



THE ROYAL NEWFOUNDLAND REGIMENT

J.W.P. 5286
No. ~~5285~~

ATTESTATION OF

Name Edson Jolley ~~Edson~~ MeK

Questions to be put to the Recruit before Enlistment

1. What is your name? Edson Jolley Edson Jolley
2. What is your full Address? Sea View, St. John's
3. Are you a British Subject? Yes
4. What is your age? 21 Years 3 Months
5. What is your Trade or Calling? Seaman
6. Are you Married? No.
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No.
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 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? Yes

I, Edson Jolley 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.

Edson Jolley SIGNATURE OF RECRUIT.
W. O'Shea Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edson Jolley 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 stated 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 11th day of May 1915.

Signature of Attesting Officer C. B. Hicks Lieut.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 1st Regiment if enlisted by special authority, such will be attached to the original attestation.

Date 11th 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) Edson Jolley re-enlisted in the (Regiment) 1st on the (Date) 11th

DESCRIPTIVE REPORT ON ENLISTMENT

5286

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

Name Edson Jolliff
 Apparent age 21 years 3 months Height 5 feet 3 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Jolliff old
Rehman I.B. 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'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 total engagement reckons from <u>22. 5-18</u>									
Joined at <u>St. John's</u> on <u>Kooy 22-1918</u>									
<u>Discharged July 8 1919</u>									
<u>Embarked St. John's N.S. to St. John's N.S. 22-7-18</u>									
<u>Embarked for B.C. 23-11-18</u>									
<u>Joined B.C. 5-1-19</u>									
<u>Transferred from Queen's 22-11-1919</u>									<u>Arrived Victoria 23-7-19</u>
<u>to help for demobilization 22-5-1919</u>									<u>Arrived 1-6-1919</u>
<u>Demobilization St. John's</u>									<u>8-7-1919</u>
Total Service forfeited as above.....									

Total Service towards Engagement to 8-7-1919 [date of discharge] 1 years 48 days
 " " Pensions " " " " " " " "

No. 5286

Name Jolliffe, E

Sqn., Batty., or Company D

Corps T. Newfoundland

Date of enlistment 22/5/18

G.C. Badges

Service of Proficiency Pay

Date of last entry in Company Conduct Sheet

No. and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No.

Signature O.C. Company, etc.

Character

Army Form B. 122.

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
Field	5/1/19	Pte		Refusal of discipline	5/1/19
	10/1/19			Absent from 9:30 AM parade	...	3 days det.	20/2/19

C.R. 5286

Extract from Daily Orders Part 11 Unit The Royal Rifles,
St. John's, 11-7-19.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from 8-7-19.

5286 Pte. Eldon Joliffe.

C.R.

5286

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, June 25th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 26-6-19.

5286 Pte. E. Jolliffe.

C.R. 5286

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

Date June 18th 1919.

5286, Pte; ~~no~~ E. Jolliffe.

Reported at Headquarters
which sailed Liverpool May 22/1919.

RE "Corsican"

C.R. 5286

Extract from Nominal Roll of Draft No. 66 of the 2nd.,
Battalion of the Newfoundland Regiment to the 1st.,
Battalion, R. E. F., Embarked Southampton 23/11/18.

#5286 Pte. E. Joliffee.

C.R. 5286

APRIL 29, 19.

Mr. Joseph Jolliffe,

Old Perlican.

Dear Sir:

I am directed to acknowledge receipt of your letter of the 22nd instant, and in reply I may say that we have telegraphed the authorities on the other side requesting them to have you son, #5286 Pte. E. Jilliffe, sent home with the next draft.

As far as we know at present the next draft will be leaving on May 20th, and you may rest assured that he will leave on that date.

Yours faithfully,

C.C.B.

Captain,
Military Secretary.

Old Lebanon

April 22nd 1919

Hon. J. R. Bennett
Sir

Will you please try to
have my son Eddon Jalliff, No 3286
B. Company sent home by the first
craft. He was in France March 25th
He is my only son for the fishery
& his only help I have for that
work. And I am an old man and
not able to do much hard work
You will oblige & help me considerably
if you can get my son home
the first chance as I will need
him in May.

