18th November- James- has been  
adjusted-

(Sgd) SYNOPTICAL."

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NEWFOUNDLAND CONTINGENT.

*[Handwritten Signature]*  
CHIEF PAYMASTER & OFFICER I/C. RECORDS.

C.R. 55-1A8

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

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#5519 Pte. TR/ James.

*R James*

C.R.

5518

*1890*

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

*Not in mm. roll*

**MEDICAL HISTORY**

OF

Surname *James*

Christian Name *Rolana*

*Sept 55/18*

Table I.—GENERAL TABLE.

Birthplace:—Parish *Selby Island N.B.* County *Nes.*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	30	May 1918		191
	at <i>St. John's.</i>		at	
Declared Age	20	years		days
Trade or Occupation	<i>Fisherman</i>			
Height	5	feet 5 <sup>3</sup> / <sub>4</sub> inches		
Weight		125 lbs.		
Chest Measurement	Girth when fully expanded	35 <sup>1</sup> / <sub>2</sub> inches		
	Range of Expansion	3 <sup>1</sup> / <sub>2</sub> inches		
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number	<i>1 scar</i>		
When Vaccinated	<i>9 Nov 1910</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>[Signature]</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<i>St. John's</i>	at	
	on	day of <i>May</i> 1918	on	day of 191
Joined on Enlistment	Corps.	<i>Royal Nfld. Regiment.</i>	Corps	
	Regtl. No.	<i>5018</i>	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





**Casualty Form Active Service.**

Regiment or Corps R. Newfoundland  
 Rank Pte Surname James Christian Name James  
 Religion S. Army Age on Enlistment 20 years — months  
 Enlisted (a) 30/5/18 Terms of Service (a) Duration Service reckons from (a) 30/5/18  
 Date of promotion to present rank — Date of appointment to lance rank —  
 Extended  Re-engaged  Qualification (b) —  
 or Corps Trade and Rate —  
 Occupation Fisherman W. Long 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	
		Ammed in UK		23/4/19	

(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, &c.

Next of Kin: Father: John James: Bell's Island: Notre Dame Bay: N. L. I.



No. 5518 Name James R. Sqn., Batty., or Company D. Corps R. Newfoundland Date of enlistment 30/5/18 G.C. Service or Proficiency Party  
 Date of last entry in Company Conduct Sheet No. and date of last drink Period not reckoning towards freedom from extra fine Sheet No. Signature O.C. Company, etc. Character  
 Place

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
Recul	28/1/19	Pvt		Deposited of Black Knife	2nd Lt. Brown	Admonished	29/2/19	1st Lt. Brown	Pay for 21 days
	4/4/19			Rifle Power	"	"	6/4/19	1st Lt. Brown	Pay for 18 days

## Medical Report on an Invalid.

Station Hazelby Down.Date 30-4-19

1. Unit Royal Newfoundland
2. Regimental No. 55 18
3. Rank Pte
4. Name James A.
5. Age last birthday 21
6. Enlisted { on 30-5-18  
at St John's
7. Former Trade }  
or Occupation }
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nilStatement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nilnilnil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

nil

13. What is his present condition?

*No complaints of no disabilities*

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—

*No*

- (a) In action?  
(b) On field service?  
(c) On duty?  
(d) Off duty?

15. Was a Court of Inquiry held on the injury?

*No*

If so—(a) When?

- (b) Where?  
(c) Opinion?

16. Was an operation performed? If so, what?

*No*

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

*No*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*Teeth treated here*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*No*

20. Do you recommend—

- (a) Discharge as permanently unfit, or  
(b) Change to England?

*Repatriation*

*Majors DAOMS*

*Sgd.*

*JSP. Knight*

*Capt J. D. Doms*

*Officer in medical charge of case.*

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station *Fazley Down*

Date *30-4-19*

\_\_\_\_\_  
Officer in charge of Hospital.

\*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.

† Delete this word if no exceptions are to be made.







No. 18611/2057

065 466  
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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.

18th November 1918

Nov. 20th 1918

Subject: 5518, Pte. R. James

With reference to the following telegram (9894) from the Hon. Minister of Militia, received

Pay to 5518 James £4: <sup>2</sup>/<sub>0</sub>

Draft £ 4: <sup>2</sup>/<sub>0</sub> is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. D. Minard Maj.*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*Cham*  
LIEUT. COLONEL,  
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.  
Officer Comdg. 2nd Batt n,  
Royal Newfoundland Regiment.

