



FIRST NEWFOUNDLAND REGIMENT

No. 3399 Name Soldier R. W. Jewer Corps Infantry

QUESTIONS TO BE PUT TO THE RECRUIT BY THE ATTESTING OFFICER

1. What is your name? Soldier R. W. Jewer
2. What is your full Address? Lowerport
3. Are you a British Subject? yes
4. What is your age? 18 years 6 months
5. What is your Trade or Calling? no
6. Are you Married? no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? yes
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Are you willing to be enlisted for General Service? 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 } 11. yes  
to be signed by you if you are accepted?

I do solemnly declare that the above answers made by me to the above questions are true and that I am willing to accept the engagements made.

Soldier R. W. Jewer SIGNATURE OF RECRUIT.  
Soldier R. W. Jewer Signature of Witness.

I 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 as replied to and the said recruit has made and signed the declaration and taken the oath before me on this 8<sup>th</sup> day of Jan 1917.  
Signature of Attesting Officer St. John's

† CERTIFICATE OF APPROVING OFFICER.  
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 1st regiment.  
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).....





# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3399 Name Sold R. W. Jewer Corps Infantry

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

1. What is your name? ..... Sold R. W. Jewer
2. What is your full Address? ..... Levichport
3. Are you a British Subject? ..... yes
4. What is your age? ..... 18 Years 11 Months
5. What is your Trade or Calling? ..... Lumberman
6. Are you Married? ..... no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... no
8. Are you willing to be vaccinated or re-vaccinated? ..... yes
9. Are you willing to be enlisted for General Service? ..... yes
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 assigned by you if you are accepted? ..... 11. yes

Sold R. W. Jewer 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.

Sold R. W. Jewer ..... SIGNATURE OF RECRUIT.

Baym [unclear] ..... Signature of Witness.

Sold R. W. Jewer OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, ..... 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 fully 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 8th day of Jan 1915.

Signature of Attesting Officer Strong G.

†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).....







*H. Jewell*

C.R. 3399

*PAID*

## Medical Report on an Invalid.

Station Hazley Down Camp  
Date 28/11/18

- |  |  |
|--|--|
| <p>1. Unit <u>Royal Newfoundland</u></p> <p>2. Regimental No. <u>3399</u></p> <p>3. Rank <u>PR</u></p> <p>4. Name <u>SEWER</u></p> <p>5. Age last birthday</p> <p>6. Enlisted <span style="font-size: 2em;">}</span> on<br/>at</p> | <p>7. Former Trade }<br/>or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|--|--|

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

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

*Debility*

#### 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.
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.
- Reported sick in France with myalgia, cured at Hospital & Command Depot. Reported sick again in France with tonsillitis &*
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).
- Aggravated strain of military service.*
- (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.

(VDS cured)



*He is anaemic & shaky.*

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 (3)*

*W. H. C. [Signature]*

ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

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

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

\*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. 19347/2173

65590  
M

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

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

26th November 1918

Nov. 28<sup>th</sup> 1918

Subject: 3399, Pte. F. Jewer

With reference to the following telegram (10146) from the Hon. Minister of Militia, received

ay to 3399 Jewer £6:0:0

Receipt hereunder.  
*Chant*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. Batt'n  
Royal Newfoundland Regiment

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

F. Jewer  
No. 3399 Rank Pte

Witness: D. Stephenson COAS

Draft £ 6:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.



No. 3399 Rank Pte. Name Jewers F.

Pay	F.A.	Wkg	Total
1.00	10		1.10
Less: Allotment			50
Net Rate			60

M.M. 2/25.

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d
						From	To					
Balance					Balance					1	15	9 ✓
Acquittance Rolls		1	15	3 ✓	Pay @ net Rate	9/6/17	4/10/17	118	60	70	80	14 10 11 ✓
Hospital Advances		1	10	6 ✓	Ration Allow.			10	2/-			1 0 0 ✓
A.B. 34												
P. & R.O. Payments		1	0	0 ✓		5/10	6/10	2	60	1	20	4 11 ✓
Forf. Pay			9	1 ✓		7/10	10/10	4	60	2	40	9 10 ✓
Receipt No 4119	4/10/17	10	0	0 ✓		11/10	13/10	3	60	1	80	7 5 ✓
" " 4133	6/10/17	2	10	0 ✓								
" " 4172	10/10/17		16	0 ✓								
" " 4182	13/10/17		8	0 ✓								

18-8-10

18-8-10

Raw  
4/10/17



7010/155

7420

ORNY

3rd London Gen. Hospital

Wandsworth.

