



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2614 Name Harold John Corps Meth

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Harold John</u>                            |
| 2. What is your full Address? .....  | 2. <u>50 Jones St</u>                            |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                                    |
| 4. What is your age? .....   | 4. <u>25</u> Years <u>0</u> Months               |
| 5. What is your Trade or Calling? .....  | 5. <u>None</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 <u>Harold John</u><br>Corps <u>Meth</u> |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                                   |

I, Harold John, 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.

Harold John SIGNATURE OF RECRUIT.  
23411 Signature of Witness.

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

I, Harold John, do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.  
The above questions were then read to the Recruit in my presence.  
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 1915 day of April.  
Signature of Attesting Officer [Signature]

### 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 rank of Private.  
If enlisted by special authority, such will be attached to the original attestation.  
Date 1915 } Approving Officer.  
Place St. John's }

† 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) Harold John re-enlisted in the (Regiment) 1st Battalion on the (Date) 1915

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Harold Johus  
 Apparent age 20 years 2 months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 36 1/2 inches  
                           Range of expansion 5 1/2 inches  
 Distinctive marks \_\_\_\_\_

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr & Mrs Johus  
30 Jones St | Relationship Mother  
St John  
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
 " " Pensions " " " " " " " "



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4614 Name Harold John Corps Meth

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Harold John</u>              |
| 2. What is your full Address? .....  | 2. <u>32 Grenney St</u>            |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>25</u> Years <u>2</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Shoemaker</u>                |
| 6. Are you Married? .....  | 6. <u>No</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>Corps .....      |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                     |

I, Harold John 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.

A  
23.4.18  
Harold John SIGNATURE OF RECRUIT.  
Frank C. Gentry Signature of Witness.

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

I, Harold John 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 1100 St. John's on this 23 day of April 1918

Signature of Attesting Officer Wm. Churchill & Co. Supt.

### 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 April 23 1918  
Place St. John's } 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).....

Report 1-6-18

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Harold John  
 Apparent age 25 years 9 months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 36 1/2 inches  
 Range of expansion 5 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs E. John  
30 Young St | Relationship Mother  
81 John 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>23 4-18</u>									<u>Lance Capt. 10 78</u>
Joined at <u>St. John's</u> on <u>April 23 1918</u>									
<u>Discharged St. John's Jan. 15/1919</u>									
<u>To report for duty 1-6-1918</u>									
<u>Special Duty Home defense Corp. Reg. 2-7-18</u>									
<u>Returns to Headquarters 10-2-18</u>									
<u>Wanted L.W.P. until recalled for the purpose of taking up civil employment</u>									
<u>No knowledge recovery 22-10-18</u>									
Total Service forfeited as above..... <u>Demobilization</u>									
Total Service towards Engagement to <u>15-1-1919</u> (date of discharge) _____ years <u>176</u> days									
" " Pensions " " " " " " " " " " " "									

C.R. 4614

Extract of Daily Orders Part II, dated Jan 16th 1919.  
Depot, St. John's.

The discharge of the undernoted man ~~XXXXXXXXXXXX~~ on  
demeobilisation has been confirmed by the Officer i/o  
Records on 15/1/19

4614 Pte. H. Johns

C.R. 4614

Extract from Daily Orders part 11, depot St. John's dated Dec. 21st. 1918

The undernoted discharge on demobilization have been discharged by Officer Commanding discharge depot from noted date. He is removed from depot strength and transferred to discharge depot pending confirmation by Officer i/c Records.

#4614 L/O. Harold Johns

18-12-18.

C.R. 4614

Extract from Daily Orders part 11, Depot.  
St. John's dated Nov. 11th., 1918.

44614 P.E.C. H. Johns.

The Marginally noted man returned  
from special duty at Cape Ray  
and reported headquarters  
10/11/18.

C.R. 4614

Extract from Daily Orders part 11 from Depot St. John's Aug. 30/18

#4614 L/C H. Johns.

The following N.C.Os and men proceeded to Cape Ray on Special Duty  
13-7-18.



C.F. 4614

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 13, 1916.

#4614 Pte. H. Johns.

To be Lance-Corporal from July 13, 1918.

C.R. 4614

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

#4614 Pte. Harold Johns.

Attested for General Service with the Royal Nfld. Regt.  
from 23/4/18 to report 1/6/18.