Thanking you Sir

I remain

Yours truly
Joseph J. Jalliff

C.R. 5286

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

The following men embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5286 Pte. Eldon Joliffe.

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 23, 1918.

#5286 Pte. Eldon Jelliffe.

Attested for General Service with the Royal Hfld. Regt.
from 22.5.18

E. Sollitt

C.R. 5286

~~110~~

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *J. Sherman*
2. Regtl. No. *5286* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Jolliffe E.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *22*
6. Posted for duty on. *22/5/18* 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 (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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. *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
 - (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 ?

He complains of no Disability

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

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

16. Was an operation performed ? If so, when and what was its nature ? *NA*
17. If not, was an operation advised and declined ?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ? *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*

Repatriation

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.

Major BADMS

Station *Hazley, D.M. 11*

Date *30/4/19*

J.S.P. Knight
 Medical Officer in charge of case.

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

NEWFOUNDLAND CONTINGENT

TELEGRAM ^{full text}~~extract~~ from MINISTER OF MILITIA No. **652/28**

Dated **28 / 4 / 19 159** , Received **29 / 4 / 19**

Decoded by **J. S.** Checked by **RA.P.**

Branch **Records** Acted upon (Initial) _____

Acknowledged per No. _____ dated / /

801-

Arrange-repatriation-5286-Joliffe-3555-Moran-
4235 Fillis-5482-Wicks-4743 Lane-5919 Collins-
2318 Power-next-draft-all-fishermen-fullstop-

No. 4948/222

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
1/Bn. Royal Newfoundland Regt.,
B.E.F.

B 28th March 1919

5286 Pte Jolliffe E.

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

"Pay to- 5286 Jolliffe

£5. 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. A. Minnowell Maj.
Chief Paymaster & O. i/c Records

11-4-1919

5286 Pte Jolliffe E.

This man wishes this amount returned to credit of his account please

Reported
28/3/19 E.D.

Loliffe, E

5286

Ray Sept.

July 8, 1919

#5286 Pte. Eldon Jolleff,
Old Parlican.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2823

Yours truly

Captain
Raymaster & Co. i/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5286 Rank Plt Name J. P. E.
 Intended place of residence Old Pulean

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

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 23 1919

H. M. St. H.
 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 23-6-19

Eldon Colclough
 Signature of soldier

J. H. M. St. H.
 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 23-6-19

Eldon Colclough
 Signature of soldier

James O. Queman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 22-3-18 No. of days on Military
 Discharged from service 24-6-19 Plus 14 days Service 413

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUN 24 1919

R. H. St. H. 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 8/1919

M. Bowley, Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

22 B 2019/1813

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *23.6.19*

Regimental No. *5286*

Name *Jaliffe Eldon* *Rt*

Address *Old Peruvian*

Present Medical Category *Ai*

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

Members of Board

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

H. H. H. H.
Senior Medical Officer

W. G. W. G.
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5286 Rank Plt Name J. J. J. &
 Date of Enlistment 22-5-18 Address Oldenburg District Trinity
 Occupation Fisherman Classification for Discharge E Medical Category A.1
 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 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 23-6-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Y. J. J. J.

Date 23-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B1893 to his home at Old Parkview and Release Certificate No. 2971 issued.

Date 23-6-19 *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 9-7-19

Date 23-6-19 *J.A. Snowball*
Depot Paymaster.

Discharge approved for 24-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. 1/36	B 268	B 121	✓	N.F. Med	D.F. 1	
B 178	W 3494	B 122		Board list	" 2	
B 178a	D 400A	B 1915	✓	do 2nd	" 3	2 Form B
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				

Date 23-6-19 *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 24 1919 *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Eldon Goloff

Signature of Man.

J. A. Snowball

Signature of the Vocational Officer or His Representative.

Reg. No. 5286

Place

ST. JOHN'S.

Date 23-6-19

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

MEDICAL HISTORY

Surname

Jalliff

OF

Christian Name

Eldon

Table I.—GENERAL TABLE.