May 7th 8

3399, P/c. F. W. Jewer

4035

4 5 18

Pay to 8390 Jewer £2:1:0

3rd London Gen. Hospital  
Wandsworth, S.W. 8

With reference to Minute 1,  
this may be remitted to me for  
payment to the soldier concerned

please.  
(Sd) H. Fagan,  
A/Major R.A.M.C.(T) for  
O.C. 3rd London General Hospital

*No receipt*

7420,

831/0107

Officer Commanding,  
3rd London General Hospital,  
Wandsworth, S.W.

Pay & Record Office,

10th May 1918,

Reference Reverse: Postal Draft  
is enclosed for payment as  
indicated.

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

FM/S

May 1918  
Pay & Record Office

831/0107

Pay to 3220 London

76487170 A

3rd London General Hospital,  
Wandsworth.

15th May 8

3399/ Pte. F.W. Jewer

4351

Pay to 4351 Jewer £5:0:0

*No Receipt*

O.K.

P.O.O.  
R.R.

13/5/18  
Receipt No. 7107

May 11

FILE	BRANCH
INITIAL	<i>JRA</i>

→ pay master



*Fines*  
*appear* *shall* *capt. Mrs*



OK \$1000  
12/9/17

The Officer in Charge  
Newfoundland. Reg.

12-9-17.

Sir

Could you manage to advance me 1 £ (one pound). I want to get a few small items for myself which are necessary.

Receipt No. 4002

No 399 Platoon  
A Company  
1st Newfoundland. Regt.

J. M. Hughes.  
Regiment Capt. R. A. M. C.  
No 3 General Hospital.  
Wandsworth.



Account Record Office  
152 Victoria Street

3399  
pay to # 3899. pte 7 gener  
the sum of £1. One pound.  
which is to his credit

Approved  
John H. [unclear] [unclear]  
16/4/18



OK  
£1.0.0  
OK 16/4/18  
Receipt No. 6555

No. 10950/1065

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To: *57 7862*  
*[Signature]*  
Officer Commanding,  
2nd Bn. Royal Newfoundland Regt.,  
Winchester.

8th, July 191 8

Subject: 3399, Pte. Food. W.R. Jewer

With reference to the following telegram (6063) from the Hon. Minister of Militia, received

"Pay to 3399 Jewer £4. 2. 0

Draft £4. 2. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*[Signature]*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*[Signature]*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
OFFICE BN. COMMANDING NEWFOUNDLAND REGT.  
Royal Newfoundland Regiment

Received the sum of Four  
Pounds Two Shillings account of  
cable remittance from Newfoundland.

2 Jewer  
No. 3394 Rank pt

Witness  
*[Signature]*

H. D. Camp  
Winchester

To the Paymaster.

R. Nfld. Regt.

58. Victoria St. London.

3399 Pt. J. Jewer.

D<sup>r</sup> H. Coy. Pay Book. £2.5.5

Can you please pay him the balance  
which is now due him. The statement  
of above is not here yet.

J. W. Kelly Capt

BRANCH
INITIALS
pmr.



To be attached temporary  
account.



LAST PAY CERTIFICATE

OFFICE COPY

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3399, Rank Pte. Name Jewer Unit ROYAL NEWFOUNDLAND REGT. who was repatriated  
to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£ s d					PARTICULARS	£ s d					CR.
		£	s	d	£	s		d	£	s	d		
PERIOD: From <u>23/11/18</u> To <u>20/12/18</u>	Balance Dr. from						Balance Cr. from						
	Allotment <u>19 days @ 50¢</u>	19	50	11	19	1	Pay <u>19 days @ \$ 1.00</u>	19	00				
	Cash Payments:						Field Allowance <u>19 days @ \$ .10/100</u>	1	90				
	<u>1st Pay.</u>				15	0	Other Allowances days @ \$			14	5	11	
	<u>2nd "</u>			1	9	11	Other Credits:						
	Other Debits:						<u>Copy sent to oftn 21303/210</u>						
	<u>B. Damages</u>				6		<u>Pd 24/12-18.</u>						
	<u>Miss Stopp.</u>				1	5	Total Credits			14	5	11	
	Total Debits			14	5	11	Balance due to Paymaster			14	5	11	
	Balance due by Paymaster			14	5	11							

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of \_\_\_\_\_

(Place) HAZELEY DOWN CAMP (Date) Dec 11<sup>th</sup> 1918

Made up/Checked for accordance with information received in the Pay & Record Office \_\_\_\_\_ O.C. "F." Company \_\_\_\_\_  
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.