Johns, Harold.

4614

Ray Dept

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4614 Rank Platoon Leader Name John S. Harrell  
 Intended place of residence 30 Young St. City  
 2. Occupation Grocer  
 Classification of soldier Co. Medical Category ATI

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

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

Place DEC 18 1918  
 Date DEC 18 1918 W. Bowley Capt  
 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 Dec 18-18  
Harold Johns  
 Signature of soldier  
Chas. Dicko 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 Dec 18 1918  
St John's  
Harold Johns  
 Signature of soldier  
Raymond Leary  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 13.4.18 No of days on Military  
 Discharged from service 14.12.18 plus 28 days Service 268 days

## APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
R.H. Last Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment  
 Date DEC 18 1918

## CONFIRMATION OF DISCHARGE

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

Place St John's, Nfld.  
 Date 20th January 1919  
W. Bowley, Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

8  
31  
30  
31  
31  
30  
30  
15  
568

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4614 Rank Supt Name John Harold  
 Date of Enlistment 23.4.18 Address St John's District St John's  
 Occupation grocer Classification for Discharge C Medical Category AI  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
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 17.12.18

W. A. Lee Capt.  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

H. Johns

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied John H. Snowling

Date 18.12.18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *Whe* to his home at *St John's* and Release Certificate No. *4.86* issued.

Date *18-12-18* 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 *15-1-19*

Date *18-12-18* *W. H. Tully Capt.*  
Depot Paymaster.

Discharge approved for *18.12.18*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	1	
B 178	W 3494	B 122	Board 1st	" 2	1	<i>From B</i>
B 178a	D 400A	B 1915	do 2nd	" 3	2	
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 *19.12.18* *W. H. Tully Capt.*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Date *DEC 18 1918* *R. H. Tully Capt.*  
O. C. Discharge Depot.

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

Date *Dec 23/1918*

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

# MEDICAL HISTORY

OF

Surname Johns

Christian Name Karola

Table I.—GENERAL TABLE.

Birthplace:—Parish S. Johns

County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>23</u> day of <u>Apr</u> 191 <u>8</u>	at <u>S. Johns</u>	on	day of 191
Declared Age	<u>25</u> years	days	years	days
Trade or Occupation	<u>Trades</u>			
Height	<u>5</u> feet <u>7</u> inches		feet	inches
Weight	<u>124</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>36 1/2</u> inches		inches
	Range of Expansion	<u>5 1/2</u> inches		inches
Physical Development				
Vaccination Marks	Arm	<u>1 Scar</u>		
	Number			
When Vaccinated	<u>15 7 1909</u>			
Vision	R.E.—V=	<u>6/10</u>	R.E.—V=	
	L.E.—V=	<u>6/10</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. Munn</u>			
(Rank)	<u>Surgeon</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>S. Johns</u>	at		
	on <u>23</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps. <u>The Royal Nfld Regt</u>	Regtl. No. <u>4614</u>	Corps.	Regtl. No.
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				







*Extract from Form A*

## 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 *Harold John's*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *4614*  
 Intended address *St John's*  
 Height on discharge *5* Feet *7* inches  
 Color of hair on discharge *Light*  
 Complexion *Fair*  
 Color of eyes *Blue*

**Descriptive Marks**

Figure on discharge  
 Christian name of Father  
 Christian name of Mother  
 Wife's maiden name in full  
 Date and place of marriage  
 Christian names of children

Place and date of soldier's birth *St John's 1893*  
 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)

(Rank)

Station Date

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

## 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 work as clerk.

Harold Johns

Signature of Man.

Edwards Capt

Signature of the Vocational Officer or his Representative.

Reg. No. 4614

Place

St Johns N.F.L.D

Date

18/12/18

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THE ROYAL NEWFOUNDLAND REGIMENT  
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

4614 Sgt. H. Johns is granted leave  
of absence without pay till further orders.

R.H. East Capt.

21/11/18.

Received  
 21-11-18  
 R



THE ROYAL NEWFOUNDLAND REGIMENT  
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

REPORT OF TRAVELLING MEDICAL BOARD

Held 21-11-14 at Prince's Park  
 No. 4614  
 Rank L/Cpl. Name A. Johns

This is to certify that the above mentioned soldier has been medically examined and that he suffers from no disability whatsoever on account of Military Service in the Royal Newfoundland Regiment.

