

FIRST NEWFOUNDLAND

ATTESTATION OF

No. 2021 Name Job James Corps _____

Questions to be put to the Recruit before Enlistment.

- | | |
|---|--|
| 1. What is your name? | 1. <u>Job James</u> |
| What is your full Address? | 2. <u>F. P. Galt, R.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age? | 4. <u>22</u> Years..... <u>3</u> Months. |
| 5. What is your Trade or Calling? | 5. <u>Fireman</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. Am I 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, Job 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.

Job James SIGNATURE OF RECRUIT.
Walter Galt Signature of Witness.

Dec 2nd 1915

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Job 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, Nfld. on this 2nd day of December 1915.
Walter Galt Signature of the Attesting Officer.

† 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 attached 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 1915

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, the 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: (Name) _____ re-enlisted in the (Regiment) _____

ON ENLISTMENT.

entries on the Medical History Sheet.

Height 5 feet 7 inches.

37 inches.

8 inches.

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Miss Emma Jones, Polo Field, B. B.

Relationship mother

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	Promotions, 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 2-12-15

Joined at St. John's on December 2/15
Mechago July 7/19

Embarked <u>St. John's S.I. Sicilian</u> for Italy	<u>23</u>	<u>3</u>	<u>6</u>	Embarked for <u>13th I. 9. 76</u>			
Joined Unit	<u>24-7-16</u>	<u>Wounded</u>	<u>12-10-16</u>	Admitted <u>140 St. Hill</u>	<u>Wounded</u>	<u>13-10-16</u>	
Joined Battalion	<u>1-11-16</u>	<u>Wounded</u>	<u>20-4-17</u>	Admitted <u>87 St. Hill</u>	<u>Admitted</u>	<u>20-4-17</u>	
Promoted to Capt	<u>24-4-17</u>			Admitted <u>Wandsworth</u>	<u>25-4-17</u>		
Admitted to command	<u>30-7-17</u>			Admitted <u>St. Hill</u>	<u>20-10-17</u>		
Admitted for demobilization	<u>22-5-19</u>			Admitted <u>St. Hill</u>	<u>1-6-1919</u>		
Demobilized	<u>St. John's</u>			<u>St. Hill</u>	<u>7-7-1919</u>		

3 years 218 days

ON ENLISTMENT.

2021

entries on the Medical History Sheet.

Height 5 feet 7 inches.

37 inches.

8 inches.

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT.

Name and Address at next of kin Dr. J. J. ...

Relationship Brother

Particulars as to Marriage.

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

Particulars as to Children

STATEMENT OF THE SERVICES

No. of days of absence from duty	No. of days of absence from duty	No. of days of absence from duty	Signature of Officers attesting correctness of entries
<p><i>Recruited at ...</i></p> <p><i>Enlisted in ...</i></p> <p><i>Transferred to ...</i></p> <p><i>Discharged ...</i></p>			<p><i>[Signature]</i></p>
<p><i>Demobilized here ...</i></p>			
<p>(date of discharge) <u>7-7-19</u> <u>3</u> years <u>218</u> days</p>			

Extract from Daily Orders Part II Unit
Regt. Depot St. John's, June 15th, 1919

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

2021 Pte. Job Jeans.

Extract from Daily Orders Part 11 Unit
Regt. Depot St. John's, June 12th, 1919

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

2021 Pte. Job Jeans.

C.R. 2021

Extract from Daily Orders Part 11 Unit Royal Nfld.
Regt. St. John's, July 10th, 1919.

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

2021 Pte. Job James.

C.R. 2021
Counter No. _____

POSTAL TELEGRAPHS.

Connection with all the World

All Messages Sent are Subject to the Following Conditions:

I decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the sender the amount paid for its transmission.

The N. P. T. shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message is in the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such loss, injury, delay, or error shall have occurred.

The N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where the Message is in transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) to be transmitted by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority other than the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

The following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(TTED)

Sender _____ Address Militia Dept.

Rcd _____	By _____	Sent _____	by _____	Check _____
-----------	----------	------------	----------	-------------

~~John Elliott~~ February 10th.,
John Elliott,

beg to advise you 2021 Pte. Job James did not arrive by
Corsican.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

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The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. and the N. P. T. shall have full power so to entrust the Message for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated ~~John Elliott~~, February 10th.,

To John Elliott,

Pool's Island.

Best to advise you and etc. Job does did not arrive by

Cordial

J. A. Bennett,

Minister of Militia.

FOR TYPEWRITER

Form No. 1



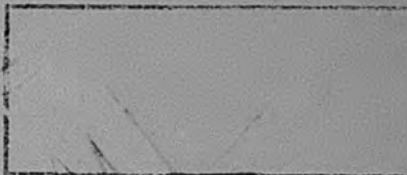
NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 1 Sent by OT Rec'd by _____ Check _____ No. _____

Place from St. John's

To _____



G
V
W

C.R. 2021-

NEWFOUNDLAND POSTAL TELEGRAPHS.

IN CONNECTION WITH ALL PARTS OF THE WORLD

Rec'd by

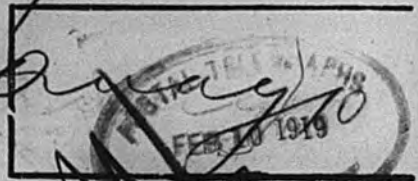
Check

No.