*Pay*

# WESTERN UNION

## ANGLO - AMERICAN DIRECT UNITED STATES CABLEGRAM



Prefix _____		Code _____		SENT		FOR STAMPS		
WORDS		CHARGE		At _____		To _____ By _____		
12		2 1/2		<b>VIA WESTERN UNION</b>				THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

10/5/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM MRS JOSEPH JEWER

LEWISPORTE (Newfoundland)

CABLE FIVE POUNDS THROUGH MILITIA

3399 JEWER

*12  
2 1/2  
24  
30*

*PAID*

*Charge of c of*

CASH PAID  
PAY BOOK  
Date 14/5/18 by *RRB*

Authorized.

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 \_\_\_\_\_

58 Victoria St. S.W. 1.

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.

Jewer, Ford

3399

Ray sept.

February 14, 1919

#3399 Pte. Ford R.W. Jewer,  
Lewisport e.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 922."

Yours truly,

Captain,  
Paymaster & U.i/c Records

Enc'l 1.



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2399 Rank..... Private Name..... Jewell, Harold  
 Date of Enlistment..... 8-1-19 Address..... Lewisporte District..... St. John's  
 Occupation..... Lumberman Classification for Discharge..... B Medical Category..... C  
 Recommendation S.M.B. permanently unfit Disability Rating..... Less than 20%  
 Passed to Demobilization Officer with following documents:—

N.F. P/36 <u>94</u>	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date..... 31-1-19

W. M. C. Capt  
O/C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am..... not..... in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date..... 31-1-19

W. M. C. Capt

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable..... 60/-

(b) Clothing Supplied..... Joseph A. Snowling

Date..... 31-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 141 to his home at ..... and Release Certificate No. 875 issued.

Date 31-1-19 .....

J.H.S. .....  
Demobilization Officer Capt

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 14-2-19

Date 31-1-19 .....

W. W. W. Capt. .....  
Depot Paymaster.

Discharge approved for 14-2-19 31<sup>st</sup> 1919 .....

Forwarded with following documents to O.C Discharge Depot.

N.F. R/54 <u>2</u>	B 268	B 121	N.F. Med.	D.F. 1	<u>X</u>
F 178	W 3494	B 122	Board 1st	" 2	<u>1</u> <u>Form B</u>
B 178a	D 400A	B 1915	do 2nd	" 3	<u>2</u>
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 31-1-19 .....

A. D. D. G. Off. .....  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**ELIGIBLE for POST DISCHARGE PAY**

Date JAN 31 1919 .....

R. H. J. Capt. .....  
O. C. Discharge Depot.

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

Date .....

ADB 2079/922

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

# MEDICAL HISTORY

OF

Surname Jewer

Christian Name L. S.



Table I.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on 8. day of January 1917	on	day of	191	
	at St. John's Nfld.	at			
Declared Age	18 years 11 days				
Trade or Occupation	Lumberman				
Height	5 feet 3 inches				
Weight	118 lbs.				
Chest Measurement	Grith when fully expanded	36	inches		
	Range of Expansion	4	inches		
Physical Development					
Vaccination Marks	Arm	Right	Left	Right	Left
	Number				
When Vaccinated					
Vision	R.E.—V=	6/6			
	L.E.—V=	6/6			
(a) Marks indicating congenital peculiarities or previous disease	(a)				
(b) Slight defects but not sufficient to Cause rejection	(b)				
Approved by (Signature)	<u>J.W. Burden</u>				
(Rank)	Lieut				
	Medical Officer.				
Enlisted	at	at			
	on day of 191	on day of	191		
	Corps.	Regtl. No.		Corps.	Regtl. No.
Joined on Enlistment	First Nfld. Regt	3319			
Transferred to	Newfoundland				
Became non-effective by					
	on day of 191	on day of	191		
(Signature)	<u>W.K. Nfld</u>				
(Rank)	263				



Table II.—Only for admission to hospital 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 or treatment of the case likely to be of interest or of future 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, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 <sup>rd</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	15	8	17	4	10	17	Myalgia	50	Reported sick in France 31.7.17 with pains in leg. Developed Omsillitis. No R.C.B. Tests	g.c. Hall Capt. Med.
N. G. D. Ripon	13	10	17	2	11	17	- do -	20	Lat. A III	
4th SCOTTISH GENERAL HOSPITAL STOBWILL, GLASGOW	26	11	17	10	12	17	Emphysema do.	15	Dichloramine-T, drops. of Parathion 2 Pro of A. Urine condition clear. when for Emphysema. negative	Station Capt. Ramsey
8 <sup>th</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	3	4	18	4	6	18	Omsillitis	62	Reported sick in France 25.3.18. Stab = No R.C.B. Removal of Omsils & deoids	g.c. Hall Capt. Med.



