



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 135

Name in full John Joseph Johnston Age 21

Address 45 Le Marchant Road, St John's

Married  Single  Height \_\_\_\_\_ Weight \_\_\_\_\_

Color white Hair Dark Brown Eyes Greyish Blue

Other distinguishing marks None

Nearest relative Father Andrew Johnston

Address 45 Le Marchant Road

Dependents None

Occupation labourer Present Wage \$10<sup>00</sup> per week

Previous service \_\_\_\_\_

Decorations \_\_\_\_\_

General Remarks \_\_\_\_\_

Date of Enlistment \_\_\_\_\_

John Joseph Johnston, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland as the case may be) against all his enemies and opposers whatsoever according to the conditions of my service.

John Joseph Johnston

Declared before me this \_\_\_\_\_ day of \_\_\_\_\_ 1914

John Joseph Johnston  
1915  
Aug 1915  
M. Hammer

Sept. 3<sup>rd</sup>

**DESCRIPTIVE REPORT ON ENLISTMENT.**

(To correspond with Entries on the Medical History Sheet.)  
Applicable to all ranks.

Reg.No.135

Name John Joseph Johnson

Apparent age 21 years \_\_\_\_\_ months. Height \_\_\_\_\_ feet \_\_\_\_\_ inches.

Chest measurement { Girth when fully expanded \_\_\_\_\_ inches.  
Range of expansion \_\_\_\_\_ inches.

Distinctive marks Color: White, Hair: Dark Brown, Eyes: Greyish Blue

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin Andrew Johnson, 45 LaMarchant Rd., St.John's

Relationship Father

**Particulars as to Marriage.**

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

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

**Particulars as to Children.**

Christian Names	Date and Place of Birth

**STATEMENT OF THE SERVICES.**

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of Pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries.
					years   days	years   days	years   days	years   days	
Service towards limited engagement reckons from <u>3/9/14</u>									
Joined at <u>St. John's</u> on <u>3rd September '14</u>									
		<u>U.D</u>		<u>21/9/15</u>					
		<u>Discharged fit</u>		<u>20/9/15</u>					
		<u>Killed in Action</u>		<u>1.7.16</u>					
Total Service forfeited as above ... ..									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
		Pension							

**DESCRIPTIVE REPORT ON ENLISTMENT.**

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

Reg. No. 135

Name **John Joseph Johnson**

Apparent age **21** years \_\_\_\_\_ months. Height \_\_\_\_\_ feet \_\_\_\_\_ inches.

Chest measurement { Girth when fully expanded \_\_\_\_\_ inches.  
 Range of expansion \_\_\_\_\_ inches.

Distinctive marks **Color: White, Hair: Dark Brown, Eyes: Greyish Blue.**

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin **Andrew Johnson<sup>1</sup>, 45 LeMarchant Road, St. John's**  
 | Relationship **Father.**

**Particulars as to Marriage.**

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

(a)	(b)	(c)	(d) Verified from certificate.

**Particulars as to Children.**

Christian Names	Date and Place of Birth	(d) Verified from certificate

**STATEMENT OF THE SERVICES.**

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <b>3/9/14</b>									
Joined at <b>St. John's</b> on <b>3rd September '14</b>									
<i>W.A. 1-9-16</i>									
<i>Embarked St. Helier for W.R. 3<sup>1/2</sup> Embarked by G.F. 20<sup>8</sup> Desembarked Hel and entrained                      for Cairo 21<sup>2</sup> Embarked Hel 4<sup>1/2</sup> Gallipoli 28<sup>2</sup> Confined. Port July 14<sup>2</sup> Desembarked Marseille 22<sup>2</sup>                      (Admitted Allasia 11<sup>2</sup>) Admitted 88 Field Amb. 4<sup>7</sup> Discharged to duty 6<sup>7</sup>                      Wounded slight remains on duty 29<sup>4</sup>                      Killed in Action 1<sup>7</sup> </i>									
Total Service forfeited as above ... ..									
Total Service towards Engagement to <b>1-7-16</b> (date of discharge) <b>1</b> years <b>302</b> days									
" " " Pension " ( " ) " "									

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

# MEDICAL HISTORY

OF

Surname Johnson Christian Name John J

Table 1.—GENERAL TABLE.

