



4 THE ROYAL NEWFOUNDLAND REGIMENT /

ATTESTATION OF

No. 151 Name Wm Johnston Corps RC

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------|
| 1. What is your name? | 1. <u>Wm Johnston</u> |
| 2. What is your full Address? | 2. <u>Northern Bay C B</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Wm Johnston 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.

2-5-15 Wm Johnston SIGNATURE OF RECRUIT.
J. D. [Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm Johnston 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 Northern Bay on this 5th day of February 1915.

Signature of Attesting Officer J. D. James

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 compiled with. I accordingly approve, and appoint him to the

If enlisted by special authority such will be attached to the original attestation.

Date 5th Feb 1915 Place Northern Bay } 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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name W. E. Johnson
 Apparent age 21 years _____ months. Height 5 feet 3 1/4 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Johnson
Northern Bay CB | 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	Rgt. or L'epat	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>2-5-18</u>									
Joined at <u>St. John's</u> on <u>May 2-1918</u>									
<u>Discharged July 10 1919</u>									
<u>Exchanged St. John's train to Halifax 11-6-1918.</u>									
<u>Overboard for 1st Lt. 26-10-18</u>									
<u>Quartermaster's branch 26-10-18</u>									
<u>Joint's rank 3-11-1918.</u>									
<u>Transferred from Quar. 22-7-19</u>									
<u>to No. 1000 transport for demobilization 22-5-1919</u>									
<u>Arrived No. 1000 transport 1-6-1919</u>									
<u>Demobilization St. John's</u>									
<u>10-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 10-7-1919 (date of discharge) 1 years 70 days
 Pensions " " " " " " " " " " " "

C.R. 4881

Extract from Daily Orders Part 11 Unit The Royal WFLA.
Regt. St. John's, July 14th, 1919.

The discharge of the undersigned on demobilization has been
CONFIRMED by officer i/c Records 23rd 10-7-19

4881 Pte. Wm. Johnston.

C.R.

4881

Extract from Daily Orders Part 11 Unit The Royal WFLA. Regt.
Depot St. John's, June 28th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.C. Discharge Depot with effect from 28-6-19.

4881 Pte. Wm. Johnson.

C.R. 4881

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

Date June 18th 1919.

4881, Pte. W. Johnson.

Reported at Headquarters 1/6/19.
which sailed Liverpool May 22/1919.

ex "Corsican"

C.R. 4881

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

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

#4881 late. W. Johnstone.

C.R. 4881

Extract from Daily Orders Part II Unit The Royal Nfld. Regt
By Lt. Col. T.S. Mathias, D.S.O. Commanding 1st Bn. 3-11-18.

The following joined the Bn. 3-11-18.

4881 Pte. W. Johnson.

BT Coy.

C.R. 4881

Extract from Nominal Roll re-inforcement Draft No. 55: Embarked Folkestone,
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Haslemere Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.L.F.

4881 Pte. Johnstone, W.

MP.

C.R. 4881

Extract from Daily Orders Part 11. from Unit The Royal Field.
Regiment, St. John's, dated June 14th 1918.

4881 Pte W. Johnstone

Embarked for Overseas with draft 11-8-18.

C.R. 4881

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated May 4th, 1918.

#4881 Pte. J. Johnson.

Attested for General Service with ~~2nd~~ The Royal Nfld.
Regt. from 5/5/18.

W Johnston

C.R. 4881

1880

NOTE—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi) or xviii), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland*. Former Trade or Occupation } *Fisherman*
2. Regt. No. *488* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Johnson H.* (Surname) *H.* (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday... *22*.....
6. Posted for duty on *1. 1. 18* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service (c) on duty (d) off duty? (b) Date of Discharge; (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (b) Where (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE—The foregoing particulars are to be filled in and A.F.B. 179 n (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *me*
12. Place of origin of disability. *me*
me
me
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *me*

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

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

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

15. What is his present condition?

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

He complains of no disability.

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

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

Repatriation

Signed [Signature]

1919

Capt. [Signature]

Station *Hazely Town*

Medical Officer in charge of case.

Date *29/4/19*

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

No. 13251/1340 ✓



N.F.P./79.

129
J.P.B.
NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn. R. Newfoundland Regt.
Winchester.

19th, August 191 ⁸

Subject: 4881, Pte. Johnson, W.