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

Date	Brief Details, and Signature
17-1-17	Vacc. <i>Sub.</i>
16-2-17	} T.A.B. <i>Sub.</i> 3
27-2-17	
6-3-17	
2-11-17	Cal ATT
30 NOV 1918	<p>RECOMMENDATION  <i>MR 71</i>          HITAL NEWFOUNDLAND REG.  <i>CITRO.</i></p>

**TABLE IV.—SERVICE TABLE.**

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
			<p><i>It is hereby certified that this sailor has been before the Standing Medical Board and was been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>E</u></i></p> <p><i>24.1.19</i> Date of S.M.B.</p> <p><i>Wiley</i> Captain Discharge Post-Newsfoundland</p>		



## 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 take a course in Office work*

*W. J. Jones*  
Signature of Man.

Reg. No. *3399*

*W. Butler*  
Signature of the Vocational Officer or his Representative.

Place *St Johns Is*

Date *Jan 31<sup>st</sup>* 191*9*.

*24*  
*14*  
*38*

ORIGINAL

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3399 Rank Pte Name Jewer. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18 Authority Cause

DR. STATEMENT OF ACCOUNT

Table with columns: PARTICULARS, £, s, d, PARTICULARS, £, s, d. Rows include Balance Dr. from, Allotment 19 days @ 50¢, Cash Payments (1st Pay, 2nd do.), Other Debits (B. Damages, Mess Stopps), Total Debits, Balance due by Paymaster, Balance Cr. from, Pay 19 days @ \$1.00, Field Allowance 19 days @ \$10/100, Other Allowances, Other Credits, Total Credits, Balance due to Paymaster.

PERIOD: From 23/11/18 To 20/12/18

RECEIVED 18/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of "J. Co."

HAZELEY DOWN CAMP (Place) Dec 11th 1918 (Date)

Made up/Checked in accordance with information received in the Pay & Record Office O.C. "J" Company London to 19/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, Dec. 19th. 1918

Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3299, Rank Pte. Name Jewer, J.W. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated  
to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

DR. STATEMENT OF ACCOUNT

	PARTICULARS	£ s d				PARTICULARS	£ s d				
		£	s	d	CR.		£	s	d		
PERIOD: FROM <u>23/11/18</u> TO <u>20/12/18</u>	Balance Dr. from					Balance Cr. from					
	Allotment 19 days @ 50¢	9	50	1	19	1	Pay 19 days @ \$1.00	19	00		
	Cash Payments:					Field Allowance 19 days @ \$ $\frac{10}{100}$	1	90			
	1 <sup>st</sup> Pay				15	0	Other Allowances days @ \$	20	90	4 5 11	
	2 <sup>nd</sup> do			1	19	11	Other Credits:				
	Other Debits:					Total Credits					
	B. Damages					6	Balance due to Paymaster				
	Mess Stopps			1	5						
	Total Debits					4	5	11			
	Balance due by Paymaster										
			4	5	11						

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

J. Co.  
HAZELEY DOWN CAMP. Dec 11<sup>th</sup> 1918  
(Place) (Date)

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

*J. R. [Signature]*  
O.C. "F." Company.  
to

Medical Report on an Invalid.

Station Hazelton Camp

Date 28/11/18

1. Unit Royal Newfoundland  
 2. Regimental No. 3399  
 3. Rank PTE.  
 4. Name JEWNER  
 5. Age last birthday

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.

6. Enlisted { on  
 at

8. Disability in respect of which invaliding is Proposed.

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

*Debility*

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.
- 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.

*Reported sick in France with myalgia, cured at hospital. Command Depot, reported sick again in France with Gonorrhoea.*

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.

*Aggravated Strain military Service*

*V. G. (Cues)*



*He is anaemic, and  
shaky*

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 (3)*

*M. J. [Signature]*

ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

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

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

\*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.—(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, (1) caused or aggravated by service in the present war, (2) 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.

*Please see. Heart now all right  
Has some cough and feels weak  
Heart always all right.*

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

*Strain of military service*

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.*

*less than 20%*

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:—

Station *S. Plus*

Date *Jan 24/19*

*[Signature]* President.

*[Signature]* Members.  
*[Signature]*

Station *[Signature]*

Date *[Signature]*

*[Signature]* Administrative Medical Officer.