Birthplace:—Parish St. John's County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined		191		191
Declared Age	at		at	
Trade or Occupation	<u>21</u> years	days	years	days
Height	<u>Labourer</u>			
Weight	feet	inches	feet	inches
Chest Measurement	Girth when fully expanded...	inches	inches	inches
	Range of expansion...	inches	inches	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V==		R. E.—V==	
	L. E.—V==		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)				
(Rank)				
Enlisted	at	<u>St. John's, Nfld.</u>	at	
	on	<u>1</u> day of <u>Oct</u> 191 <u>4</u>	on	day of 191
Joined on Enlistment	Corps.	<u>1st Newfoundland</u>	Corps.	
	Regtl. No.	<u>135</u>	Regtl. No.	
Transferred to				
Became non-effective by				
(Signature)	on	day of	on	day of
(Rank)		191		191

Table II.—Only for admissions to hospital or to the sick list in the 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, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
The Castle, EDINBURGH.	7	7	15	7	7	15	GONORRHOEA.	1	To Military Hospital, Glencorse for treatment.	<i>W. L. L. L.</i> Lieut. Capt. R.A.M.C.
<i>Glencorse.</i> Workhouse Military Newcastle-on-Tyne.	8 9	7 7	15 15	9 26	7 7	15 15	<i>Gonorrhoea.</i> <i>Gonorrhoea.</i>	2 179	2. Contagia: Recot. Cond. Lavage Inst. alk. Urinopm. To h-on. Tpm for full treatment.	<i>R. Hodgson</i> Capt R.A.M.C.T.

**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
1.7.16	Killed in Action France. <i>[Signature]</i>

**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

57

1031

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

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

---

Fold Here

Signature

Date

Address

1410

SEP 9 1921 1921.

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

Mr. Andrew Johnson (Father)

in respect of his service as No. 135 Rank Pte.

Name John J. Johnson (D) Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Victory & British War Medals

Signature Andrew Johnson

Date 14<sup>th</sup> / 9 / 21

Address 45 Le merchant Rd

[P.T.O.]



C.R. 135

46 Le Marchant Road  
St. Johns

Mr. H. C. James  
2nd. Lieut.

Mar. 30th  
1920

Dear Sir,

Yours recd.

We have much pleasure in acknowledging receipt of same: Star 1914 - 1915

Thanking you for same

Sincerely

Andrew Johnson

H.C.J.

Receipt for Army Book 64

No. 135 Name P. Johnson

5 1/20

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

Name Mr. P. Johnson

Date 27/9/20

Place St. Johns

W

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

C.R. 135

Extract of Casualty List received from P&O.London  
dated Aug. 1st. 1916.

The following Casualties in the Nfld. ~~Regt~~ Contingent  
are reported under various dates.

135 Pte. J.J.Johnson

Killed.

C.R. / 35

Extract of Casualty List received from P.&.R.O.  
July 26th. 1916.

135, Pte J.J. Johnson.. ✓

Reported by O.C. Bn. d/11.7.16. as KILLED IN ACTION 1.7.16.

M

July 26, 1916.

Dear Madam,

I regret to inform you that the  
Record Office of the First Newfoundland Regiment,  
London, to-day reports that your son, No. 135,  
Private John J. Johnson, was killed in action  
July 1st.

Yours sympathetically,

Colonial Secretary.

Mr. Andrew Johnson,  
45 Leflarchant Rd.

G.

J (15)

9th May, 1916.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 135, Private John Joseph Johnson received a slight wound in the Head, but he remained on duty.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Colonial Secretary.

Mr. Andrew Johnson,  
45 LeMarchant Road.

No. 241/74

# WESTERN UNION

## ANGLO-AMERICAN DIRECT UNITED STATES CABLEGRAM



C.R. 135

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

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

8/5/16.

On Newfoundland Government Service.

To GOVERNOR,  
ST. JOHN'S. (NEWFOUNDLAND)

WOUNDED HEAD SLIGHT REMAINED DULCORATED 135 JOHNSON.

SYNOPTICAL.

Translation: Dulcorated = on duty.

**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 Street, S

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.

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*The Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

NO STAMP REQUIRED



Dept. of Militia,

St. John's.

.....1921

I beg to acknowledge receipt of  
Memorial Plaque issued in respect of services of  
the late No. 135 ..... Rank Pl  
Name John J. Johnson .....  
Royal Newfoundland Regt.

Mrs. A. Johnson ..... (Sgd.)

Mother ..... Relationship.

Address 45 Le merchant - Rd  
St Johns

C.R. 135

The Honourable  
The Colonial Secretary.

For information and necessary action.

Governor.

9 May, 1916.

No. 208.

Code Telegram from Capt. Timewell.

(recd 8 May, 1916)

Wounded head slight (remained on duty)

135 Johnson. *John G. St. John's* A

UNINCORPORATED

LINEN BOND

1551



CASUALTIES

London District

0822

1st NEWFOUNDLAND REGIMENT

No	Rank Name	Casualty	P.R.
135 Pte Johnson J.		W. Head Slt (Remained at duty) Repta by O.C. Bn 29/4/16	H

C.R. 135

C.R. 135

Extract from Daily Orders Part II Unit The Royal WFLA.  
Regt. Alexandra, Oct. 22/15.