St. John's

Badgers Bay

J. R. Bennett



Advise if 2021

the job James
arrived by Corsican
reply John Elliott

C.R. 2021

Extract from Casualties received from War & Record
Office, London, dated April 27, 1917.

#2021 Pte. J. Janes.

Gunshot wound Abdomen.

Admitted 3rd London Gen. Hosp. Wandsworth 25-4-17

FOUNDLAND POSTAL TELEGRAPHS.

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I request that the following Telegram be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Ed M. Sturges

Signature of Sender _____

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated April 27, 1917.

To Mrs. Erma Jeans,
Pools Island.

Record Office, London, today reports
No. 2021, Private Job Jeans, has been admitted
to Wandsworth.

J.R. BENNETT
Colonial Secretary

C.R. 2021

Job. Janes was attested for General Service with
the NEWFOUNDLAND CONTINGENT on Dec. 2nd 1915.
Regimental No. 2021 was allotted to Pte J. Janes.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

C.R. 2021

SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.SOUTH AFRICAN RECORD OFFICE (NATIVES)

				<u>NO.H.A.8763.</u>
2180	Pte.Klass.	1st S.A.N.L.C.	N.Y.D.Slt.....Adm.1 S.A.Native Gen.Hos.	Arques 21st April 1917.
4495	" Sam.	1st do.	do. "	do.
1129	" Jappie.	2nd do.	do. "	do.
3776	" Jan.	2nd do.	do. "	do.
3875	" Abraham.	2nd do.	do. "	do.

AUSTRALIAN IMPERIAL FORCE.

				<u>NO.H.A.8763.</u>
358	Pte.Cooper W.	22 Aust.Inf.B	Abrasion Thigh..Dis.to Base Dtls.Etaples Class A.ex 2 Can.Gen.Hos.Le	
3961	" Williams W.	19 do. D.	L. Treport 20th April 1917.	
			Dyspepsia	do.

CAVALRY RECORD OFFICE CANTERBURY

				<u>NO.H.A.8763.</u>
1604	Pte.Brewer T.C.	N.Somerset Yeo.	SW Abdomen Sev..Adm.2 Can.Sty.Hos.Outreau	21st April 1917.

NEWFOUNDLAND CONTINGENT.

				<u>NO.H.A.8763.</u>
X 2021	Pte.James J.	1/Newfoundland.	SW Abdomen Sev..Adm.2 Can.Sty.Hos.Outreau	21st April 1917.

63RD (ROYAL NAVAL) DIVISION.

				<u>NO.H.A.8763.</u>
ZT2498	L/S.Marriott T.	RND Nelson Bn.	GSW L.Chest,.... <u>DIED</u> in 6 B.R.C.H.Etaples 18th April 1917.	
			R.Hip R.Shldr.Wd.	

ARMY SERVICE CORPS.

				<u>NO.H.A.8763.</u>
S/1469	Cpl.Bishop B.	ASC MT 14 D.S.C.	Bolls.....Dis.to Base Dtls.R. Class A.ex 2 Can.Gen.Hos.	
MS/3986	Dvr.Kerridge A.E.	" 70 Co.att.38 A.S.P.	19th April 1917.	
			Tonsillitis Sev..Adm.2 Can.Sty.Hos.	21st April 1917.



1207

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

NOT TRANSMITTED

Signature of Sender

L. M. S. [Signature]

Address

Line Number

Rcd

By

Sent

by

Check

Dated

April 26, 1917.

To

Mrs. Emma Janes,

Pool's Island, B.B.

Regret to inform you that Record Office, London, officially reports No. 2021, Private Job Janes, was admitted Second Canadian Stationary Hospital, Outreau, April twentyfirst suffering from severe shell wound abdomen.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

FOR TYPEWRITER

COPY OF TELEGRAM.

Dated

November 27, 1916.

To

Mrs. Emma Janes,

Pools Island, B.B.

Regret to inform you that the Record Office,

London, officially reports No. 2021, Private Job Janes
was suffering from shell shock October thirteenth.

Upon receipt of further information I shall immediately wire you and trust that the next report will be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

C.R. 2021

The Honourable

The Colonial Secretary.

For necessary action.

(No date or place given nor cause of this
belated report)

27 Nov. 1910.

Governor.

No. 073.

Code Telegram from Capt. Finewell.

(recd. 23 November 1910)

Shell stock, October 13th:

2021 James.

C.N. 2021
No. 871/312



WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES

CABLEGRAM

Prefix _____		Code _____		SENT		FOR STAMPS	
WORD		CHARGE		At _____		To _____ By _____	
VIA WESTERN UNION							
THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.							

26/11/16 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.
On Newfoundland Government Service.

To GOVERNOR STJOHNS (NEWFOUNDLAND)

SHELL SHOOK ODDMENT 2021 JANES

SYNOPTICAL

Translation:-

ODDMENT October 13th.

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____ Address _____

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.



CASUALTIES.

LONDON DISTRICT. C.1024. 23.11.16.

NEWFOUNDLAND REGIMENT.

Reg.No.	Rank & Name.	Casualty.	P.R.
2021.	Pte. Jones. J.	W. Suffering from Shock Shell. 13.10.16.	H.

Reytd by O.C. 140.F.A. 13.10.16.