## 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 *Ford Jewer*

Regiment from which discharged *1st. Newfoundland*

Regimental number *3399*

Intended address *Lewisporte*

Height on discharge *5* Feet *5*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eye *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father *Joseph*

Christian name of Mother *Elizabeth*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth. *Lewisporte 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) *Ford Jewer*

(Rank) *PLC*

Station *S. Johns* Date *13. 1. 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

No. 3399 Name *James J* Sqn., Batty., } 6 Corps *1st-26th* Date of enlistment } 8.1.17 } G.C. Badges }  
 Date of last entry in Company Conduct Sheet } *Nil* No. and date of last drunk } *Nil* Period not reckoning towards freedom from extra fine } Sheet No. 1 Signature O.C. Company, etc. } *Robertson* } Service or Proficiency Pay } *Good* } 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>Rouen</i>	<i>9/6/17</i>	<i>Pte</i>		<i>when on Active Service being deficient of kit</i>	<i>S.M. Charnel</i>	<i>Deprived of 1 day's pay</i>	<i>9/6/17</i>	<i>St. Col. Glyn</i>	<i>C.G.L. 2nd Lt.</i>
<i>Rouen</i>	<i>14/4/17</i>			<i>W.O.A.S. being deficient of kit</i>	<i>Mr. Channell</i>	<i>Deprived of 1 day's pay</i>	<i>15/4/17</i>	<i>St. Col. Glyn</i>	<i>J.H.</i>
				<i>Transferred to England</i>	<i>15.8.17</i>				

ARMY FORM B. 122





## Casualty Form—Active Service.

Regiment or Corps... *Royal Newfoundland*  
 Rank... *Pte* Surname... *Jewer* Christian Name... *Ford*  
 Religion... *Methodist* Age on Enlistment... *18* years... *11* months  
 Enlisted (a) *1917* Terms of Service (a) *Duration* Service reckons from (a) *8/1/17*  
 Date of promotion to present rank... Date of appointment to lance rank...

Extended { } Re-engaged { } Qualification (b).....  
 or Corps Trade and Rate.....  
 Occupation... *Lumberman* *permanent major* 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 ... <i>1</i> MAR 1918 Disembarked... <i>3</i> MAR 1918		
		<i>44 CCS "La Toussaint"</i>	<i>8978</i>	<i>25/3/18</i>	<i>EO.93760/24/3/18</i>
		<i>"St. Pierre de Camille" 3rd Battalion</i>		<i>3/4/18</i>	<i>LD 3083</i>
			<i>4401</i> MAJOR Infantry Section G.H.Q., 3rd Echelon		

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

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



BB/ME

August 9. 1919.

To:- Captain Howley,  
Officer in charge of Pay and Records.

From:- Vocational Officer.

Benjamin Pittman

Ford Jewer

Herbert Rideout.

We have received letters from the  
three men named in the margin. We are  
sending them to you herewith for  
attention. We have replied to the men and  
told them that they will probably hear from  
you direct.

*Encl.*

Yours faithfully,

B. Butler,  
For V. O.

Per *BB/ME*..

Truro  
July 20/19

Mr Blackhead:

Dear Sir:

9  
Want to inform you to  
send my gratuity money  
to Truro Nova Scotia  
now as I intend staying  
here. And Oblige  
your truly

#3299 Pte Ford Jewer

Truro  
Box 816 N. S.  
Canada

✓ Chequered. Aug. 19/19 [initials]

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 26th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any question 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, M.Y. & RECORD OFFICE, ST. JOHN'S.

- Christian name *Ford*..... 2. Surname *Jewer*.....  
3. Rank *private*..... 4. Regt. No. *3399*.....  
5. Address in full to which future payments of gratuity are to be forwarded... *58 New Town St. St. John's*.....  
6. Date of enlistment in the Regiment..... *Jan. 5-1917*.....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge.....  
*Elizabeth Jewer*.....  
8. Relationship of such dependents..... *mother*.....  
9. Address in full of such dependent..... *Lewisport*.....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*.....  
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service.....  
*Belgium in France*.....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *2 years and 2 months*.....

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

*No*

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

*\$96.00 Jan - 1919*

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..... (b) Reason for discharge.....

*Temporary discharge in Jan 1919*  
*British Forces*

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 - in 1917 and 1918*

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*  
*\$50.00 per month from*

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:

*F James*

Place of Residence:

*58 New Green St. St. Johns.*

Declared before me at:

*St. Johns, Nfld*

This

*28th*

day of

*Feb.*

19*19*

*John M. Carthy*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	<i>5.40</i>	<i>350.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified Correct.			Paymaster.	





April 12th, 1919

Capt. Howley,

O. I. C. Records.

Please pay to Mr. Ford Jewer, No 3399, the sum of one hundred and forty dollars being an advance on his War Service Gratuity and charge the same to the Civil Re-establishment Committee.

\$140.00

*L. R. b*

ACCOUNT	
PAID TO	<i>16166</i>
DATE	
PAY TO	
CASH	

*E. W. McCall*  
Vocational Officer

*Ford Jewer*

April 12th, 1919

Capt. Howley,  
Paymaster & O. I. C. Records,  
Royal Newfoundland Regiment.