Received the sum of Four pounds  
two shillings on account of  
cable remittance from Newfoundland.

R James  
No. 5518 Rank Pte.

Witness A. L. Carter, Pte.

James, L

5518

Ray Sept.

August 5th 1919.

#5518, Pte. R. James,  
Pilleys' Island.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3380.

Yours truly,

Capt. &  
Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5518 Rank. Pvt Name. James R. Pelley  
 Intended place of residence. Pelley's Post

2. Occupation Interpreter  
 Classification of soldier. E 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 8 1919

M. H. St.  
 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 8 - 1919

R. James  
 Signature of soldier

M. H. St.  
 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 8 - 1919

R. James  
 Signature of soldier

W. J. Beaton  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 30-5-18 No. of days on Military  
 Discharged from service. JUL 22 1919 Plus 14 days Service. 433

### 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 JUL 22 1919

R. P. Cooper Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 5/1919

M. Bowley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

J. B. 2070/5780

# 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 ..... 7.7.19 .....

Regimental No. 5518

Name ..... James Roland .....

Address ..... Pilley's Island .....

Present Medical Category:..... Ai .....

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

(b) Standing Medical Board .....

Members of Board {

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

J. Paterson  
Senior Medical Officer

P. W. Gordon  
— M. Q. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5518 Rank Private Name James R. [unclear] 5-8  
 Date of Enlistment 30.5.18 Address Bellevue Rd. [unclear] District [unclear]  
 Occupation fisherman Classification for Discharge 6 Medical Category 15  
 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	
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	" 6	
B 179c	B 120	M 93		15/1	3

Date 7.7.19

O. C. Discharge Depot.

## PARTICULARS FOR DEMobilIZATION

### 1. Civil Re-Establishment.

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

APPROVED

Documents as above forwarded to:

Officer in Charge  
 Board of Pension Commissioners

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #60.00

(b) ~~Clothing Supplied~~

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2226 to his home at Pillys Rd and Release Certificate No. 3289 issued.

Date 8-7-19

*J.A. Newell*  
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 5-8-19

Date 8-7-19

*H. M. ...*  
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
B 175	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		181-3

Date 8-7-19

*J.A. Newell*  
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

JUL 22 1919

Date .....

*J.R. Cooper Capt*  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

*R James*

Signature of Man.

Reg. No. *53-18*

*J. A. Crawford*

Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*8-7-19.*

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## Medical Report on an Invalid.

Station Hopley Down CampDate 30.4.19.

1. Unit Royal Newfoundland 7. Former Trade }  
or Occupation }
2. Regimental No. 5018
3. Rank Lie.
4. Name James R.
5. Age last birthday 21
6. Enlisted { on 30.5.18  
at St John
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nilStatement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— nil
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

*Decomplains for disability*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

*m*

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?  
(b) Where?  
(c) Opinion?

*m*

16. Was an operation performed? If so, what?

*m*

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

*m*

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*Cases treated here.*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*m*

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

*Repatriation*  
*m*  
*Major D. S.*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazley D Camp*

Date *30 4 19*

Officer in charge of Hospital.

\*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.

† Delete this word if no exceptions are to be made.

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... *Kapalau Puffinland Ri* } Former Trade or Occupation } *Isaherman*
2. Regtl. No. *518* 3. Rank... *5th* 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.
4. Name *James R.* (Surname) (Christian Names)
5. Age last birthday... *21*
6. Posted for duty on *May 30/18* at *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 general 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
- |  |                     |                   |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .  | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service .. .. .  | <del>na.</del>      |                   |
| (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, dislocation, 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.

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.

*Refractation*

*W.S. Proemier, Capt Rome*  
 Medical Officer in charge of case.

Station *TRE Cassanica*

Date *20/1/19*

\* 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.

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 Newfoundland* } Former Trade or Occupation } *Fisherman*
2. Regt. No. *537* 3. Rank, *Private* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regt. Nos.
4. Name *James R.* (Surname) (Christian Names)
5. Age last birthday, *21*
6. Posted for duty on, *May, 24/18* at, *St John* 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. *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 Complains of Ins  
 Anability*

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.*

*Reparation*

*U.S. Procunier. Capt. Rex*  
 Medical Officer in charge of case.