M. J. J.
M. J. J.

C.R. 2021

C.R. 2021

Extra embarked St. John's for Overseas,

2021 Pte. J. Janes.

at from Nominal Roll

23, 1916.

2021 Pts. J. Jones.

C.R. 2021

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

Date 11-6-19.

2021 Pte. Job Jeans.

Reported at Headquarters 1-6-19.

EX "Corsican"

which sailed Liverpool May 22/1919.

C.R. 2021

Extract from Nominal Roll of NZ14, Regt. Draft No. 8.
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Southampton,
9-7-16.

2021 Pte. J. Janes.

FORM K

№ 1940



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Job Jeans, Regl. No. 2071

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

Allotment begins March 22^d, 1916.

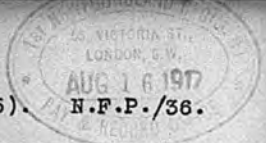
Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1878		To be deposited in the Bank of Montreal in case of death payable to Elizabeth Hallett (cousin) Pools Island B. B.		50
			Total Allotment, \$	

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.) Ged. G. A. Russell
for Lieut
Officer Commanding
H Company
St. John's Nfld
March 18 1916

(Sig.) Job X Jeans
mof.
(Rank) Private

NEWFOUNDLAND CONTINGENT



STATEMENT of ACCOUNT of No. 2021 Pls Joseph James

(Substituting A.F. O.1625). N.F.P./36.

"N" Company. From 1/1/17 To 17/1/17 (Dates inclusive).

Embarked per S.S. _____

DR. Classification (See Procedure).

From _____ Date _____

Draft No. _____ CR.

Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d	Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay					
	9	Allotments	10/130		15 00				2	Field Allowance	8/100	50	50	00	
	10								3	Other Allowances	10/130		3 00		
11/12		Total Stoppages			15 00	3	1 8	1	4/5	Total @ 4.86 2/3			33 00	16	15 7
13		Fines							6	Balance Credit Last Period				1	9 11
14		Clothing & Necessaries							6a	<u>OTHER CREDITS:</u>					
15		Arms & Accoutrements								Ration Allowance,					
16		Barrack Damages					6			/ /17 to / /17					
17		Hospital Stoppages						10		= days @ /					
17a		Miscellaneous Stoppages													
19		Casual Payments					1	00							
20		1st Payment													
21		2nd "													
22		3rd "													
23		Final "													
24		Balance Debit Last Period					7	10							
28		" Due by Paymaster					3	14 8		27	Balance Due to Paymaster				
							8	5 6							8 5 6

W. B. Barry Camp
 Aug. 18th, 1917.

CERTIFIED CORRECT.

W. B. Barry
 O.C. "N" Company.

No. 9021 Name

James J.

Sqn., Batty., or Company }

A

Corps

1st Newfoundland

Date of enlistment }

G.C. Badges }

Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No.

Signature O.C. Company, etc. }

R.H. Smith Capt.

Character

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>In the Field</i>	<i>10-2-17</i>	<i>Pvt.</i>		<i>Loss of Kit.</i>	<i>Sgt. Taylor</i>	<i>Det. 3 days pay</i>	<i>10-3-17</i>	<i>Ch. G. Ford</i>	<i>Detachment</i>
<i>" "</i>	<i>14-3-17</i>	<i>"</i>		<i>Loss of Kit</i>	<i>" "</i>	<i>" 2 " "</i>	<i>14-3-17</i>	<i>Major Bernard</i>	<i>Det</i>

*Wounded
13-4-17*

*Transferred to England
11-4-17*

Army Form B. 122

No.

1086

ANGLO-AMERICAN

WESTERN UNION



DIRECT UNITED STATES

CABLEGRAM

Prefix		Code		SENT		FOR STAMPS	
WORDS	CHARGE	At	To	By		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	
13	2 1/2	VIA ANGLO.					

1/11/17 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To. EFM HOCHELAGA
STJOHNS (Newfoundland)

PLEASE CABLE TEN POUNDS THROUGH MINISTER MILITIA

NOTIFIED PER N.F.P. 54	
NO.	
2ND. BN.	308
By.	CKD

2021 J JEANS

CHECKED
HARD

13
2 1/2

26
6 1/2

32 1/2
2/8 1/2

34 1/2

Charge to
2021 Jeans. H

(Authorised)

NOT TO BE
REPHASED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature

Address 58 Victoria St. S.W. I.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

Ripon, Yorkshire
Aug 14th . 917

Paymaster & Officer in Records
Wld Regt

Sir

I am wanting a message sent
to the Bank of Montreal & Johns
Wld for the sum of ten pounds
to be wired to me at Ripon as soon
as possible I am

Dear Sir
Your Obedient Servant
D O & I (Pte) J Jeans

Wld Regt
24 Camp
M. E. D

Ripon
Yorkshire

Cable 7/26 sent

SEARCHED	INDEXED	REC'D	SENT
PAYMASTER & OFFICER			
Ref. No.	4502		
Rec'd	16/9/17		
Ass'd	16/8/17		
Ans'd			
File No.			

NEWFOUNDLAND CONTINGENT

N.F.P./33.

Temporary A/c.