Birthplace:—Parish

Old Belcher NB

County

Nfld

	SPECIAL RESERVE		REGULAR ARMY			
	on	day of	191	on	day of	191
Examined	at	<i>St Johns</i>	at			
Declared Age		<i>21</i> years	days		years	days
Trade or Occupation		<i>Fisherman</i>				
Height		<i>5</i> feet	<i>3</i> inches	feet		inches
Weight		<i>130</i> lbs.				lbs.
Chest Measurement	Girth when fully expanded	<i>37 3/4</i> inches				inches
		Range of Expansion	<i>3</i> inches			inches
Physical Development						
Vaccination Marks	Right		Left	Right		Left
	Arm					
	Number					
When Vaccinated						
Vision	R.E.—V=	<i>6/6</i>		R.E.—V=		
	L.E.—V=	<i>6/6</i>		L.E.—V=		
(a)				(a)		
(a) Marks indicating congenital peculiarities or previous disease						
(b)				(b)		
(b) Slight defects but not sufficient to cause rejection						
Approved by (Signature)		<i>Samuel Paterson</i>				
(Rank)		<i>Major</i>				Medical Officer.
Enlisted	at	<i>St Johns</i>	at			
	on	<i>22</i> day of <i>May</i>	191	on	day of	191
		Corps.	Regtl. No.		Corps	Regtl. No.
Joined on Enlistment		<i>The Royal Nfld Regt</i>	<i>286</i>			
Transferred to						
Became non-effective by	on	day of	191	on	day of	191
(Signature)						
(Rank)						

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 Signatures
23-5-18.	Vacc. <i>AD</i>
13-6-18	T.A.B. } <i>AD</i>
20-6-18	T.A.B. } <i>AD</i>
27-6-18	T.A.B. } <i>AD</i>

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 6 for Discharge on Demobilisation. Medical category
23.6.19
 Date of Test. *[Signature]*

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



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 *Jollyff Eldon.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5286*

Intended address *W. L. Perlican R. B.*

Height on discharge *5* feet *4*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Blue.*

Descriptive Marks _____

Figure on discharge *None*

Christian name of Father *Joseph.*

Christian name of Mother *Jessie.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *W. L. Perlican. 27 Sept. 1896.*

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

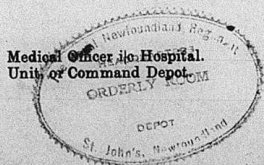
(Soldier's signature in full) *Eldon Jollyff* (Rank) *Plt.*

Station *St. John's* Date *20-6-19.*

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.

Station

Date



Casualty Form Active Service.

Regiment or Corps R. Newfoundland Co.
 Rank Pte Surname Jolliffe Christian Name E.
 Religion Methodist Age on Enlistment 21 years — months
 Enlisted (a) 22/5/18 Terms of Service (a) Duration Service reckons from (a) 22/5/18
 Date of promotion to present rank — Date of appointment to lance rank —
 Extended () Re-engaged () Qualification (b) —
 Occupation Fisher man or Corps Trade and Rate 77 Long Cap Signature of Officer —

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date -	From whom received				
		Embarked ...			
		Disembarked...		28 NOV 18	
		Joined Batt.		5 JAN 19	
		Arrived in UK		13/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c. (17561.) Wt. W 1887-P 1124. 1,000,000. 6/28. D & S. Form B/103. (B. 1256.)

Next of kin! — Father! — Joseph Jolliffe — Old Perliam! — T. Bay! — N. S. D.

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

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

1. Unit and Corps. *Royal Newfoundland Regt.* Former Trade or Occupation } *Fisherman*
2. Regtl. No. *2286* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Jaciffe* *E.*
(Surname) (Christian Names)
5. Age last birthday. *32*
6. Posted for duty on *22.5.18* at *St. John*
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 (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *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 | <u> </u> | <u> </u> |
| (ii.) Previous active service | <u> </u> | <u> </u> |
| (iii.) Climate in pre-war service | <u> </u> | <u> </u> |
| (iv.) Ordinary military service before the war | <u> </u> | <u> </u> |
| (v.) Serious negligence or misconduct on the man's part. } | <u> </u> | <u> </u> |
- 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 is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(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? u
17. If not, was an operation advised and declined? u
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? u
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? u

20. Do you recommend—

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

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

Reparation
Mr. J. J. J. J. J.
Capt. R. M. C.