With reference to the following telegram (7395) from the Hon. Minister of Militia, received

"Pay to 4881 Johnson £1. 1. 0

Draft £ 1. 1. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J.H. Marsh
Chief Paymaster & O. 1/c Records.

Aug 22nd 1918.

Receipt hereunder.

R.J. Barton LIEUT. COLONEL

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of £1-1-0

Twenty one Shilling on account of cable remittance from Newfoundland.

Wm. Johnson

No. 4881 Rank Private

Witness
4693 Pte. B. Manning

No. 15604/1633

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

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

Handwritten signature/initials

September 27th, 1918

6 Oct. 5th 1918

Subject: 4881, Pte. W. Johnstone.

With reference to the following telegram (8395) from the Hon. Minister of Militia, received

Receipt hereunder.

Clara ^{Capt} LIEUT. COLONEL
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Battr'n
Royal Newfoundland Regiment

"Pay to 4881, Pte. W. Johnstone, £6.0.0.

Draft £ 6.0.0. is enclosed for payment to this soldier. Kindly obtain his receipt hereon.

Received the sum of £6-0-0

Six pounds on account of cable remittance from Newfoundland.

J. F. H. Marshall ^{Capt}
Chief Paymaster & O. i/c Records.

Wm. Johnson
No. 4881 Rank Pte.

Witness
R. Harris

No. 6417/965

B/

099290/9

N.W. 10/19

From. NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.
2nd Batt. Ry. Field. Regiment
Winchester

29th April 1919

4881 Pte. W. Johnston

May 21st 1919

With reference to the following
telegram from the Minister of
Militia / / (154)

Receipt hereunder.

"Pay to 4881 W. Johnston

for J. W. Water Capt
Officer Commdg. 1st Batt'n.

£10' 6. 0.

Received the sum of Ten pounds

Cheque £10. 6. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Ten Shillings (10-6d) respect of
telegraphic remittance from the
Minister of militia.

[Signature]

Wm. Johnston

Chief Paymaster & O. I/c Records.

No. 4881 Rank Pte

Witness J. N. Dick Sgt

B
No. 2597/95

From: NEWFOUNDLAND

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

CHIEF PAYMASTER & OFFICER i/c RECORDS
NEWFOUNDLAND CONTINGENT
58, VICTORIA STREET,
To: Officer Commanding
1st/Bn. Ryl Nfld Regt.

B.R.F.

18th February 1919

~~4881. Pte Johnstone. W.~~

With reference to the following telegram from the Minister of Militia, / / (21)

"Pay to-4881. Johnstone

£8.0.0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

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

4-3-1919

4881 Pte W. Johnstone

This man wishes the amount retained to the credit of his account. please

F. G. Matthews LIEUT. COL.
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.

Deposited
11/2/1919

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year, commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4881	Pte	Johnston W.	£2.50	W. Johnston

I have the honour to be, Sir,
Your obedient Servant.

W. Johnston

ato

July 1/18

Johnson, W^d

4881

Pay sept.

July 12, 1919

#4881 Pte. William Johnson,

Northern Bay, C.B.

Dear Sir:-

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

Yours truly

Captain,
Paymaster & O.I/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 26th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

1. Christian name... *William* 2. Surname... *Johnson*
3. Rank... *Private* 4. Regt. No. *4881*
5. Address in full to which future payments of gratuity are to be forwarded... *William Johnson - Northern Bay District - Bay de Verde - C 13*
6. Date of enlistment in the Regiment... *1st May 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued or was being issued, immediately prior to your discharge...
Thomas Johnson
8. Relationship of such dependants... *Father*
9. Address in full of such dependants... *Thomas Johnson Northern Bay Bay de Verde - C 13*
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 H.M.I. If so, give dates and particulars of such service... *England France Belgium - Germany -*
12. Give total length of time which you served on active service whether in H.M.I. or Overseas... *1st May 18 to 26th June 1919*
..... 13.

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

..... *no*
..... *no*
..... *no*

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

..... *no*
..... *no*

15. Have you been issued with a War Service Badge?..... *no*

16. Have you, during the present war, served in the Imperial Forces. *no*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*

..... *no*
18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *no*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?..... *no applicable*

19. Are you now serving in the Res?..... *no* If not give:- (a) date of discharge... *26th June 19* (b) Reason for discharge..... *Demobilization*

.....

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....