135 pte. T. Johnston

Adm. Hosp. Venereal 11-9-15 dis ~~22~~ 9-15.

C.R. 135

<sup>A</sup>  
Extract from Nominal Roll of Co. 1st Bn. Nfld. Regt.  
Embarked at Devenport for Active Service 20-8-15.

135 Pts. J. Johnson.

Disembarked Alexandria, 31-8-15. Proceeded to Abbassia,  
Cairo, same date. Embarked Alexandria for Gallipoli  
13-9-15.

C.R.

135

Extract from Nominal Roll Embarked St. John's per S.S.  
"Florizel" Oct. 4, 1914.

135 Johnson John J.

C.R!

135

John. J. Johnson was attested for General Service  
with the NEWFOUNDLAND REGIMENT on .Sept..3rd..1914.  
Regimental No. 135 was allotted to Pte J. J. Johnson.

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

**Casualty Form—Active Service.**

**ORIGINAL**

Regiment or Corps 1st Newfoundland

*Hf 563*

Regimental No. 135 Rank Pte. Name J. Johnston Johnson

Enlisted (a) Oct 2/14 Terms of Service (a) Duration of war Service reckons from (a) Oct 2/14

Date of promotion to } present rank } Date of appointment } to lance rank } Numerical position on } roll of N.C.Os. }

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLD.		3/10/14.	
		Disembarked Alexandria		1/9/15.	
18/9/15.	I.D. Barracks, Abbassia.	Admitted I.D. Barracks, Abbassia.		11/9/15.	
		Discharged A 36.		22/9/15.	<i>JP</i>
25/10/15.	29th. Div. Base Depot	Embarked for Gallipoli		25/10/15.	<i>JP</i> Auth. D-1146. <i>Class B</i>
		Embarked Port Suez		14.3.16	
		Disembarked MARSEILLES		22.3.16	
15.4.16	<i>887a</i>	<i>Admitted</i>	<i>3 CCS</i>	<i>4/4/16</i>	<i>E.D. 8508</i>
15.4.16	<i>4 CCS</i>	<i>Dis to duty</i>	<i>France</i>	<i>6/4/16</i>	<i>- 8562</i>
	<i>Went hospital wound head left duty</i>	<i>France</i>	<i>29.4.16</i>		<i>B 213 30.4.16</i>
	<i>Went hospital wound head left duty</i>	<i>France</i>	<i>14.3.16</i>		<i>O 1810. 6.5.16 (16A)</i>
11 JUL 1916	<i>Went</i>	<i>Killed in Action</i>	<i>France</i>	<i>1 - JUL 1916</i>	<i>B 213</i>

*W. H. G. CAPTAIN.*  
FOR THE INFANTRY RECORDS  
**S.M.G. 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) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]



No. 135 Name Johnston, J.

Sqn., Batty.,  
or Company

A

Corps First Newfoundland

Date of  
enlistmentAug 31<sup>st</sup> 1914G.C.  
BadgesService or  
Proficiency PayDate of last entry in  
Company Conduct Sheet

16-3-15

No. and date  
of last drunkPeriod not reckoning towards  
freedom from extra fine

Sheet No. |

Signature O.C.  
Company, etc. |

G. J. Carby

Character

Bad

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
Suez	14/3/16	Pte	1	Coming on board HM T Alania Drunken at 2.15 p.m.	CSM E Barry	2 days P.P. 1	12/3/16	LT Col Hadow	AS Strong

Army Form B. 122

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of Newfoundland

Number of Sheet 1

Signature of O. C. Company H. J. Carthy

Printed and Sold by Gale & Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100.20,712-s.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>135 Johnston J</u>	Age on	<u>24</u> years <u>1</u> months		
Joined	Date	Date of Enlistment	<u>3/9/14.</u>		
Joined	Date	Period of	with Colours <sup>502</sup> / <sub>365</sub> years.		
Joined	Date				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>Sgt George</u>	<u>1915</u> <u>Jan 17<sup>th</sup></u>	<u>PLC</u>		<u>absent from tattoo</u>	<u>cpl Fox</u>	<u>4 days CB</u>	<u>21/1/15</u>	<u>Lt Col Burton</u>	<u>Forfeits 4 days</u> <u>pay under R.W. act</u>
<u>Sgt George</u>	<u>Feb 6<sup>th</sup></u>	<u>PLC</u>		<u>absent from tattoo</u>	<u>cpl Williams</u> <u>cpl James</u>	<u>6 days CB</u>	<u>11/2/15</u>	<u>Lt Col Burton</u>	<u>Forfeits 5 days</u> <u>pay under R.W. act</u>
<u>Edinburgh</u>	<u>16/3/15</u>	<u>PLC</u>		<u>absent from 9 a.m. parade</u>	<u>Cop. Williams</u>	<u>3 days C. B.</u>	<u>16/3/15</u>	<u>Capt. Carthy</u>	<u>R.H.J. Lt.</u>
				<u>Killed in action 1/7/16.</u>					
				<u>To be carried over</u>					

J. J. Johnson.

C.R. 135

LRD  
7

To be used for recruits enlisting direct into the Regular Army only.  
 Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits  
 and Special Reservists enlisting into the Regular Army.