Regtl No 2021 Rank Plt

Name J. Jones

Pay	F. Allce	Working	Total
100	10		110
Less Allotment			50 ✓
Net Rate			60 ✓

Date 1917	DEBITS	£ s d			CREDITS	£ s d			
		£	s	d		£	s	d	
	Balance			1/1	Balance			1/1	14 0 1/2 ✓
	<u>P.M. ADVANCES:</u>				<u>Pay @ Net Rate:</u>				
	A.B. 64.	6	6	10 ✓	23/12/16 to 9/1/17 = 199 days.				
	Acquittance Rolls				@ 60 = \$ 11940	24	0		✓
	Hospital Advances	2	1	6 ✓	9/1/17 to 18/1/17 = 10 days.				
	<u>STOPPAGES:</u>				@ 21 = \$ Race	1	0		out ✓
	Hospital dys @ =				1/1 to 1/1 = days	39	0		10 ✓
	Forfeited Pay 2 dys @ 110	9	1	✓	@ = \$				
	Miscellaneous 22								
	Cables								
	<u>P. & R.O. PAYMENTS:</u>								
	Sundry Bills								
	Cash	8	17	5					
		9/1/17	30	0 0 ✓					

Glenburn School
District
OCT 24 1917

To
Raynham
W. H. Dept

Sir
Please forward a Cable to Bank
of Montreal to John & for the sum
of ten Pounds & charge the cost to my
account.

I am
Dear Sir
Yours Respectedly
2021 (Pte) J. Jeans

Glenburn School
District

1917	W. H. DEPT
NO. 1	RECORDS OFFICE
Ref. No.	6396
Rec'd.	31 OCT 1917
Acc'd.	677
Ans'd.	677
File No.	677

BRIARCLIFF
Portland
Robt.
BY <i>[Signature]</i>
DATE 11/17

H 038682

84/728

NEWFOUNDLAND CONTINGENT

N. F. P. /70.

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

To:

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

Subject: 30th May 1918

June 6th 1918

Subject: 2021, Pte. J. Jeans,

With reference to the following telegram (4774) from the Hon. Minister of Militia, received

Pay to 2021 Jeans £10:0:0

Draft £10:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. Munn
Chief Paymaster & O. i/c Records.

Receipt hereunder.

Chambers
LIEUT. COLONEL,
COMMANDING 2ND BATTAL ROYAL NEWFOUNDLAND REGT.,
1st Newfoundland Regiment

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

Jeans J
No. 2021 Rank Pte

SECOND REMINDER.

Army Form C. 347-1.

3094/32/P&A

REMINDER.

ANSWER.

From Ch. Paymaster & O i/c Recds,
Newfoundland Contingent,
58, Victoria St,
London, S. W.

From _____

To Commandant,
Northern Command Depot,
Ripon, Yorks.

To _____

FM/WF

Pay & Record Office,

23rd, May 11, 1948.

_____ 191 .

The reply to this office No.


3094/32/P&A, 26/2/48, relating

to 2021, Pte. J. Janes,

Royal Newfoundland Regiment,

(copy attached)

not having been received, you are requested to expedite the same, and to state hereon when it may be expected.

 Major,

Chief Paymaster & O i/c Recds.

Approved


In submission of correspondence
the following

5145/45/P&A

REMINDER.

ANSWER.

From Chief Paymaster & O i/c
Recds,
Newfoundland Contingent,
58, Victoria St, S.W.

From _____

To Commandant,
Northern Command Depot,
Ripon, Yorks.

To _____

FM/WF

Pay & Record Office,

4th, April 1918

*Reminder
& Copy*

191 .

The reply to my memo. No.

3094/32/P&A, 26/2/18, relating
to 2021, Pte. J. Janes,

Royal Newfoundland Regt.

not having been received, you are
requested to expedite the same, and to
state hereon when it may be expected.

[Signature] Major,

Chief Paymaster & O i/c Recds.

[Handwritten signature]



Get file
Reman

Commandant,
Northern Command Depot,
Répon, Yorks.

Pay & Record Office,

26th February 8

2021, Private J. Janes,
Royal Newfoundland Regt.

With reference to the following extract of Daily Orders, Part 11. No.31, 5/2/18, Newfoundland Regt. No.7. Coy:-

Adjusted

"2021, Pte. J. Janes, Deprived
"10 days Pay, Gambling in his
"Hut at 11 a.m. 19/1/18".

Pte. Janes is shown in Daily Orders 19/10/17 as passed as fit for Category A3, rejoins Reserve Unit this day, and is struck off the Strength of this Depot accordingly".

Kindly verify Daily Orders.

5144 45

Major,
Chief Paymaster & O. i/c Records.

No. 5067/731

N.F.F./79.

From. NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

31st March 1919

2021 Pte. James J.

With reference to the following
telegram from the Minister of
Militia / / (102)

"Pay to-2021 James
£10. 0. 0.

Cheque £10. 0. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

A. B. Minnerley
Chief Paymaster & O. i/c Records.

Apr 10th 1919

Receipt hereunder.

Cham
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £10

£10 in respect of
telegraphic remittance from the
Minister of Militia.

James J.
No. 2021 Rank Private

Witness Chendell

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 N.F.L.P.* 7. Former Trade }
 or Occupation }
2. Regtl. No. *2021* 3. Rank. *Pls* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
4. Name *Francis J.*
 (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (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. *g s w abdomen*

12. Place of origin of disability.

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

*wounded in France
 19-4. 17 wounds now
 healed*

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

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

15. What is his present condition? *in right upper Quadrant abdomen irregular Stated bear painful on pressure complains of pain in back on doing heavy work*

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

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

20. Do you recommend— *Re-patriation*

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Products Left name

Station *Hazelton*

Date

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—
- (a) Any disability claimed or discovered.
 - (b) The present condition thereof.