\_\_\_\_\_  
 O.C. Depot

W. Paterson  
 S.M.O.

\_\_\_\_\_  
 M.O.



THE ROYAL NEWFOUNDLAND REGIMENT  
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

LEAVE OF ABSENCE WITHOUT PAY

In consideration of having been granted leave of absence without pay from the Royal Newfoundland Regiment for *until recalled* I agree to free the Royal Newfoundland Regiment from any responsibility or claim whatsoever on my behalf arising during that period of absence without pay on account of my service in the Regiment since attestation.

This leave of absence is subject to my reporting for duty at any time when ordered within the period mentioned.

Date 21-11-18

Signature of soldier

*H. Johns*

Witness

*R. K. Edward*  
*John*



**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, Harold John, Regl. No. 4614  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and Sixty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

Allotment begins 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4131	Mother	Mrs Angeline Elizabeth Johns	30 Young's St. St. Johns	60
Total Allotment, \$				60

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.) A. B. Summers Lt.  
 Officer Commanding  
"B" Company  
A. Johns  
8-6-1918

(S) Harold John  
 (Rank) 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 Harold Johns  
aged 20 yrs conducted at Recruit Quarters  
Date: April 23/18 Recruiting Officer:

NO OF TEST FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no
- 10 n
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 6/10 both
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n
- 33 yes - 15 yrs ago 1 dose Cerastron
- 34 57 1/2 in
- 35 124 lbs
- 36 31 3/4
- 37
- 38 mother Mrs E Johns 30 young St. Alb
- 39 mother

*Handwritten initials or mark, possibly 'H/10'.*

*Handwritten initials 'M'.*

Signature of Medical Examiner:

*Handwritten signature 'E W Burden'.*

# The Royal Newfoundland Regiment

Class for Demobilization:—

C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 17-12-18 .....

Regimental No. 4614 .....

Name ..... John's Harold .....

Address ..... 30 Young St City .....

Present Medical Category ..... A II .....

Recommended for:— { (a) Immediate discharge .....  
(b) Standing Medical Board .....

Members of Board {

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

H. Paterson  
Senior Medical Officer

D. W. Burden  
M. O. Depot



January 15th h., 1919

#4614 P/Serpl. Harold Johns,  
#30 Young St.,  
City.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 512."

Yours faithfully,

Paymaster & C. i/c Captain,  
Records.

Enc '1 1.

ROYAL NEWFOUNDLAND REGIMENT  
(Separation Allowance Branch)

notice:

THIS STATUTORY DECLARATION is to be filled in correctly in every detail and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

THE PAYMASTER,  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. Regt. or Unit. Regt. No.  
*Harold John's, Private Royal N. Reg. 4614*

2. Age of soldier. Married or single.  
*25 Single*

3. Name in full of mother. Age. occupation. Permanent address.  
*Elizabeth John's, 68. — 30, ~~Ed~~ Street.*

4. Give name of your husband. Age. Occupation. Where employed.  
*Augustus John's 65 Dead.*

5. If your husband is not supporting you, state the reason.

6. If your husband is a chronic invalid and totally incapacitated state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue.)

*Aliment correct for 60 & per day commencing June 8/18*

7. If you are a widow state date and place of death of your husband.  
*June 4, 1909 at St. John's, N.A.*

8. Have you married again since death of above mentioned husband?  
*No.*

9. Names of other children. Address in full. Age. Occupation. Married or single.  
*Jessie John's 30 John St. 31 — Single  
May John's Do. 27 — Do.  
Bess John's Do. 24 — Do.  
Annie Eliot Corner Cornwall Ave & Pleasant St. 23. Married*