Station *T. 88. Cassandra*

Date *3/6/19*

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









CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_

No. 3518

Rank and Name

Pvt. James

Age 21

Military Hospital \_\_\_\_\_

Service 1 year

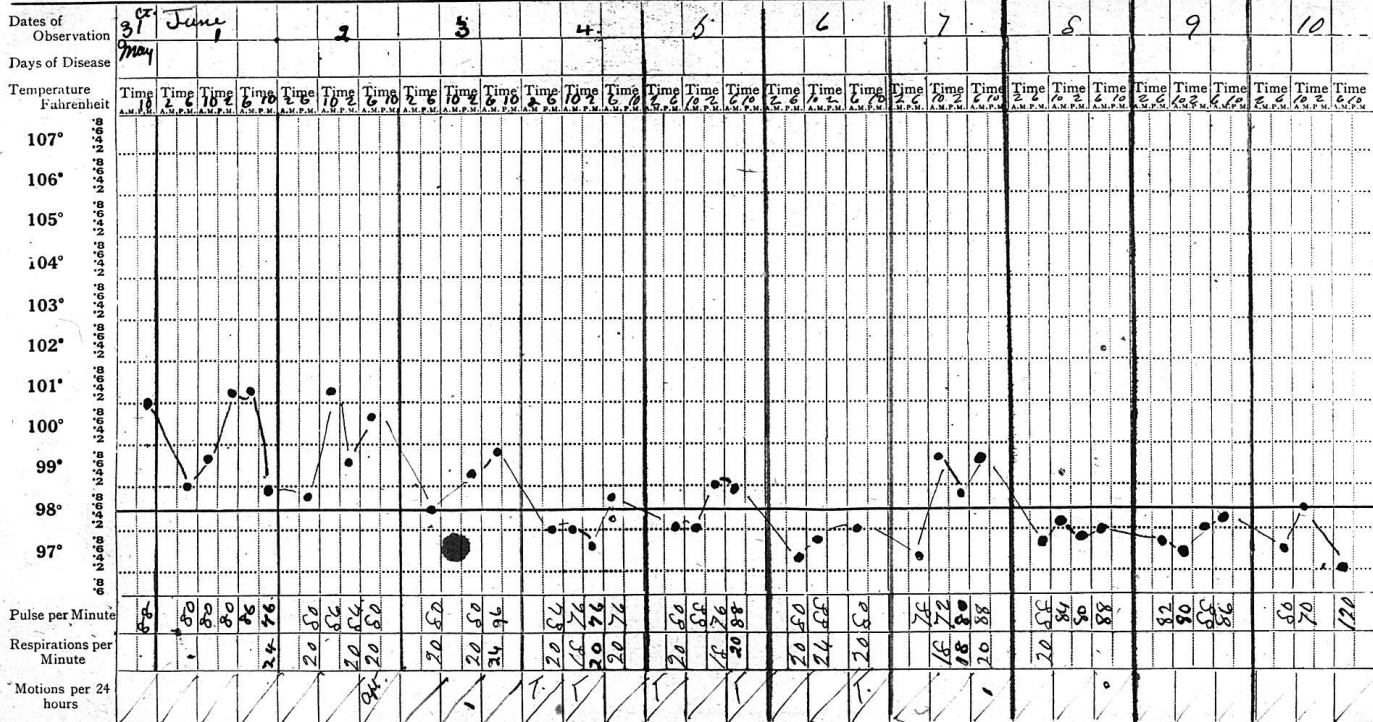
Disease \_\_\_\_\_

Date of admission

21-5-19

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_



Signature \_\_\_\_\_

In charge of case.







# 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 *Rowland James*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5518*

Intended address *Valley, Id.*

Height on discharge *5'* <sup>Feet</sup> *7"*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Little Bay, N.S. 16<sup>th</sup> May, 1898*

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) *Rowland James*

*1st*  
(Rank)

Station *ST. JOHN'S.*

Date *8-7-19.*

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

August 12, 1919

Mr. Roland James,  
Pitiley's Island.

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 20th. 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..... *Roland James*.....

3. Rank..... *Pte*..... 4. Regt. No..... *5518*.....

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

6. Date of enlistment in the Regiment..... *May 13/18*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no*.....

8. Relationship of such dependent..... *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 Hfld. If so, give dates and particulars of such service..... *France Belgium*  
*Germany*.....

12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *1 yr. 1 mo.*.....

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.? .....

..... *No* ..... If not give? - (a) Date of discharge. *July 8/19* (b) Reason for discharge. *Demot*

..... *Emp* .....