22. 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 part of the soldier | | |
- Give details:

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

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
 - (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

July 8, 1919

#2021 Pte. Job James,

Kool's Island, B.B.

Dear Sir:-

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

Yours truly

Captain
Paymaster & 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 *John* 2. Surname *James*
3. Rank *Plt* 4. Regt. No. *2021*
5. Address in full to which future payments of gratuity are to be forwarded *Pools Is. B.B.*
6. Date of enlistment in the Regiment *Nov. 19. 1915*
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 Nov. 19. 1915 to June 9. 1919* 1. ³

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.

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?

19. Are you now serving in the Regt.? If not give - (a) date of discharge

No

June 9/19. Temporary

(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 & Belgium - From June 28/16 to
Apr. 1917 - 1st Div., Monchy, Arras
Somme*

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 J. Potts, B. B.

Place of Residence:

Declared before me at:

St. Johns, Nfld

This

9th

day of

June

19...*19*....

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

John McCarty

POST DISCHARGE PAY.

Date paid

paid

paid

Soldier. Dependent.

War Service
Gratuity.

Net amount
due

.....

.....

.....

Certified correct.

Paymaster

July 7, 1919

#2021 Pte. John James,

Pools Island B.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2729.

Yours truly

Cap.
Paymaster & U.i/c Records.

ly for Special Reserve Recruits, and for Special Reservists enlisting into the

MEDICAL HISTORY

OF

Surname James

Christian Name Job

Table I.—GENERAL TABLE.

Birthplace:—Parish

County N. I.

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>2</u> day of <u>Dec</u> 191 <u>5</u>		on _____ day of _____ 191	
	at <u>St John's N. I.</u>		at _____	
Declared Age	<u>22</u> years _____ days		_____ years _____ days	
Trade or Occupation	_____		_____	
Height	<u>5</u> feet <u>6</u> inches		_____ feet _____ inches	
Weight	<u>133</u> lbs.		_____ lbs.	
Chest Measurement	(Girth when fully expanded... <u>37</u> inches		_____ inches	
	(Range of expansion... <u>3</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Arm	_____
	Number	_____	Number	_____
When Vaccinated	_____		_____	
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	_____
	L.E.—V=	<u>6/6</u>	L.E.—V=	_____
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) _____	(b) _____		(b) _____	
Approved by (Signature)	<u>J. W. Burdett</u>		_____	
(Rank)	<u>Lieut</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at _____ on _____ day of _____ 191		at _____ on _____ day of _____ 191	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>1st N. I. Regt</u> <u>2.021.</u>		_____	
Transferred to	<u>Newfoundland</u>		_____	
Became non-effective by	_____		_____	
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)	_____		_____	
(Rank)	_____		_____	



Table II.—Only for admission

in case of War wounded treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admission of treatment, cause, nature of treatment of the case likely to be of interest or of further use. In cases of re-admissions to hospital will be shown. The subsequent progress, including particulars of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
400 LONDON GENERAL HOSPITAL WANDSWORTH	25	4	14	9	4	14	G.S.W II Slight of hand	46	Wounded in France 19.4.17. Wound - hand F. B. penoid. Wound incised.	G. C. Hall Capt. R.M.C.
N.C.D. Ripon	31	7	17	19	10	17	- Do -	52	Pt. 400.	P. J. Harris Lt. Col., R.A.M.C., M.O. in Charge Northern Command Depot, R.M.C.
Md. P. H. Loea	26	9	18	15	11	18	of Syphilis	51	Second ulceration of glans & Poly- adenitis. Wassermann +. To continue treatment. Pt. to Ripon Unit Infect. N.I. 1st. Inj. 8 grains Last. 3-12-18. Wass. neg. 5-12-18 Treatment completed	S. J. ... Capt. R.M.C.

Table II.—Only for admission or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature of treatment of the case likely to be of interest or of further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
			21	7	17		G.S.W II Slight of nail	50	Wounded in France 19.4.17. X-ray = bil. F. B. removed. Wound cicatrized. Capt. Am.	G. C. Hall Capt. Med.
N.C.D Ripon	31	7	7	19	10	17	- Do -	50		
McK. P. Helms	26	9	18	15	11	18	of Syphilis	51	Secondary - ulceration of glans & Poly- adenitis. Wassermann +. To continue treatment. Fit to rejoin unit Injec. N.H.B. 3.9 grams, Injec. Hg. 8 grains 1st Injec. 8-12-18. Last. 3-17-18. Wass. neg. 5-12-18 Treatment completed	J. J. Hall Capt. R.M.C.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, & Foreign Service, Extension, Re-engagement, & Surgical appliances; Particulars of Dental Treatment

Date	Boards
January 27/16	1 st Inoculation
February 9/16	2 nd " }
3-7-16	Successful vaccination of 7-16
6-7-16.	Fit for foreign service, N.I.D.
19-10-17	Col R.M.
30 NOV 1918	L. Col., R.A.M.C., Depot,

TABLE IV

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
St Johns 26/16	2.3/3/16	9/1/16			