..... *no*
..... *no*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *no*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant: *Wm. Johnson*
 Place of Residence: *Northern Bay Compton Bay*
 Declared before me at: *St Johns*
 This ~~25th~~ day of *June* 19*.19...*

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

Wm James Esq

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

July 10, 1919

#4881 Pte. William Johnston,

Northern Bay, B.D.V.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2924.

Yours truly

Paymaster & Officer i/c Captain
Records

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4881 Rank

Name

Johnson W

Warned for demobilization on

JUN 25 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4881 Rank Pte Name Johnson Wm.
 Intended place of residence Northern Bay B.S.V.
2. Occupation Fisherman
 Classification of soldier F Medical Category A I
3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place, ST. JOHN'S
 Date JUN 25 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, ST. JOHN'S
 Date JUN 25 1919 Wm. Johnson
 Signature of soldier
W. Johnston
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place, ST. JOHN'S
 Date JUN 25 1919 Wm. Johnson
 Signature of soldier
J. W. Chaussey
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 2-5-18 No. of days on Military
 Discharged from service 26-6-19 Plus 14 days Service 435

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place, ST. JOHN'S
 Date JUN 20 1919 R. H. Last Major
 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
 Date July 10/1919 W. Howley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

2412 2029/2954

The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *22-6-48*

Regimental No. *457*

Name *Johnstone Mac* Rank *Pte*

Address *Southern Bay*

Present Medical Category *A7*

Recommended for:— (a) Immediate discharge
(b) Standard Medical Board

Members of Board

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

J. Palmer
Senior Medical Officer

G. Burden
M. O. Depot

The Royal Newfoundland Regiment

Reg. No. 4881 Rank Pvt Name Johnson Wm
 Date of Enlistment 25 18 Address Wetherby Bay District B.A.T.
 Occupation Fisherman Classification for Discharge Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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 24 6 19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Wm. Johnson

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 Cellulose woolDate 25-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P. 1958 to his home at Portsmouth Bay and Release Certificate No. 3014 issued.

Date

25-6-19

J.A. Snowball
Demobilization Officer

4. Pay and Allowances.

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

Date

25-6-19

10-7-19
J.A. Snowball
Depot Paymaster.

Discharged approved for

26-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 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
B179c	B 120	M 93		

2 Form B

Date

25-6-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 26 1919

R.H. Jait MAJOR
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Wm. Johnson

Signature of Man.

J. A. Snow Capt

Signature of the Vocational Officer or his Representative.

Reg. No. 4881

Place

ST. JOHN'S.

Date 25-6-19

191

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

MEDICAL HISTORY

Surname

Johnstone

OF

Christian Name

William

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Western Bay C.B. County**Nfld*

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	<i>7</i> day of <i>May</i> 191 <i>8</i>	<i>St. Johns</i>	day of	191
Declared Age	<i>21</i> years	— days	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>3 1/2</i> inches		feet	inches
Weight	<i>135</i> lbs.			lbs
Chest Measure- ment	Girth when fully expanded	<i>36</i> inches		inches
	Range of Expansion	<i>4</i> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<i>10cc</i>			
When Vaccinated	<i>7 years ago</i>			
Vision	R.E.—V=	<i>6/8</i>	R.E.—V=	
	L.E.—V=	<i>6/8</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>James Pearson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	on	<i>7</i> day of <i>May</i> 191 <i>8</i>	on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<i>The Royal 4881</i>			
	<i>Nfld Regt</i>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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

Johnson, William

Regiment from which discharged

Royal Newfoundland

Regimental number

4881

Intended address

Northern Bay L.B. Bay de Verde

Height on discharge

5 feet 4

Color of hair on discharge

Light Brown

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Medium

Figure on discharge

Christian name of Father

Thomas

Christian name of Mother

Frances

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Northern Bay 20-11-1897

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)

Wm. Johnson.

(Rank)

Station

Date

23 6 19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer in Hospital.
Unit or Command Depot.

Station

Date

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consider for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* } Former Trade } *Fisher man*
or Occupation
2. Regtl. No. *4.8.51* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Johnson* *William*
(Surname) (Christian Names)
5. Age last birthday... *23*....
6. Posted for duty on *May 18.18*... *S. I. John's*
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

Note.—The foregoing particulars are to be filled in and A.F.B. 179a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to general disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | } na | |
| (ii.) Previous active service | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. | | |

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

15. What is his present condition?

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

Recomplies of no disability

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

W. P. Procter. Capt. Ranc.
Medical Officer in charge of case.

Station Hazelley Down

Date 29/12/19

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

Casualty Form - Active Service.