10. The amount earned by (a) Yourself *Nothing*  
(b) Your husband.

11. State amount and source of any other income. *No.*

12. State value of real property belonging to you and your husband *\$ 1300*

13. State value of personal property belonging to you and your husband *\$ 500<sup>00</sup> x*

14. If husband is dead, state value of real and personal property left by him *As above*

15. Actual amount contributed by soldier during the year prior to enlistment *\$ 25<sup>00</sup> x*

16. Was this amount contributed weekly or monthly. *Monthly*

17. Did this amount include payment of son's Board etc. *Yes.*

18. State your son's trade or occupation prior to enlistment. *grocer.*

19. State amount of his wages per week. *820<sup>00</sup> ~~88~~ years*

20. State amount of his wages per week.

21. State amount of monthly support from son since enlistment. *Nothing*

22. State amount of allotment received by you from son monthly. *Nothing*

23. State from what date did you receive allotment? *\_\_\_\_\_*

24. Actual amount contributed by other. Weekly. monthly. children.

25. Are any of these children in the employ of you or husband. *Three unmarried children contribute \$3.50 each weekly.*

26. If not receiving support from other children state cause. Explain fully. *\_\_\_\_\_*

27. With whom are you residing at present. *Live in my own house at 30 Young Street.*

28. Have you made a previous claim for separation allowance? If not, why? *No.*

*OK. Knowledge*

29. Are you already in receipt of Separation Allowance from any source? If so, state how much? *No.*
- 
30. Are you in receipt of any payment from any Patriotic Fund? If so, how much? *No.*
- 
31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *No.*
- 
32. In what capacity and in what place? *—*
- 
33. Is he in receipt of a salary, as such while serving in the Royal Nfld. Regt. If so, how much? *No.*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act,

Signature of Applicant..... *Elizabeth Lohuis*  
 Place of residence..... *301 Young Street, St. John's*  
 Declared and subscribed before me at..... *St. John's, Nfld.*  
 this..... *8th*..... day of..... *June*..... 191*8*  
 Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. }  
*John McCreath*

This application must be signed by two responsible parties one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful ~~xxx~~ investigation, the above statements are correct and true, and the above soldier first mentioned, is the sole support of the applicant.

Signature of Clergyman..... *W.B. Newnham*  
 Signature of Member of Patriotic Fund Committee..... *W. Thomas*  
*J. P. C. Court*

*Approved*  
*W.F.R.*  
*[Signature]*



FORM K

No 4365



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Harold Johns, Regl. No. 4614  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and Sixty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

Allotment begins 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4131	Mother	Mrs Angulus Elizabeth Johns	30 Young's St. St. Johns	60
			Total Allotment, \$	60

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.) A. B. Summers Lt.  
 Officer Commanding  
 'B' Company  
A. Johns  
8-6-18

(Sig.) Harold Johns  
 (Rank) Private

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
37

Number of Sheet 692

Regiment of Royal Newfoundland

Signature of O. C. Company C. J. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <u>13-7-18 Promoted Lance Corporal</u>
No.	<u>1614</u>	Age on	<u>25</u> years	<u>James</u>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date			<u>Method</u>	
Joined	Date	Period of		Place of Birth	
Joined	Date	with Colours		<u>St Johns</u>	
		with Reserve			

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>Demobilized St John's 15 '19</u>					

To be carried over

Army Form B. 121.

24614

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 46114 Rank Lt Col Name Chris Pearce  
 Date of Enlistment 23.4.18 Address St John's District St John's  
 Occupation Grocer Classification for Discharge C Medical Category A II  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 17.12.18 W. H. M. Capt.  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

H. Johns

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 Joseph H. Snowling

Date 18-12-18

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2nd to his home  
at St John's and Release Certificate No. 486 issued.

Date 18-12-18

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 15-1-19

Date 18-12-18

W. H. W. Capt.  
Depot Paymaster.

Discharge approved for 18.12.18

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

Date 19.12.18

W. H. W. Capt.  
Demobilization Officer.

APPROVED. W

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

DEC 18 1918

Date

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

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

Date Dec 23/1918

W. H. W. Capt.  
O.C.D.

Reg. No. H 6134 Rank Private Name John Harow  
 Attested 23.4.18 Address 30 Young St City  
 Allotment 604 Allottee Mr Aug Eli John Baker  
 Date of Allotment 18/6/18 Returned from Overseas \_\_\_\_\_  
 Embarked for Overseas \_\_\_\_\_ Cause \_\_\_\_\_

13-7-18 Report, b. & reported for duty, 6-18  
 Promoted to Lance Corporal  
 156 No 20 7-78

18-7-18 Special duty paper held 18-11-18.  
 Leave W.P. from 22-11-18 until recalled  
 for the purpose of taking up civil employment at  
 No. Knowledge Grocery

**PASSED TO DEMOBILIZATION OFFICE**

18-7-18  
 DEC 18 1918

**DISCHARGE APPROVED ON DEMOBILISATION.**