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, & Foreign Service, Extension, Re-engagement, Surgical appliances; Particulars of Dental Treatment

Sur-

Date	B
January 27/16	1 st Inoculation
February 9/16	2 nd "
3.7.16	Successful Vaccination
6.7.16.	Fit for foreign service
19.10.17	Cat A.M.C.
	A.P. M.O. i/c No. Depot.
30 NOV 1918	DOWN CAMP. Prison

TABLE IV

Station or Troopship	Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date	Date of Departure or Disembarkation
Johns Wild	4/3/16	9/4/16			

The Royal Newfoundland Regiment

Class for Demobilization:—

g.
b.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7.6.19*

Regimental No. *2021*

Name *Jean Joseph*

Address *Pools Sald*

Present Medical Category *A.I.*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

..... *R.H. East Capt.*

O.C. Discharge Depot.

..... *Palmer*

Senior Medical Officer

..... *See Burden*

M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2021 Rank Private Name James J. B.
 Date of Enlistment 2-12-15 Address Bois Bois District Dunstan
 Occupation Businessman Classification for Discharge F Medical Category H1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 123	ME 2		" 6
B 179c	B 120	M 93		

Date 7-6-19 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:

- (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied Hand Craft

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1611* to his home
 at *Pools Island* and Release Certificate No. *2475* issued.

Date *9-6-19* *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 *7-7-19*

Date *9-6-19* *J.A. Snowball*
 Depot Paymaster.

Discharge approved for *23-6-19*

Forwarded with following documents to O.C Discharge Depot.

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

2 Form B

Date *9-6-19* *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

Date *JUN 23 1919* *R.H. Sait Capt.*
 O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former occupation.

James J.

Signature of Man.

Reg. No. *9021*

J. A. Crawford

Signature of the Vocational Officer or his Representative.

Place *St. Johns*

Date *JUN 9 1919* 191.....

[3000-2-2-19]



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. & 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 *Joseph James*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2021*

Intended address *Pools Idles*

Height on discharge *5 Feet 8*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Grey*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *Charles*

Christian name of Mother *Ann*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Pools Idles 1895 Aug 20th*

Nature and locality of civil employment required _____

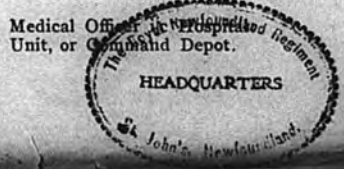
I declare that I am the soldier referred to above and that all the particulars contained in the above are to the best of my knowledge, correct

(Signature of soldier in full)

Station **ST. JOHN'S.** *Joseph James* (Rank) *Private*

Date *5. 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.



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* 7. Former Trade }
or Occupation }
2. Regtl. No. *3021* 3. Rank *PL* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name *JAMES* *Jk*
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (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.

12. Place of origin of disability.

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

*G.S.W. Admia wound a knee
1914/17. wounds now healed*

14. State whether the disabilities are
- | | | |
|--|----------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | <i>Yrs.</i> | |
| (ii.) Previous active service | <i>N.A.</i> | |
| (iii.) Climate in pre-war service | <i>N.A.</i> | |
| (iv.) Ordinary military service before the war | <i>N.A.</i> | |
| (v.) Serious negligence or misconduct on the man's part. | <i>V.D.S. Cured.</i> | |

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

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

15. What is his present condition? *in Right upper quadrant Abdomen.*
Regular shape bear
no painful or pressure complaints
of pain in back on doing heavy work
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Station

Longleat Camp

Date

11/1/19

Medical Officer in charge of case.

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

(b) The present condition thereof.

22. 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 part of the soldier

Give details:

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

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

Medical Report on an Invalid.

Station Hazley Down Camp

Date 28/11/18

1. Unit Royal Newfoundland 7. Former Trade }
 or Occupation }
2. Regimental No. 20² 31
3. Rank PTE
4. Name JANES
5. Age last birthday
6. Enlisted { on
 at
- 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).

G. S. W. wall of abdomen (Slight)

Statement 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. Apr. 1917.
10. Place of origin of disability. Monchy. France
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. F. B. removed. Wounds healed.

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 conditions (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.

Wounded Active Service

V. D. S

*Scar outer surface of right
rectus muscle, healed.
Umbilicus, healed.*

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.
14. If the disability is an injury, was it caused—
(a) In action?
(b) On field service?
(c) On duty?
(d) Off duty?
15. Was a Court of Inquiry held on the injury?
If so—(a) When?
(b) Where?
(c) Opinion?
16. Was an operation performed? If so, what?
17. If not, was an operation advised and declined?
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?
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.

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

Repatriation
M.R. / C. M. J. P. 21.

ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

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

Station _____

Date _____

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.

Opinion of the Medical Board.

Notes: Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the case of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to **enable him to decide upon the man's claim to pension.**

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) *The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*
- (iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—
(i.) Service during the present war;
(ii.) Climate;
(iii.) Ordinary military service;
(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
(v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?
22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?
23. Is the disability permanent?
24. If not permanent, how soon do the Board recommend re-examination?
25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?
Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.
26. If an operation was advised and declined, was the refusal unreasonable?
27. Do the Board recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?
28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—
(a) Sanatorium;
(b) Hospital;
(c) Convalescent home;
(d) Asylum; or
(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.
29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?
30. Does the man require the constant attendance of another person?

Signatures: _____ President.