Station Hogely Down

Medical Officer in charge of case.

Date 20/4/19

* 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

July 11, 1919

#5286 Pte. Eldon Jolliffe,

Old Perlican.

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 & U.I.C. Records

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

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

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

- Christian name..... *Edwin* 2. Surname..... *Jeliffe*
3. Rank..... *Plt* 4. Regt. No..... *5786*
5. Address in full to which future payments of gratuity are to be forwarded..... *Old Pusean*
6. Date of enlistment in the Regiment..... *May 22/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no*
8. Relationship of such dependents..... *no*
9. Address in full of such dependents..... *no*
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 Hfld, if so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *13 Months and 14 days*

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

no

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

m

15. Have you been issued with a War Service Badge?

m

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.

m

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?

m

19. Are you now serving in the Regt.? no. If not give? - (a) Date of discharge.

July 17 1918

(b) Reason for discharge Demobilization

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

France + Germany

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.

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: *Eldon Golliffe*
 Place of Residence: *Old Lurcan*
 Declared before me at: *St Johns N.J.*
 This *23* day of *June* 19*15*.



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

John H. McCarthy

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

ST. JOHN'S, JUN 23 1919

Royal Newfoundland Regiment.

Billeting Account,

To *W. E. Jolly*

Billeting Soldiers as undermentioned

from *June 1st /19* to *June 21st /19*

<i>5286</i>	<i>W. E. Jolly</i>	<i>21 60</i>
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Certified correct for \$ *21 60*

ACCOUNT	
CH. NO	<i>24779</i>
IND. LEDGER	
PAY LEDGER	
GEN. LEDGER	

Eldon Jollyffe

Billeting Officer.

Eldon Jollyffe

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Marines

Number of Sheet one
Signature of O. C. Company C. Dicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5246 Solliff Eldon</u>	Age on	<u>21</u> years <u>0</u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>Portsmouth 29.5.18</u>	Religion	
Joined	Date	Period of) with Colours <u>4 1/2</u> years.) with Reserve <u>3 1/2</u> years.	Place of Birth	<u>Ormelth</u>	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>8 7 19</u>			

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OFFICER

P1-6-ES

Reg. No. 5286 Rank Plt Name J. G. Goff
 Date of Enlistment 28-5-18 Address Old Pelicans District, Trinity
 Occupation Fisherman Classification for Discharge E1 Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 1'36	B 268	B 121	P.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 12	M 93		

Date 23-6-19 P. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. *E. Goff*

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable _____
- (b) Clothing Supplied _____

Date 23-6-19 O i/c. Re-clothing

The Royal Newfoundland Regiment

DEMobilIZATION OFFICER

PI-6-ES

Reg. No. 5286 Rank Private Name John E. Sullivan

Date of Enlistment 22-5-18 Address 100 St. John's District St. John's

Occupation Fireman Classification for Discharge F Medical Category A1

Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 1/36	B 268	B 121	P.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 103	M 93		

Date 23-6-19 P. O. C. Discharge Depot. St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. E. Sullivan

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable _____
- (b) Clothing Supplied _____

Date 23-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *A1873* to his home at *Old Perleman* and Release Certificate No. *2971* issued.

Date *23-6-19*

J.A. Snow Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *7-1-19*

Date *13-1-19*

J.A. Snow Capt
Depot Paymaster.

Discharge approved for *24-6-19*
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	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 133	ME 2		" 6
B179c	B 120	M 93		

Date *23-6-19*

J.A. Snow Capt
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 24 1919*

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

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

Date *July 5/19*

J. McGrath
for records

Reg. No. *S236* Rank *A/C* Name *Joliffe E.*

Attested Address *65 Marlborough*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Connaught* Cause *Discharge*

23.6.19
24.6.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.