### MEDICAL HISTORY of

Surname Johnston Christian Name John Joseph

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on \_\_\_\_\_ day of \_\_\_\_\_ 191  
 at \_\_\_\_\_

Declared Age ... 21 years \_\_\_\_\_ days.

Trade or Occupation ... Labourer.

Height ... feet, \_\_\_\_\_ inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded. \_\_\_\_\_ inches.  
 Range of Expansion \_\_\_\_\_ inches.

Physical Development ... \_\_\_\_\_

Vaccination Marks { Arm ... Right \_\_\_\_\_ Left \_\_\_\_\_  
 Number \_\_\_\_\_

When Vaccinated ... \_\_\_\_\_

Vision ... { R.E.—V= \_\_\_\_\_  
 L.E.—V= \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease ... { (a) \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection ... { (b) \_\_\_\_\_

Approved by (Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_ Medical Officer.

Enlisted ... { at St Johns. N.F.L.D.  
 on \_\_\_\_\_ day of \_\_\_\_\_ 191

Corps.	Regtl. No.
<u>Newfoundland</u>	<u>135</u>

Became non-effective by \_\_\_\_\_  
 on \_\_\_\_\_ day of \_\_\_\_\_ 191

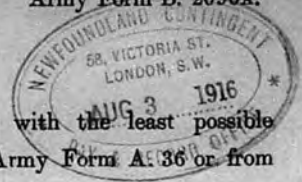
(Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_



COPY.

Army Form B. 2090A.

**FIELD SERVICE.**



REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.

REGIMENT or CORPS } 1st Newfoundland Regiment } Squadron, Troop, Battery or Company } A Company

Regtl. No. 135 Rank Private

Name Johnson, J. J.

Died { Date July 1st, 1916. Place France. Cause of Death \* Killed in Action.

Nature and Date of Report B 213, 11/7/16.

By whom made O.C., Unit.

\* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation, or exposure while on military duty, or from injury while on military duty.

Burial { Place Not yet received. Date " " By whom reported

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) Not to hand. (b) in Small Book (if at Base) " " (c) as a separate document " "

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge of Section Adjutant-General's Office at the Base (Sgd) A. E. Clerk, Capt for Lt.Col., O. i/c Infantry Section, 3rd Echelon, B.E.F.

Station and Date 28/7/16.

28

PAY LIST.

to 1<sup>st</sup> July

1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

1<sup>st</sup> Newfoundland

No. 135

Rank

Private

Name

J. Johnson

Died (a)

at

France

on the

1<sup>st</sup> of July

1916

Deserted at

on the

of

191

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month	12	13	7
	Cash issues (Date of each issue to be stated)				Pay 50 days at 7/10 from 12/5 to 1/7/16		11	6
		£	s.	d.	Proficiency, Service or good conduct pay			
	Egypt 21. 2. 1916	1	1	6	days at from to			
	28 2 " "	1	1	6	Messing allowance days at			
	13 3 " "	1	1	10	from to			
	France 31 5 " "	1	1	10	Kit allowance			
	26 6 " "	1	1	10	Amount produced by the sale of Effects from Form 2			
	14 12				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Allotment 11				Deferred Pay or Gratuity			
	50 days @ 60/3000	1	6	3	Balance due by the Paymaster	14	4	4
	Consolidated stoppage				Balance due to the Paymaster			
		£24	19	7		£24	19	7

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 24 19 7 is correctly chargeable against the Public (b).

Dated at

this

day of

191

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

<sup>E1</sup> ORIGINAL. FIELD SERVICE. <sup>1916</sup> <sup>AC</sup>

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.



REGIMENT } 1st. Newfoundland Regt. Squadron, Troop, Battery } A Coy.  
or  
CORPS }



Regtl. No. 135 Rank Private

Name Johnson, J.J.

Died { Date July 1st., 1916.  
Place Brance.  
Cause of Death\* Killed in Action.

Nature and Date of Report B 213, 11/7/16.

By whom made O.C., Unit.

\* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place Not yet received.  
Date do  
By whom reported

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) Not to hand.  
(b) in Small Book (if at Base) do  
(c) as a separate document do

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge of Section Adjutant-General's Office at the Base } A.D. Clerk Capt. for Lt. Col., Officer i/c Infantry Section, 3rd. Echelon, B.E.F.

Station and Date 28. 7. 16.