Station _____
Date _____ } Members.

Approved. _____

Station _____

Date _____ Administrative Medical Officer.

Admitted 24.4.17

Only for use with Men returned from an Expeditionary Force or from Garrisons Abroad.

Army Form W. 3016. (In Books of 200.)

No. _____ Date 9 July 1917

(1) To the Officer i/c Records, 58 Victoria St SW

(2) The Officer Commanding, 1st nfld contingent Ayr

(3) The Paymaster, 58 Victoria St SW

Regimental No. 2021

Rank and Name Pte James J.

Regiment or Corps 1st nfld

has been granted a furlough from 9 July to 18 July

His address while on leave will be: 58 Victoria St SW

I consider he is fit for*
• Strike out that which is inapplicable.
(i. Duty
ii. Command Depot.
iii. Employment.

Officer in charge G. C. Hall Hospital, Capt Hall (Station).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps two copies of A.F.W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

[MT2633] W13581/M1452 12m blk. 1/17er G & S E. 842

Registrar, R.A.M.C.I.
3rd London General Hospital,
WANDSWORTH, S. W.

This man has been furnished with a warrant to Victoria and given an advance of £1. (one pound)

Medical Report on an Invalid.

Station Hazley Down Camp
Date 28/11/18

1. Unit Royal Newfoundland
2. Regimental No. 2021
3. Rank OT2
4. Name JANES.
5. Age last birthday
6. Enlisted { on
at
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).

G. S. D. Wall of abdomen slight.Statement 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. April 1917.
10. Place of origin of disability. Monchy. France.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. F. D. removed Wandsworth wound healed.

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.

Wounded active service(V.D.S.)

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.

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

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

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

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

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

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

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?

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.

20. Do you recommend—

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

Repatriation
Amick
C. Carson

ROYAL NEWFOUNDLAND REG.

Other in medical charge of case.

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

Station _____

Date _____

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.

Opinion of the Medical Board.

NOTE.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

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

28. If discharge is recommended it should be stated whether further medical treatment (including orthopedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

President.

Station _____

Date _____

Members.

Approved.

Station _____

Date _____

Administrative Medical Officer.



NEW ZEALAND REGIMENT

ALLOTMENTS

Regl. No. 2071

I hereby authorize you, and in similar official form to make an Allotment of Dollars and Fifty Cents, per diem, from my Pay, for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons

which begins 22^d, 1916.

Other Wife, Child
or Relative of
the Applicant

	ADDRESS	AMOUNT (each person)
	<i>id in the Freal</i>	
	<i>death payable to sister (cousin) Pava B. B.</i>	<i>.50</i>

...ing ... the ...
...nded to the ... as authority ...

(Sign)

*John ...
Private*



This Form is to be used in connection with Pamph. M. E. 1
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *John James*
aged *37 years* conducted at *Quarantine Hospital*
Date: _____ Recruiting Officer: _____

NO OF TEST	FINDING
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
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19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	<i>Normal</i>
34	<i>Normal</i>
35	<i>Normal</i>
36	<i>Normal</i>
37	<i>Normal</i>
38	<i>Normal</i>
39	<i>Normal</i>

Signature of Medical Examiner: _____



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Job. Jeanes*
aged *77* years conducted at *C. Co. 12 Armoury*
Date: *Dec 7na / 15* Recruiting Officer:

NO OF TEST

FINDING

1	NO
2	NO
3	NO
4	NO
5	NO
6	NO
7	NO
8	NO
9	NO
10	NO
11	NO
12	NO
13	NO
14	NO
15	NO
16	NO
17	NO
18	NO
19	<i>b. b</i>
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
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39	
40	
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42	
43	
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46	
47	
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49	
50	

2021

Heaton

1901

1901

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



Address

SEP 9 1921

1921.

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

Job Janes

in respect of his service as No. 2021 Rank Pte.

Name J. Janes

Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

Sept 26

Signature

Job Janes

Date

1921

Address

Greenwood P.O.

[P.T.O.]

Casualty Form - Active Service.

Regiment or Corps 1st Newfoundland Regt Regimental Number 1342

Rank Cpl Surname James Christian Name C.R.

Religion C. of E. Age on Enlistment 27 years 3 months.

Enlisted (a) Dec 15 Terms of Service (Duration four) Service reckons from (a)

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

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
or Corps Trade and Rate _____

Signature of Officer i/c Records.



Date	Report From whom received	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
		Embarked	<u>Southampton</u>	<u>9.7.16</u>	
		Disembarked...	<u>France</u>	<u>10.7.16</u>	
	<u>unit James Battalion</u>	<u>Shell shock (W) transf</u>	<u>FRS.</u>	<u>13.10.16</u>	<u>6.2.4361</u>
		Joined Battalion		1-NOV 1916	
				WILD BATT. 25. INFY	
<u>21.4.17</u>	<u>O.C. Unit</u>	Wounded in Action	<u>France</u>	<u>20 APR 1917</u>	<u>B 213</u>
<u>18.4.17</u>	<u>87 F.A.</u>	<u>Ad. 8 trans. Glw. Abdomen</u>	<u>41 L.S.S.</u>	<u>20.4.17</u>	<u>E.D. 3402.</u>
<u>25.17</u>	<u>2 Ban. S. Hosp.</u>	<u>penet.</u>	<u>Outrean</u>	<u>21.4.17.</u>	<u>HA. P76-3</u>
	<u>"Princess Elizabeth"</u>	Invalided to England		<u>24.4.17</u>	<u>W 3013</u>

(a) In the case of a man who has re-engaged for, or has been re-engaged for, on the Newfoundland Army...