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 Belgium Germany* .....

..... *Nov 18 - Jan 19* .....

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.



*R. James*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*8th* day of *July*

19. *1919*

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

*John W. Carthy*  
*J.P.*

POST DISCHARGE PAY.

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

Certified correct.

Registrar



# DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTMENT OF MILITIA  
AND QUO. & NO.

-----

ST. JOHN'S, NEWFOUNDLAND.

-----  
April 17, 1919  
-----

R.C. Jeans,  
CATALINA.

Dear Sir:

With reference to your letter  
of April 12th. I enclose form of claim for War  
Service Gratuity.

Yours truly

Lieut.  
For 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 20th. 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 *Robert Claude* 2. Surname *Jeans*.....

3. Rank. *Naval Reserve* 4. Reg't. No. *5551*.....

5. Address in full to which future payments of gratuity are to be forwarded... *Robert Claude Jeans*.....

*Catalina*.....

6. Date of enlistment in the <sup>*Naval*</sup> Regiment. *February 16<sup>th</sup> 1918*.....

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

*Leimima Jeans*.....

8. Relationship of such dependents... *Mother*.....

9. Address in full of such dependents... *Leimima Jeans*.....

.....

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 Hfld. If so, give dates and particulars of such service... *On Active Service*.....

*in England*.....

.....

12. Give total length of time which you served on active service, whether in Hfld. or Overseas. *Served seven months Overseas*.....

..... 12.....

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

*One enlistment*

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.

*None received*

15. Have you been issued with a War Service Badge?

*Yes Silver Badge*

16. Have you, during the present war, served in the Imperial Forces?

*Yes*

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.

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 R.C.I.F.? If not give - (a) Date of discharge (b) Reason for discharge

*No*  
*July 31 1918 (Hospital)*

*Med. unfit*

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.

*Served on Trawler "Bass Dover"*

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: *Robert Claude Jeans*  
 Place of Residence: *Catalina*  
 Declared before me at: *Catalina*  
 This *23* day of *April* 19*18*.....

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

*John Coleridge J P*

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



ST. JOHN'S, JUL 11 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Mr. G. Pike  
25 Angel Place

Billeting Soldiers as undermentioned

from July 1<sup>st</sup> /19 to July 13<sup>th</sup> /19

5518 - Mr. R. James 13 80

BVA

ACCOUNT	<u>2627</u>	INITIALS	<u>EW</u>
CH. NO.		INITIALS	
IND. NO.		INITIALS	
PAY LEADER	<u>80</u>	INITIALS	
GR. NO.		INITIALS	

Certified correct for \$

R. J. Snowcraft  
Billeting Officer.  
R. James

Receipt for Army Book 64

No. 5518 Name R James

To Certify that I have received the AB 64 of the above  
named Soldier.

Name R James

Date 7/19/20

Place Pillays Island

N.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"

25-10-20  
*[Signature]*



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5518 Rank Plt. Name James P. Pilley  
 Date of Enlistment 30.5.18 Address Pilley's Island District Lunenburg  
 Occupation Footman Classification for Discharge 16 Medical Category 1E  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. Pj36	B 268	B 121	N.F. Med.	D.F. 1	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	" 6	
B 179c	B 120	M 93		18.1	3

Date 7.7.19

*[Signature]*  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

*R James*

Particulars passed to Vocational Officer for information and action.

Date .....

2. Clothing.

Certified that Clothing Regulations have been complied with:

- (a) Clothing Allowance payable. \$50.00
- (b) ~~Clothing~~ Supplied .....

*[Signature]*

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ~~2220~~ ..... to his home  
at ..... and Release Certificate No. 3289 issued.

Date 8-7-19 .....

*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 22-7-19

Date 8-7-19 .....

*J.M.H.*  
Depot Paymaster.

Discharge approved for 22-7-19 .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		181-3

Date 8-7-19 .....

*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

Date JUL 22 1919 .....

*J.R. Lodge Capt*  
for O. C. Discharge Depot.

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

Date July 21 1919 .....

Reg. No. *1018* Rank *Pte.* Name *James R. Alley & Island*  
Attested *;* Address *Alley & Island*  
Allotment..... Allottee ..  
Date of Allotment..... Returned from Overseas *JUL 1 1919*  
Returned on S S. *Cassandra* Cause *Discharge*

*879*  
*22718*

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILISATION.**