240

N.F.P/Y Estates No. 71

NEWFOUNDLAND CONTINGENT

INVENTORY of EFFECTS of

No. 135 - The J. Johnson deceased.

EXTRACT from A.F. B.2090A, dated 27/1/16 :

CAUSE of DEATH Killed in action

DATE 1/1/16 PLACE France

WILL: (a) in Pay Book \_\_\_\_\_  
(b) in Small Book \_\_\_\_\_  
(c) Separate document \_\_\_\_\_

NEXT of KIN: Asa Johnson  
Relationship Wife  
Address 45 St. Mark Lane Rd  
St Johns N.F.

Particulars

1 Prayer Book  
1 Leather Purse



No. 138 Rank Lt Col Name Thompson W.

Pay	F.A.	Wkg	Total	N.F.D/73
105	10		115	
Less Allotment			60	
Net Rate			55	JRB

DEBITS	Date	\$	c	d	CREDITS	Period		Days	Rate	\$	¢	E	s	d
						From	To							
Balance					Balance		21 <sup>12</sup> / <sub>17</sub>					19	18	10
Acquittance Rolls					Pay @ Net Rate	22 <sup>12</sup> / <sub>17</sub>	7 <sup>2</sup> / <sub>18</sub>	48	55	26	40	5	8	6
Hospital Advances		1	6	0	Ration allow.								14	0
A.B. 64.					7 days @ 24-	8 <sup>2</sup> / <sub>18</sub>	15 <sup>2</sup> / <sub>18</sub>	8	55	4	40		18	1
P.&.R.O. Payments		2	0	0	Ration allow								14	0
<i>6 Sep 7530</i>		22	10	0	<i>13<sup>2</sup>/<sub>18</sub> 10<sup>2</sup>/<sub>18</sub> 19<sup>2</sup>/<sub>18</sub></i>									
<del>16.0</del>					<del>22 15 4</del>	16 <sup>2</sup> / <sub>18</sub>	19 <sup>2</sup> / <sub>18</sub>	4	55	2	20		9	0
<i>cash 5701</i>	15/7/18	1	10		<del>1 17 5</del>									
<i>cash 5750</i>	19/7/18	1	10		16.5									

3-6-0 ✓

27-6-0

26-1-4

~~27-13-8~~

78-7-5

CHECKED  
5/18  
7/18

John F. Johnston

133-

Pay Dept

## PAY LIST.

to 1st July

1918. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland

No. 135

Rank Private

Name J. Johnson

Died (a) *Intestate* at France

on the 1st of July

1918

Deserted at

on the of

191

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
 { Commanding Squadron, Troop,  
 Battery or Company.

## STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month .....				Balance Cr. last month 12th. May 16.....	13	13	7
	Cash issues				Pay 50 days at \$1 <sup>10</sup> from 13/5 to 1/7/16			
	(Date of each issue to be stated)				Proficiency, Service or good conduct pay	11	6	
		£	s.	d.	days at from to			
Egypt	21 2 6	1		6	Messing allowance days at			
"	28 2 191 "	1		6	from to .....			
"	13 3 "	11		0	Kit allowan			
France	31 5 "	10		6	Amount pro			
	26 6 "	10	4	12	Form			
Allotment	50 days @ 60c. \$30 <sup>00</sup>	6	3	3	Amount of			
Consolidated stoppage .....					inter			
					Deferred Pay or Gratuity .....			
	Balance due by the Paymaster	14	4	4	Balance due to the Paymaster .....			
		£	24	19	7			
						£	24	19
								7

This account is in accordance with information received at the Pay & Record Office to 23/10/1918 and is therefore subject to amendment if, and as may be found necessary.

I hereby Certify that the above account is correct in every particular, and that the  
 \_\_\_\_\_ is correctly chargeable against the Public (b).

debtor balances of JNGENT  
 Dated at TORIA ST.,  
 LONDON, S.W.  
 this 10th day of  
 NOV. 1918

191

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed  
 (b) Paymaster's name already sent to War Office with Army Form B. 2090 or Army Form O. 1815.  
 (c) Words in italics to be struck out when there is no debtor balance.

## PAY LIST.

to 1st July

1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland

No. 135 Rank Private

Name J. Johnson

Died (a) *Intestate* at France

on the 1st of July 1916.

Deserted at

on the of 191 .

I Certify to the correctness of above in every particular.

} Commanding Squadron, Troop,  
Battery or Company.

## STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month .....				Balance Cr. last month 12th. May. 16.....	13	13	7
	Cash issues (Date of each issue to be stated)				Pay 50 days at $\$1^{10}$ from 13/5. 1/7/16			
					Proficiency, Service or good conduct pay $\$55^{00}$	11	6	
					days at from _____ to			
	Egypt 21 2 6	1	6		Messing allowance days at			
	" 28 2 <sup>191</sup> "	1	6		from _____ to			
	" 13 3 " "	11	0		Kit allowan			
	France 31 5 "	10	6		Amount pro			
	26 6 " "	10	6	4 12	Form			
	Allotment 50 days @ 60c. $\$30^{00}$	6	3	3	Amount of interest			
	Consolidated stoppage .....				Deferred Pay or Gratuity .....			
	Balance due by the Paymaster	14	4	4	Balance due to the Paymaster .....			
		£ 24	19	7		£ 24	19	7

I hereby Certify that the above account is correct in every particular, and that the debtor balance of \_\_\_\_\_ is correctly chargeable against the Public<sup>(b)</sup>.

Dated at TORIA ST.,  
LONDON, S.W.

this \_\_\_\_\_ day of \_\_\_\_\_

191 .

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.

(b) Words in italics to be struck out when there is no debtor balance.

**PAY LIST.** to 1st July 1916. Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps 1st Newfoundland

No. 135 Rank Private Name J. Johnson

Died<sup>(a)</sup> Intestate at France on the 1st of July 1916.

Deserted at on the of 191

I Certify to the correctness of above in every particular.

{ Commanding Squadron, Troop,  
Battery or Company.

**STATEMENT OF ACCOUNT.**

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.	
	Balance Dr. last month .....				Balance Cr. last month 12th. May 16.....	13	13	7	
	Cash issues				Pay 50 days at \$1 <sup>10</sup> from 13/5. 1/7/16				
	(Date of each issue to be stated)				Proficiency, Service or good conduct pay	11	6		
		£	s.	d.	days at from _____ to				
Egypt	21 2 6	1		6	Messing allowance days at				
"	28 2 191 "	1		6	from _____ to				
"	13 3 " "	11		0	Kit allowance .....				
France	31 5 "	10		6	Amount produced by the sale of Effects from				
	26 6 " "	10		6	Form 2 .....				
		4	12		Amount of Savings Bank balance, including				
Allotment					interest (if no balance, to be so stated)				
50 days @ 60c. \$30 <sup>00</sup>		6	3	3	Deferred Pay or Gratuity .....				
Consolidated stoppage .....					Balance due to the Paymaster .....				
Balance due by the Paymaster		14	4	4					
		£	24	19	7				
						£	24	19	7

I hereby Certify that the above account is correct in every particular, and that the debtor balance of \_\_\_\_\_ is correctly chargeable against the Public<sup>(b)</sup>.

Dated at TORIA ST.,  
LONDON, S.W.  
this \_\_\_\_\_ day of \_\_\_\_\_ 1916

191

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.  
(b) Words in italics to be struck out when there is no debtor balance.

DUPLICATE.

Army Form B. 2090A.

FIELD SERVICE.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.

REGIMENT } 1st. Newfoundland Regt. Squadron, Troop, Battery or Company } A Coy.

Regtl. No. 135 Rank Private

Name Johnson, J.J.



Died { Date July 1st., 1916. Place France. Cause of Death Killed in Action.

Nature and Date of Report B 213, 11/7/16.

By whom made O.C., Unit.

\* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place Not yet received. Date do. By whom reported

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) Not to hand. (b) in Small Book (if at Base) do. (c) as a separate document do.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge of Section Adjutant-General's Office at the Base } A.D. Clerk Capt. for Lt. Col., Officer i/c Infantry Section, 3rd. Battalion, B.E.F.

Station and Date 28.7.16.



This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1914

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 Jahresten John Joseph 382  
aged 21 conducted at E. L. B.  
Date: 29/8/14 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	Perfect
11	n.
12	n.
13	No
14	n
15	n
16	n
17	n
18	n
19	<i>[Handwritten scribble]</i>
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	old varicose due to injury 14 yrs ago; gives no trouble.
33	Yes: 11 yrs ago
34	5 ft. 5"
35	118 lbs.
36	21-34
37	400.00 yrs.
38	Father: Andrew Johnston, #5 LeMarchant Road City.
39	nobody

F.U. 135

Signature of Medical Examiner Cluny Macpherson M.D.



THE BOARD OF  
PENSION COMMISSIONERS  
FOR NEWFOUNDLAND

Hon. Sir P. T. McGrath, K.B.E.,  
(President Legislative Council),  
Chairman.  
Hon. J. A. Clift, K.C., C.B.E.,  
Major W. H. Parsons, M.C.,  
R.A.M.C.



In reply refer to

No.....

*St. John's*

Sept. 24, 1919.

To:- Pay-Master, O. i/c Records.

From:- B.P.C.

135 J.J. Johnson, deceased.

Enclosed please find cheque for \$583.80, being re-fund of amount paid in continuance of above mentioned deceased soldier's Allotment.