In consideration of the payment of one hundred and forty dollars I order that the War Service Gratuity due to me for the ~~first~~ two months be paid over to the Vocational Officer of the Civil Re-establishment Committee.

\$140.00



Ford Jewer

.....

Medical Report on an Invalid.Station HAZELEY DOWN CAMP.Date 28/11/18.

1. Unit **ROYAL N.F.L.D.**
2. Regimental No. **3399**
3. Rank **PTE.**
4. Name **JEWER.** *Sord*
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).***DEBILITY.**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.
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. **REPORTED SICK IN FRANCE WITH MYALGIA, CURED AT HOSPITAL & COMMAND DEPOT. REPORTED SICK IN FRANCE AGAIN WITH TONSILLITIS.**
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). **AGGRAVATED BY STRAIN OF MILITARY SERVICE.**
- (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. **V.D.G. CURED.**



13. What is his present condition?

**HE IS ANEMIC & SHAKY.**

*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. (S)**

**J. ST. P. KNIGHT, CAPT. INF. REGT.**

Officer in medical charge of case.

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

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

\*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.—(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 invalidated, 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.

**PULSE 84. THROAT NOW ALL RIGHT. HAS SOME**

**COUGH & FEELS WEAK. HEART & LUNGS ALLRIGHT.**

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 **YES.**
- (v.) Whether it is constitutional or hereditary.

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

**STRAIN OF MILITARY SERVICE.**

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.*

**LESS THAN 20%.**

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

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or **YES.**
- (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. 144 of 1917, is any surgical appliance recommended?

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

Signatures:—

**N.S. FRASER.**

President.

Station **ST. JOHN'S.**

**J.S. TAIT.**

Members.

Date **JAN 24<sup>th</sup> 1919.**

**L. PATTERSON. MAJOR.**

Approved.

Station **JAN 24 1919**

No. ....

(sgs) **CLARY MACPHERSON. MAJOR.** Administrative Medical Officer.

Date **NEWFOUNDLAND.**



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3399 Rank ..... Pte ..... Name Ford Jewer  
 Intended place of residence..... Lewisporte

2. Occupation ..... Lumberman  
 Classification of soldier ..... B ..... Medical Category ..... E

3. The above named man is discharged in consequence of..... DEMOCRILIZATION.

**ELIGIBLE for POST DISCHARGE PAY**

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 ..... (sgnd)..... C. C. Duley, Capt.  
 Date ..... Jan. 31, 1919 ..... for Comanding 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 ..... (sgnd)..... F. Jewer  
 Signature of soldier  
 ..... 31-1-19 ..... "..... C. B. Dicks, Capt.  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S ..... (sgnd)..... F. Jewer  
 Signature of soldier  
 ..... Jan. 31, 1919 ..... "..... W. J. Eaton, RQMS  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service ..... 8-1-17 ..... No of days on Military  
 Discharged from service..... 31-1-19 plus 14 days ..... Service ..... 768

### APPROVAL OF DISCHARGE

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

Place ..... ST. JOHN'S ..... (sgnd)..... R. H. Tait, Capt.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date ..... Jan. 31, 1919 .....

### CONFIRMATION OF DISCHARGE

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

Place .....  
 Date .....  
 Officer i/c Records  
 The Royal Newfoundland Regiment



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4397 Rank Pvt Name John James  
 Intended place of residence Leamington Superior Gate  
 2. Occupation Summerman  
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of DEMobilization

**ELIGIBLE for POST DISCHARGE PAY**

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 W. J. Eaton Capt  
 Date JAN 31 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 31-1-19 J. James  
 Signature of soldier  
W. J. Eaton Capt  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date Jan 31<sup>st</sup> 1919 J. James  
 Signature of soldier  
W. J. Eaton Capt  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 8-1-17 No of days on Military  
 Discharged from service 31-1-19 Plus 14 days Service 768 days

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R. H. Lait Capt  
 Date JAN 31 1919 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place ST. JOHN'S W. J. Eaton  
 Date JAN 31 1919 Officer i/c Records  
 The Royal Newfoundland Regiment



C.R. 3399

Extract of DAILY ORDERS, PART II, Depot St. John's,  
dated Feb. 17th 1919,

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The discharge of the undernoted on demobilization has  
been CONFIRMED by Officer i/c Records on noted date.  
14/2/19.

#3399 Pte. Ford Jewer.

C.R. 3399

EXTRACT FROM DAILY ORDERS PART II, DEPOT ST. JOHN'S DATED FEB. 3rd. 1919.