(b) Signaller, Signaller...

Reg. No. *2021.* Rank *Private* Name *James Jake*
Attested Address *Boats Island.*
Allotment Allottee
Date of Allotment Returned from Overseas *29.5.19.*
Returned on S.S. *Consuean* Cause *Discharge.*

7619 PASSED TO DEMOBILIZATION OFFICER
23-6-19 DISCHARGE APPROVED ON DEMOBILISATION.

Squadron, Troop, Battery and Company Contact Sheet.

Army Form B. 121.

V. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 [6-6] W5017/2124 1000m 6/45m 52 56

Forms
B. 121.
32.

Regiment of 21st Newfoundland Regiment

Number of Sheet 1
 Signature of O. C. Company W. H. H. Cap
W. H. H. Cap

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No. <u>2021</u>	<u>James Joseph.</u>	Age on <u>22</u> years <u>3</u> months	<u>Sickman</u>	
Joined _____ Date _____	Place and Date of Enlistment <u>St. John's, Nfld.</u>	Period of { with Colours <u>2 1/2</u> years. with Reserve <u>3 1/2</u> years.	Religion <u>C. of E.</u>	
Joined _____ Date _____	Place of Birth <u>St. John's, N.S.</u>			
Joined _____ Date _____				
Joined _____ Date _____				

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
<u>Ripon</u>	<u>13-10-17</u>	<u>Pte.</u>		<u>Disobedience of orders given by his bat commander.</u> <u>(Failing to have his hair cut)</u>	<u>Sgt. Mills</u>	<u>2 days C.B.</u>	<u>13-10-17</u>	<u>Capt. J. J. Harvey</u>	<u>F.O.</u>
<u>Ripon</u>	<u>19.1.18</u>	<u>Pte.</u>		<u>Drinking in bat</u>	<u>C. S. Austin</u>	<u>deprived 10 days pay</u>	<u>21.1.18</u>	<u>Lt. Col. Scrimgeour</u>	
<p>Certified Correct <u>W. H. H. Cap.</u> Commdg. No. 7 (Leicestershire) Coy. RIPON. 21 MAR 1918 NORTHERN COMMAND DEPOT.</p>									
<u>Ripon</u>	<u>7.3.18</u>	<u>"</u>		<u>absent from tattoo to 11 AM.</u>	<u>Sgt. Power</u>	<u>20 days C.B.</u>	<u>9.3.18</u>	<u>W. H. H. Cap.</u>	<u>35</u>
<u>Ripon</u>	<u>10.4.18</u>	<u>"</u>		<u>absent from tattoo to 10.15 PM.</u>	<u>Cpl. Rodgers</u>	<u>2 days C.B.</u>	<u>12.4.18</u>	<u>W. H. H. Cap.</u>	<u>35</u>
<u>Ripon</u>	<u>23.4.18</u>	<u>"</u>		<u>absent from tattoo to 11 AM.</u> <u>24/4/18</u>	<u>Sgt. Power</u>	<u>2 days C.B.</u>	<u>25.4.18</u>	<u>W. H. H. Cap.</u>	<u>forfeit 1 day pay by P.O.</u>
<p><u>Demobilized 7-19.</u> To be carried over</p>									

Army Form B. 121

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

Rank *PL* Name *James J. B.*
 Last place of residence *Power St.*
 Occupation *Seaman*
 Classification of soldier *E* Medical *A 1*
 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 9 1919* Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date *ST. JOHN'S*
JUN 9 1919
 Signature of soldier *James J. B.*
 Signature of witness *Wm. Lester*

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date *ST. JOHN'S*
JUN 9 1919
 Signature of soldier *James J. B.*
 Signature of witness *James O'Sullivan*

STATEMENT OF SERVICE

Enlisted for service *2-12-15* No of days on Military
 Discharged from service *23-6-19 14 days* Service *1314*

APPROVAL OF DISCHARGE

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

Place *ST. JOHN'S*
 Date *JUN 23 1919*
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment. *R. H. Lait Carr*

CONFIRMATION OF DISCHARGE

The discharge of above mentioned soldier is hereby confirmed.
 Place *St. John's, Nfld*
July 7/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment. *W. Bowley Capt*

27729/1919

The Royal Newfoundland Regiment

2021

DEMobilIZATION OF

2021 Rank *Plt* Name *James Job*
 Regiment *2-12-15* Address *Pol. Dist. Demarste*
 Occupation *Butlerman* Classification for Discharge *H* Medical Category *F.I.*
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date *7-6-19*

Jr O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

r. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

thing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable *60.00*(b) Clothing Supplied *none*Date *9-6-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *17-1611*.....
 at *Pools Island* and Release Certificate No. *2475* issued.

Date *9-6-19* *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

Date *7-7-19* *J.A. Snowball*
 Depot Paymaster.

Discharge approved for *23-6-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *9.6.19* *J.A. 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 Grant

JUN 23 1919

Date *R.H. Sait*
 O. C. Discharge Depot.

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

Date *June 16/19* *James Mack*
 for O.C. Record