Kindly acknowledge receipt of this amount.

*W.H. Parsons*

Secretary.

MADE IN CANADA

October 8, 1919

The Secretary,  
Pension Commissioners,  
City.

Dear Sir:

I am in receipt of your  
letter of Sept. 24, enclosing cheque for  
\$583.80 on account of #135, J. J. Johnson,  
deceased.

Yours truly,

Major  
Paymaster.

Sept. 19, 1919

secretary,  
Board of Pensions Commissioners  
Building.

Re #135 John J. Johnson

Dear Sir:-

Referring to your letter of March 19th.,  
I beg to state that the amount paid in continuance  
of this Soldier's Allotment, is Five hundred and  
eighty-three dollars and eighty cents (\$583.80).

Yours truly,

Major & Paymaster.

APR 19 1919

8311

8-17

Paid from 20-8-17 to 30-11-19  
\$408<sup>50</sup>/<sub>100</sub>

Dis 29/6/19

SEPARATION ALLOWANCE.

Claimant *Johnson, Mary (mother)*

On account of *John J. Johnson* No. *135* Rank *Pte*

Decision *Approved*  
*Payable from October 1<sup>st</sup> 1918 - date of commencement of husband's incapacity*

*O.K. over*

*J. B. Smith*  
*W. J. Rendell Lieut. Col.*  
*M. Howley Capt*

Date *14/5/19*

Instructions.....  
.....  
.....

Allotment of *60<sup>00</sup>* per day payable to *Mr. Johnson*  
his *Mother* from *3/10/18* to *28/2/19*  
Discontinued on account of *Pensions Board*

*Paid*

*W. H. B. G. J.*

*Oct. 18 - 1-7-1*

*289*

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch )

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. Reg't. or Unit. Regt. No.  
*John Joseph Tomstone* *Private* *135*
2. Age of soldier. Married or Single.  
*23* *Single*
3. Name in full of mother. Age. Occupation. Permanent Address.  
*Mary Tomstone* *57* *Married* *45 St. Marchant Rd*  
*Novau*
4. Give name of your husband. Age. Occupation Where Employed.  
*Andrew Tomstone* *67* *Fisherman* *not employed*  
*small boat out*  
*unable to work*
5. If your husband is not supporting you state the reason.  
*Has chronic bronchitis*
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.)  
*Chronic Bronchitis*
7. If you are a widow, state date and place of death of your husband.
8. Have you married again since death of above mentioned husband?
9. Names of your other children. Address in Age. Occupation Married or Single.  
*James F Tomstone* *full* *20* *Married*  
*Charlotte* *Royal Wtd* *29* *married*  
*Rachel* *Flat Rock* *27* *married*  
*Canada*

10. State amount earned by (a) Yourself *will*  
 (b) Your husband. *will*
- 
11. State amount and source of any other income. *Recd Dec and com allotment 207 R March and allotment from son James 200 in 12 months*
- 
12. State value of real property belonging to you and your husband. *will*
- 
13. State value of personal property belonging to you and your husband. *none except quantity household furniture not worth more than \$75.00*
- 
14. If husband is dead state value of real and personal property left by him. *\_\_\_\_\_*
- 
15. Actual amount contributed by soldier during the year prior to enlistment. *Five dollars weekly*
- 
16. Was this amount contributed weekly or monthly. *Weekly*
- 
17. Did this amount include payment of soldier's board, etc. *Did not pay board*
- 
18. State your son's trade or occupation prior to enlistment. *Blacksmith*
- 
19. State amount of his wages per week. *\$10.00 would get paid overtime in addition*
- 
20. State name and address of his last employer. *Bain Johnston Coy*
- 
21. State amount of monthly support from son since enlistment. *\$18.60 monthly*
- 
22. State amount of allotment received by you from son since enlistment. *\$18.60*
- 
23. State from what date did you receive allotment? *From 26 Aug 1914*
- 
24. Actual amount contributed by other children. Weekly Monthly.  
*son James \$5 weekly*
- 
25. Are any of these children in the employ of you or your husband? *no*

26. If not receiving support from other children, state cause. Explain Fully.

*Daughter <sup>31</sup>- married  
family this their own  
Mudie is contributor*

27. With whom are you residing at present ?

*Husband*

28. Have you made a previous claim for Separation Allowance. If not, why ? Give particulars.

*no. Did not know  
submitted to A*

29. Are you already in receipt of Separation Allowance from any source ? If so, how much?

*no*

30. Are you already 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 Newfoundland Regiment ? If so, how much.

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.....*Wm. J. Matthews*.....

Place of Residence.....*457 W. Main Street, St. John's*.....

Declared and subscribed before me at.....*St. John's*.....

this.....*14th*.....day of.....*April*.....1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace.....*Wm. J. Matthews*.....