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The discharge of the undernoted on demobilization have been APPROVED  
by G. C. Discharge Depot on noted dates:-

31-1-19

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~~2002~~ Pte. Ford Jewer.

3399

C.R. 3399

Extract from Medical Board held on Friday Jan. 24th,

3399 Pte. Jewer F.

Recommended Discharge as Permanently Unfit.

C.R. 3399

Extract from Medical Board held Jan. 14th, 1919.

3399 Pte. F. Jewer.

Did not present himself.



C.R. 3399

Extract from Daily Orders part 11, Depot St. John, dated Dec/ 23rd. 1918.

The n/m returned from Overseas and reported at Depot 21-15-18.

#3399 Pte. F. Jewer/

C.R. 3399

Extract from Nominal Roll of repatriation draft No. 79 from  
the 2nd., Battalion of the Royal Newfoundland Regiment per  
...CORRECTION, which embarked at Silbury Docks 12/12/18.

#3399 Pte. F. Jewer /

C.R. 3399

Extract from Daily Orders ~~sent~~ by Lt. Col. B.J. Barton, D.S.O.  
Commanding 2nd Battalion Royal Nfld. Regt.,

The following having been transferred from Newfoundland  
Forestry Corps to this Batta. is taken on the strength from  
1-10-18.

~~3399~~ 3399

Pte. F. Jöwer.

C.R. ~~2508~~  
32  
3399

Extract from Daily Orders By.Lt. Col. B.J. Barton ,D.S.O.  
Commanding 2nd Bn. Royal Hfld.Regt. 20-8-18.

The following man is attached to the Forestry Corps on one  
months probation from 29-8-18.

~~2508~~ Pte. F. Jewer.  
3399



C.R. 3399

Extract from Daily Orders by Capt. J.C. Karn (Temp)  
Commanding 2nd Bn., Royal Nfld. Regt. 18-6-18

The following have reported back from the 1st Bn., is  
posted to "H" Company: 20-6-18

#3399 Pte. A. Jewer.

C.R. 3399

EXTRACT OF CASUALTY RECEIVED FROM PAY & RECORD OFFICE  
LONDON, DATED 6th JUNE

Q3C. 3rd London General Hospital S.W. 18 Reports  
4/6/18 DISCHARGED 4/6/18 Furlough to 13/8/18

<sup>F</sup>  
No. 3399, Private H. Jewer Fit for 1 Duty

C.R. 3399

Extract of Cablegram to Pay and Record Office London Dated  
May 13th. 1918.

Pay to as follows:

3399 Jewer,

5 pounds.

## 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.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under 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 non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

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 it 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

Dept of Militia.

Line  
Number

Red

By

Sent

by

Check

Dated

April 6th, 1918.

To

Joseph Jewer, Lewisporte, N.D.B.

Regret to inform you that Record Office, London,  
officially reports No. 3399, Private Ford W.R.

Jewer at Wandsworth Tonsillitis.

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

J.R. Bennett

Actg.

Minister of Militia.

FOR TYPEWRITER



C.F. 3309

Extract of Sick and Wounded N.C.Os. and Men of the Expeditionary Force ---  
France. List No: H.A. 21111, dated 3rd April 1918.

3309 Pte. F. Jewer

1/R. Newfoundland Inf..... Tonsillitis Mild..... Adm. 7 Gen. Hos.  
St. Omer 27 March 1918.

C.R. 3399

Extract of Casualty List received from Pay and Record Office London  
Dated

3399 Pte. F. Jewer,

R. Nfld. Regt., TONSILLITIS.....Adm. 3rd. London general Hospital  
Wandsworth, S.W. 3/4/18.

C.R. 3399

Extract from Nominal Roll of Draft No. 39, 50 Other  
Ranks from 2nd Bn. Royal Newfoundland Regiment, to 1st  
Bn. Royal Newfoundland Regiment, B.E.F.

Embarked Southampton 1/3/18.

3399 Pte. F.W.R. Fewer.

# 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.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under 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 non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

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 August 21, 1917.

To Mr. Joseph Jewer,

**Lewisporte.**  
 Regret to inform you that Record Office  
 London, officially reports **No. 3399, Private**  
**Ford W. R. Jewer, has arrived at Wandsworth suffering**  
**from debility.**

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

JOHN D. BENNETT  
 R.A. SQUIRES  
 Colonial Secretary.



SICK AND WOUNDED N.C.Os. AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 3399

ARMY CYCLIST CORPS

13523 Pte. Hunt, D.F.

16y Cps. Cyc. Btn. "B"

P.U.O. Mild.....Adm.

LIST NO. H.A. 12672

8 R.C.H. Le Touquet 7 Aug. 17

EXPEDITIONARY FORCE - CANTEENS

5720 Pte. Reynolds, L.E.

ASC.EFC.Local.