Regiment of Corps ROYAL NEWFOUNDLAND REG.

Rank Plt Surname Phoenix Christian Name William

Religion C Age on Enlistment 24 years 2 months

Enlisted (a) 2/1/18 Terms of Service (a) DURATION Service reckons from (a) 2/1/18

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

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

Occupation Fisherman Signature of Officer J. M. Curran Cap

RFB
1915

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 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 ...		26 OCT 1918	
		Disembarked...		3 NOV 1918	
		Arrived in UK		13/4/19	

(a) In the case of a man who has re-engaged for, or called in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoering-Smith, &c (17591) W W 1887 P 1124, 1,000,000 6/18, D & S, Form B.103 (B. 1250)

Next of kin Father, Thomas Phoenix, Southern Bay, St. John's, Newfoundland. P.T.O.

2226

Northern Bay,
Aug. 8th 1918.

J. R. Bennett.

Dear Sir

No 48811
Pte. Wm. Johnson enlisted
the 1st of May. he is my only
son I got to fall back to. I
have three daughters one in St.
Paul. Minn. in convent and
I have to help her and two young
ones going to school. I am 53
years of age and have heart
trouble and not very well able
to work. and I saw by the
papers anyone that had only
one son was to get \$20 a month
while I only gets \$15. therefore
if it was given I would like
to get it.

Please write and let me know.

I am respectfully yours

Thomas Johnson

Address Thomas Johnson,

Northern Bay,

Dist. Bay, Ne-verde,

H. Id.

ST. JOHN'S, June 23/19

Royal Newfoundland Regiment.

Billeting Account,

To Pt. W. Johnston

Billeting Soldiers as undermentioned

from June 1/19 to June 22/19

4000 Pt. W. Johnston 27 100

34m
24904 - Gen

Certified correct for \$

J. H. [Signature]
Billeting Officer.

Wm. Johnston

C.R. 4881

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal 1914-1919.

Name *4881 Coz. Cpl. Wm. Johnson*

Date *Nov. 30...*

Place *Northern. Bay.*

Receipt for Army Book 64

No. 4881 Name W. Johnstone

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

Name Wm. Johnson

Date Sept. 24th 1920

Place Northern Bay

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

5-10/20
WJ

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Regiment of Royal Newfoundland

Number of Sheet 121
Signature of O. C. Company J. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	4481 Johnston Wm	Age on	21 years months	Fisherman		
Joined		Date	Place and Date of Enlistment			
Joined		Date	2.5.18	R.C.		
Joined		Date	Period of	Place of Birth		
Joined	Date	} with Colours 170 years.	Northern Bay C.B.			
Joined	Date	} with Reserve 365 years.				

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
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Demobilized Sept 10 1919

To be carried over

Army Form B. 121.

14881

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 14881 Rank Pte Name Johnson Wm
 Date of Enlistment 2.5.18 Address Wetherby Bay District C.A.T.
 Occupation Fisherman Classification for Discharge Medical Category A
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. 138	B 208	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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 24.6.19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Wm. Johnson

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 Allowance in R

Date 25.6.19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *R1958* to his home at *Northam Bay* and Release Certificate No. *3014* issued.

Date *25-6-19* *J.A. Snowball*
Demobilisation 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 *25-7-19*

Date *25-1-19* *J.A. Snowball*
Depot Paymaster.

Discharge approved for *26-6-19*
Forwarded with following documents to O. C. Discharge Depot.

N.F. P136	B 268	B 121	R.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	P 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
B179c	B 120	M 93		

2 Form B

Date *25-6-19* *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer in Records.
Board of Pension Commissioners.
with following additional documents.

Eligible for War Service Gratuity

Date *JUN 26 1919* *R.H. Jait*
O. C. Discharge Depot.

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

Date *July 9 1919* *J.A. Snowball*
for records

Reg. No. *4881* Rank *Plt* Name *Johnson W.H.*

Attested Address *Northern Bay*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

24.6.19 PASSED TO DEMOBILIZATION OFFICER

26.6.19 DISCHARGE APPROVED ON DEMOBILISATION.