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 investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman.....*J. G. Bennett V.S.*.....

Signature of member of the Patriotic Fund Committee.....

6311 James F.

SEPARATION ALLOWANCE.

Claimant... *Johnson, Mary (mother)*  
On account of *John J. Johnson* No. *135* Rank *Pte*

Decision... *Approved*  
*Payable from date of enlistment*  
*of second son*

*J. B. Bennett*  
*W. H. Keyser, Sec. C.*  
*M. Dowley, Capt*

Date *17/5/19*

Instructions.....  
.....  
.....

Allotment of *60¢* per *day* payable to *A. Johnson*  
his *Mother* from *3/10/18* to *28/2/19*  
Discontinued on account of *Seniors Board*  
*Luke apt.*

6311 James F.

Paid up to & including  
31 May 1919

*W. H. Keyser*



NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch )

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. Reg't. or Unit. Regt. No.  
*John Joseph Stinson* *Plr Corporal* *135*
2. Age of soldier. Married or Single.  
*23* *Single*
3. Name in full of mother. Age. Occupation. Permanent Address.  
*Mary* *57*  *45 W. Marchant St*
4. Give name of your husband. Age. Occupation Where Employed.  
*Andrew* *67* *Fisherman* *Has not been employed some time Disabled*
5. If your husband is not supporting you state the reason. *Disabled. Suffer from Chronic Bronchitis*
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.) *Chronic Bronchitis*
7. If you are a widow, state date and place of death of your husband.
8. Have you married again since death of above mentioned husband?
9. Names of your other children. Address in full. Age. Occupation Married or Single.  
*James* *England* *20* *Plr Royal Nfld Reg.*   
*Charlotte* *Flat Rock* *29*  *married*  
*Sarah* *Montreal* *27*  *married*

- 21-
10. State amount earned by (a) Yourself *will unable to do or running all health*  
 (b) Your husband. *will unable to work*
- 
11. State amount and source of any other income. *allotment from son now from James*
- 
12. State value of real property belonging to you and your husband. *none*
- 
13. State value of personal property belonging to you and your husband. *about \$50 household furniture*
- 
14. If husband is dead state value of real and personal property left by him.
- 
15. Actual amount contributed by soldier during the year prior to enlistment. *John \$10.00 week  
James \$5.00 week*
- 
16. Was this amount contributed weekly or monthly. *Monthly*
- 
17. Did this amount include payment of son's board, etc. *Paid no board board with parents*
- 
18. State your son's trade or occupation prior to enlistment. *John - no  
James at J. J. John*
- 
19. State amount of his wages per week. *John \$10  
James \$5*
- 
20. State name and address of his last employer. *John Camp Street  
James J. J. John*
- 
21. State amount of monthly support from son since enlistment. *\$18.60 from each*
- 
22. State amount of allotment received by you from son since enlistment. *\$18.60 from each*
- 
23. State from what date did you receive allotment? *John Nov 1914  
James Sept 1917*
- 
24. Actual amount contributed by other children. *None* Weekly Monthly.
- 
25. Are any of these children in the employ of you or your husband? *No*

26. If not receiving support from other children, state cause. Explain Fully.

3/-  
They are unable to do so

27. With whom are you residing at present ?

Husband & self reside in Merchant Road

28. Have you made a previous claim for Separation Allowance. If not, why ? Give particulars.

No.

29. Are you already in receipt of Separation Allowance from any source ? If so, how much?

When son John killed got \$10 from Patriotic Association

30. Are you already in receipt of any payment from any Patriotic Fund ? If so, how much.

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 Newfoundland Regiment ? If so, how much.

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.....

May X Johnston

Place of Residence.....

Mark 45 - in Merchant Road

Declared and subscribed before me at.....

St John's

this, 10<sup>th</sup> day of May, 1919

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

May X Johnston  
Mark

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 investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman.....

J. J. McErmott V.S.

Signature of member of the Patriotic Fund Committee.

Mr. Campbell F.R.S.

MEDICAL CERTIFICATE?

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed ) *John Joseph Johnston*  
*125-*
2. Name and age of said soldier's father or other relative. ) *Andrew Johnston*  
*67*
3. Is said father or other relative & chronic) invalid and totally incapacitated. ) *Yes*
4. Of what nature is disability ? ) *Arthritic & tubercle*
5. From what date has this total incapacity been existent ? ) *2 yrs.*
6. How long is total incapacity likely to continue and what will be the effect on earning power.) *always*
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date. ) *100%*
8. Are you the regular attending physician ? ) *Yes*
9. Relationship to soldier of applicant ? ) *father*

I certify that the above statements are correct.

*A. J. Johnston*.....Place,  
*Aug 12 1915*.....Date.

*A. Johnston*  
.....  
Physician.