Diarrhoea, Mild..Adm.

LIST NO. H.A. 12672

Marseilles Sty.H.Marseilles  
6 Aug. 17

NEWFOUNDLAND CONTINGENT

3399 Pte. Jewer, F.

1/Newfoundland "A"

Debility. Sev.....Adm.

LIST NO. H.A. 12672

8 R.C.H. Le Touquet 7 Aug. 17

A.P.C. ACCS 2 WAR OFFICE

17806 Pte. Matthew, J.H.

APCps. trans. to 1/7  
Gord. "D"

P.U.O. Sev.

LIST NO. H.A. 12672

Adm. 8 BRCH, Le Touquet 7 Aug. 17.



2029

C.R. 3399

Extract from Nominal Roll of Draft No.24; from 2/1st Newfoundland Regiment  
Newton on Ayr, to 1/1st Newfoundland Regiment, B.E.F. 1/6/17.

3399 Pte.

3399 Pte. F.Jewer.

MP.

C.R. 3399

Extract from Nominal Roll embarked Sgt. H.ohn's S.S.Florizel

17/3/17

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#3399 Pte. F. Hewer.

C.R.

3399

Extract from Daily orders Part II Unit The Royal Nfld.  
Regt., St. John's, Jan. 8th, 1917.

3399 Pte. Ford Jewer.

attached to strength from Jan. 9th, 1917.



# The Royal Newfoundland Regiment

## CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 3399 Rank Pte Name John Sewer  
 Former Occupation Summerman Address St. John's District St. John's  
 Class B Medical Category 6 Disability Rating 20%  
O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as To take course of Engineering His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date 31-1-19 Geo. Learty C. B. Drick Capt  
 To be forwarded Orderly Room in Duplicate. Demobilization Officer



Reg. No. 5399 Rank *pte* Name *Jones G W R*

Attested ..... Address *Lewisporte*

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

Date of Allotment ..... Returned from Overseas *21.12.18*

Embarked for Overseas ..... Cause *Discharge*

*G. leave from 21-12-18 to 6-1-19.  
Extended to 19-1-19.*

*25-1-19 SIB rec discharge permanently unfit*

*31-1-19*

*31-1-19*

DISCHARGE APPROVED ON DEMOBILISATION.

# The Royal Newfoundland Regiment

*3399*

## DEMobilIZATION OF

Reg. No. *3399* Rank *Pte.* Name *Jewell, George*  
 Date of Enlistment *8.1.17* Address *Newspost, District*  
 Occupation *Lumberman* Classification for Discharge *B* Medical Category *8*  
 Recommendation S.M.B. *permanent unfit* Disability Rating *Less than 30%*  
 Passed to Demobilization Officer with following documents:—

N.F. P3694	<i>2</i>	B 268		B 121		N.F. Med.		D.F. 1	
B 178		W 3494		B 122	<i>1</i>	Board 1st.		" 2.	
B 178a	<i>1</i>	D 400A	<i>1</i>	B 1915		do 2nd.		" 3.	<i>2</i>
B 179	<i>2</i>	D 400B		Form L		do 3rd.		" 4.	
B 179a		D 400C		Form K		do 4th.		" 5.	
B 179b		B 103	<i>2</i>	ME 2				" 6.	
B 179c		B 120		M 93					

Date *31.1.19* *W. Kelly Capt*  
 O. C. Discharge Depot

## PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment  
 I am *not* in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date *31.1.19* *Opp Duke Coll.*

2. Clothing.  
 Certified that Clothing Regulations have been complied with:  
 (a) Clothing Allowance payable *60*  
 (b) Clothing Supplied *Joseph Snowling*  
 Date *31-1-19*  
 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *Nil* to his home at ..... and Release Certificate No. *875* issued.

Date *31-1-19* .....

*J.H.S.* Demobilization Officer *Capt*

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *14-2-19*

Date *31-1-19* .....

*W. H. W. Capt.*  
Depot Paymaster

Discharge approved for *Vauxy 31<sup>st</sup> 1919* .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P   <i>94</i>   <i>2</i>   B 268 .....	B 121 .....	N.F. Med. ....	D.F. 1. ....	<i>X</i>
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. ....	" 6. ....
B 179c .....	B 120 .....	M 93 .....		

Date *31. 1. 19* .....

*A. Dicks Cpl*  
Demobilization Officer

APPROVED.

Documents as above forwarded to:-  
Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**ELIGIBLE for POST DISCHARGE PAY**

Date *JAN 31 1919* .....

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

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

Date *Feb 1/19* .....

*W. H. W. Capt.*  
Depot Paymaster